BMJ Open

Living conditions and patient care pathways of transgender people living with HIV in France: a cross-sectional, exhaustive, community-based research study protocol (ANRS Trans & HIV)

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2021-052691
Article Type:	Protocol
Date Submitted by the Author:	05-May-2021
Complete List of Authors:	Mora, Marion; SESSTIM UMR 1252; ORS PACA Rincon, Giovanna; ACCEPTESS-T Bourrelly, Michel; SESSTIM UMR 1252; ORS PACA, Maradan, Gwenaëlle; ORS PACA; SESSTIM UMR 1252 Freire Maresca , Anaenza; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Michard, Florence; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Rouveix, Elisabeth; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Pannetier, Julie; CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD Leriche, Diane; Groupe Interassociatif Traitement & Recherche Thérapeutique (TrT5) Alain, Tristan; AIDES; Coalition Internationale Sida PLUS, Community-Based Research Laboratory yazdanpanah, yazdan; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Michels, David; AIDES; Coalition Internationale Sida PLUS Spire, Bruno; SESSTIM UMR 1252; ORS PACA
Primary Subject Heading:	
Secondary Subject Heading:	
Keywords:	HIV & AIDS < INFECTIOUS DISEASES, PUBLIC HEALTH, QUALITATIVE RESEARCH

Living conditions and patient care pathways of transgender people living with HIV in France: a cross-sectional, exhaustive, community-based research study protocol (ANRS Trans & HIV)

MORA Marion[1;2]; RINCON Giovana[3] ; BOURRELLY Michel[1;2]; MARADAN Gwenaelle[1;2] FREIRE MARESCA Anaenza[5] ; MICHARD Florence[4]; ROUVEIX NORDON Elisabeth[5]; PANNETIER Julie [8;9;10]; LERICHE Diane; ALAIN Tristan[6;7]; YAZDANPANAH Yazdan[4]; MICHELS David [6;7]; SPIRE Bruno[1;2].

[1] Aix Marseille Univ, INSERM, IRD, SESSTIM, *Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale*, Marseille, France.

[2] ORS PACA, Observatoire régional de la santé Provence-Alpes-Côte d'Azur, Marseille, France.

[3] ACCEPTESS-T, Paris, France.

[4] Hôpital Bichat-Claude-Bernard, Assistance publique-Hôpitaux de Paris, 75877 Paris, France ; Inserm, IAME, UMR 1137, université Paris Diderot, 75870 Paris, France.

[5] Service de médecine interne, hôpital Ambroise-Paré, GHU Universite PARIS SACLAY, Assistance publiqueHôpitaux de Paris, 9, avenue Charles-de-Gaulle, 92100 Boulogne, France ; UFR Paris Île-de-France Ouest, université Versailles Saint-Quentin-en-Yvelines, 78180 Versailles, France ; [6] AIDES, Pantin, France.

[7] Laboratoire de recherche communautaire, Coalition PLUS, Pantin, France

[8]CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD, Paris, Ile-de-France, France.

[9] French Collaborative Institute on Migrations, CNRS, Paris, Ile-de-France, France.

[10]Cresppa-GTM, Paris-Nanterre University, Paris 8 University, CNRS, Nanterre, Île-de-France, France.

Corresponding author:

MORA Marion
UMR 1252 SESSTIM
27 Boulevard Jean Moulin 13005
MARSEILLE
marion.mora@inserm.fr

Co-author email contact:

Giovanna RINCON : direction@acceptess-t.com
Michel BOURRELLY michel.bourrelly@inserm.fr
Gwenaelle MARADAN: gwenaelle.maradan@inserm.fr
Anaenza FREIRE MARESCA : anaenza.maresca@aphp.fr
Florence MICHARD: florence.michard@aphp.fr
Elisabeth ROUVEIX NORDON : elisabeth.rouveix@aphp.fr
Julie PANNETIER : julie.pannetier@gmail.com
Diane LERICHE : dleriche@trt-5.org
Tristan ALAIN : talain@aides.org
Yazdan YAZDANPANAH: yazdan.yazdanpanah@aphp.fr
David MICHELS: dmichels@aides.org
Bruno SPIRE: bruno.spire@inserm.fr

Abstract

Introduction

In France, transgender is still a taboo subject, and is very poorly documented. This lack of data reinforces their invisibility in social life, contributes to their stigmatization and probably increases the burden of HIV infection. The main objective of ANRS Trans&VIH - a community-based research study - is to identify personal and social situations of vulnerability for TRHIV in France, the obstacles to their receiving medical care, and their healthcare needs.

Methods and analysis

ANRS Trans&VIH is a national, exhaustive, cross-sectional survey of all TRHIV currently followed up in HIV services in France. It is a mixed-methods study, the quantitative and qualitative components including TRHIV women and men, respectively. Socio-behavioral and medical data are collected by community-based interviewers in participating hospital-based HIV structures in order to explore patient care pathways and living conditions in the TRHIV population with regard to transitioning and HIV. This is the first study in France to collect such data. The statistical techniques used for the data analyses will reflect the study's objectives and will be adapted to the type of data collection used: cross-sectional (questionnaires) and longitudinal (life history). Several types of analyses will be performed, including: (i) a description of the individual characteristics of TRHIV women; (ii) (ii) analysis of life and HIV trajectories; (iii) structural analyses using structural data collected for participating HIV structures (iv) qualitative analysis of data from interviews with participating TRHIV men.

Ethics and dissemination

ANRS Trans&VIH was approved by Inserm's Ethical Evaluation Committee (n ° 20-694 on 12.05.2020) and is registered with the National Commission on Informatics and Liberty under number 2518030720. Its results will be used to make recommendations to health authorities to ensure that a comprehensive healthcare package is offered to TRHIV which takes into account this population's specific background and problems.

Trial registration number: 2518030720

Strengths and limitations of this study

- The main strength of ANRS Trans&VIH is that it will collect exhaustive biographical and socio-behavioral data - unique in France - from TRHIV followed in hospital-based HIV structures.
- The involvement of community-based interviewers fosters participants' trust and limits the risk of judgment and discrimination.
- One of the study's limitations is that some TRHIV may be missed, either because they are unaware of the study, or because hospital services do not identify potentially eligible patients.

Keys Words:

Transgender; HIV; Community based research; Mixed method; Exhaustive; Cross-sectional survey.

Word count: 3873

Introduction

It is still difficult to estimate the number of transgender people in the world. In the vast majority of demographic surveys, the data collected on gender is summarized in a "man versus woman" distinction. This invisibility is reinforced by the many forms of discrimination which transgender people experience, and, in certain countries, by their criminalization (Zhan Chiam, Sandra Duffy, Matilda González Gil, Lara Goodwin, Nigel Timothy Mpemba Pate, 2020). For researchers trying to estimate the proportion of transgender people in their countries, the data collected for gender reassignment surgery vastly underestimate the true number of people concerned.

Some studies have explored the experiences and social determinants of transgender people's health. The Trans Pulse community-based research study, conducted in Canada between 2009 and 2010 (G. Bauer & Scheim, 2015), identified employment discrimination (Pilling, 2012), discrimination in healthcare services frequented (GR Bauer et al., 2015), and a higher suicide rate (G. Bauer et al., 2013) in this population. The increased risk of suicidal behavior in transgender people has also been described in other contexts (Adams et al., 2017) (Yuksel et al., 2017), and is often associated with discrimination and family rejection (Narang et al., 2018). The results of the Trans Pulse survey also showed that racial/ethnic and gender discrimination can impact the risk of acquiring HIV in transgender people (Marcellin et al., 2013).

Data on HIV-positive transgender people (TRHIV) are still scarce and most come from studies focusing on transgender women. In terms of HIV prevalence, a meta-analysis of 39 studies conducted in 15 countries in 2013 showed that the rate of HIV infection among transgender women was 19%, and that the risk of becoming infected with HIV was approximately 50 times higher in transgender women than in the general population (Baral et al., 2013). A systematic review performed between 2012 and 2015 showed that globally, transgender women had a greater risk of HIV exposure, with prevalence reaching 40% (Poteat et al., 2016). The review also described the association of "syndemic" factors with the risk of acquiring HIV. A proportion of transgender people are exposed to biological and social factors that most likely impact not only the risk of acquiring HIV, but also prevention behaviors and disease progression. These vulnerability factors influence adherence to antiretroviral treatment (ART) and viral load control in those transgender people who are screened, treated and followed (Mizuno et al., 2015) (Dowshen et al., 2015).

TRHIV women may also have a greater risk of transmitting HIV. Hormonal treatments may impact the anal mucosa thereby increasing the risk. Furthermore, ART may interact with feminizing hormonal treatments taken by TRHIV women HIV (Radix et al., 2016), although there is conflicting evidence about this in the literature (Pommier et al., 2019). With regard to transgender men, little information about is available about the interactions between masculinizing hormones and ART. In a study of 3,818 people living with HIV (PLHIV) conducted in San Francisco, 35 were TRHIV women on ART. Results showed that they had a lower rate of adherence to ART, experienced more side effects, had a higher rate of depression, and had lower positive interactions with care providers than non-transgender people in the study (Sevelius et al., 2010).

In France, universal healthcare covers all medical costs for all people who work or reside in France on a stable basis. Accordingly, people living with HIV receive free healthcare, although this system is more difficult to access for people living in an irregular administrative situation (e.g., no work permit). Moreover, transgender is still a taboo subject and is very poorly documented. From a legal point of view, the first small step forward towards their recognition was taken in 2010, with the publication of decree n° 2010-125 which officialized that "transsexualism" should no longer be considered a mental pathology in the social security's system's classification of long-term illnesses which benefit from free healthcare. Another small step forward was taken in the "21st century justice law" (ACT n ° 2016-1547, November 18, 2016 on the modernization of the French justice system) which indicated that a change of sex designation in a person's civil status must be facilitated if desired, that such a change must not be subject to medical treatment obligations, and that it must be legally recognized.

Despite this progress, there are still many unknowns about transgender people from a health and social perspective. Currently, no precise data exist on the number of transgender people in France. In its 2009 report, the French National Authority for Health (HAS) estimated that between 1 in 10,000 and 1 in 50,000 people were transgender, which in absolute terms translates into between 6,600 and 33,000 transgender people in the general population (HAS, 2009). Other estimates were made based on health insurance-based data for requests for gender reassignment surgery. However, these excluded all those who do not have surgery, and those who have an operation outside of France not covered by French social security.

This invisibility of transgender people in social life contributes to their stigmatization. In 2007, an exploratory internet-based study exploring transgender people's social situation, sexual behaviors and use of healthcare, showed that they were more socially isolated than the general population, that one in three reported discrimination in getting employment, that one in five had decided not to seek healthcare care for fear of discrimination, and that they took significant risks in terms of exposure to HIV infection (D'Almeida Wilson et al., 2008).

Transgender people in French society therefore face many social barriers, which are aggravated for TRHIV. PLHIV are still subject to multiple forms of discrimination which hinder them from achieving their 'life project' and can compromise therapeutic success. For example, the ANRS-VESPA2 survey, conducted in 2011 showed that PLHIV still experienced discrimination in employment (24%), in their family (11%), and in healthcare services (8 %) (Lert, 2013; Marsicano et al., 2014).

From a medical perspective, a survey analyzing the Bichat hospital service database in 2015 showed that transgender people were more exposed to HIV and other sexually transmitted infections (STI), and that dermatological complications needed better management by dermatologists, as the latter were often unaware of the specific needs of this vulnerable population (Bouscarat et al., 2015). The authors of that survey also suggested tailored comprehensive care for transgender people. A second cross-sectional survey performed in the same hospital HIV service reinforced the results of the first analysis. It aimed to highlight the dangers associated with the clandestine use of cosmetic surgery. Results showed that transgender women also presented physical health risks related to the illicit use of silicone (Bertin et al., 2019). Of the 77 transgender women included in the second survey, 75 came from South America, 59 of whom were TRHIV.

In 2010, the ethnographic, anonymous survey 'Transgender and Sexual Health' aimed to identify and describe the socio-demographic characteristics of transgender people, their patient care pathways regarding their transitioning process, their sexual health, and their situation in terms of HIV/AIDS (Broussy et al., 2011), using a self-administered questionnaire. Results highlighted difficulties accessing care during transitioning. No transgender man declared being HIV positive, while 6.9% of transgender women did. The HIV prevalence rate was higher among transgender women who were sex workers (17.2%), and particularly among sex workers born outside of France (36.4%) (Giami, n.d.). Furthermore, between 2012 and 2016, *Santé Publique France* - the national public health agency - recorded 123 TRHIV (110 TRHIV women, 11 TRHIV men, and 2 unspecified). The majority of them resided in the Île-de-France region (66%) and came from the Americas (75%). Only 13% were born in France.

In order to fill this data knowledge gap about TRHIV in France, we designed the community-based research study 'ANRS Trans&VIH', whose aim is to better understand the living conditions and the healthcare pathways of this population. In order to encourage TRHIV to join, we created a partnership with the transgender association ACCEPTESS-T, and AIDES, a long-established international association in the fight against HIV. Both have in-depth knowledge of the issues and problems facing our target population. Specifically, the self-support association ACCEPTESS-T, based in Paris, has been fighting against exclusion, abuse, violence and discrimination linked to gender identity since 2010. The association AIDES, founded in 1984, works with HIV-positive people and vulnerable populations most at risk of HIV and hepatitis virus infection. Numerous epidemiological studies have shown the value of involving associations in research in

order to gain a better understanding of community-based health problems (Leung, 2004), especially for the most marginalized populations (Katz-Wise et al., 2019). Both associations were involved in ANRS Trans&VIH from the outset, making it possible not only to co-construct the research questions and the data collection tools, but also to carry out the data collection.

In addition, the global upheaval caused by the ongoing COVID-19 pandemic have significant health, economic and social consequences for the entire population, especially vulnerable people and those experiencing social deprivation. The two COVID-19 lockdowns France, on March 16, 2020 and October 28, 2020, most likely have effects on TRHIVH. ANRS Trans&VIH will document the repercussions of this crisis on this vulnerable population already exposed to a great many social barriers.

Objectives

The main objective of ANRS Trans&VIH is to identify the personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of medical care, and their healthcare needs.

Specific objectives:

a. Describe the life history of TRHIV as a group, especially events in their life trajectory which may represent factors of vulnerability to HIV.
b. Document their experience of discrimination and perceived stigmatization, and estimate the burden of each of these on access to and retention in care.
c. Identify other social and psycho-social factors associated with access to and retention in HIV care.
d. Document sexualities according to TRHIV transition trajectories, risk-taking (sexual or related to substance use), and their relationship to prevention; establishing the impact of each of these factors on access to health and retention in HIV care.
e. Characterize existing healthcare services for TRHIV: comprehensive care for HIV and for transitioning.
f. Identify the current health and sexual health needs of TRHIV.
g. Document the impact of the ongoing COVID-19 health crisis on everyday TRHIV experience.

Study population

ANRS Trans & HIV is aimed at people who self-define as transgender, or who present themselves with a gender different from the one they were assigned at birth (transgender woman or transgender man), living with HIV, and followed in hospitals in metropolitan France and the country's overseas territories.

In order to evaluate the number of TRHIV frequenting hospital-based HIV services in France - and therefore to evaluate the size of the study sample for ANRS Trans & HIV - in 2018, we conducted an exploratory survey in 258 such hospital services. Fifty of the latter declared having TRHIV in their active patient file, for a total of 852 TRHIV women and 5 TRHIV men. Given the small size of the active patient file, we decided to survey all the TRHIV who agreed to participate in ANRS Trans & HIV, in order to highlight possible disparities in HIV and transition care.

Methods

Study design

ANRS Trans & HIV is a national, cross-sectional, exhaustive, community-based research study which studies all TRHIV currently monitored in hospital-based HIV services in France. It uses a mixed-methods (quantitative and qualitative studies) approach to explore this population's life trajectories and healthcare pathways, as well as their living conditions with regard to transitioning and HIV. This information will be invaluable as no such data are currently available in France.

The areas explored will provide a better understanding of the consequences of TRHIV life trajectories on the management of their disease (poor quality of life, loss of income, mental health). They will also improve understanding of the impact of the repression of sex work in the fight against HIV in the French context, and how this factor conditions the life trajectories and care pathways of transgender people, most of whom have been affected by this issue.

Study procedure

All eligible TRHIV are invited to participate by their attending doctor in each HIV service at a planned medical visit. During this visit, the doctor presents the study, its objectives, benefits and constraints, and answers all questions the TRHIV ask them. The doctor also indicates that participation is voluntary, and that the potential participant has the right to withdraw from the study at any time without justification and without any consequence on the quality of the care received. The doctor also provides the TRHIV with an information note for personal reading.

The study's interviewers come from the transgender community, and are trained in techniques in administering questionnaires. They were recruited based on their proficiency of French, Spanish and Portuguese, which are languages mainly spoken by the population concerned. The decision to recruit transgender interviewers was made to foster participants' trust and limit the risk of judgment and discrimination.

- Transgender women who agree to participate in the study take part in the quantitative component only. They are referred to an interviewer in a dedicated room, so that the associated sociodemographic questionnaire and life-event questionnaire can be administered privately to them face to face.
- As there are so few transgender men, they are not invited to take part in the quantitative component. Those who agree to participate in the study will therefore only have a qualitative interview with the researcher responsible. The qualitative interviews with TRHIV men are conducted privately by an interviewer in a dedicated room. For the purposes of the analysis, interviews are recorded only with participants' consent.

The attending doctor asks people who refuse to participate to complete a short questionnaire to collect the reasons for their refusal as well as some socio-demographic characteristics, in order that biases due to nonresponders can be calculated later in the analyses.

Quantitative data collection

The **quantitative component** of the study collects socio-behavioral and medical information on TRHIV women using a sociodemographic questionnaire, a life-event questionnaire, and a medical questionnaire.
The questionnaire is administered face to face by an interviewer.
The quantitative component includes different modules that provide information on different aspects of the life of participating TRHIV women: *sociodemographic characteristics; life conditions (employment, financial*

resources, housing); HIV testing and management; drug use; social relations and discrimination; transition trajectory; self-esteem and mental health; sex life. Given the ongoing COVID-19 health crisis, the experience of lockdown and the impact the crisis has had on participants is measured at the financial (employment and available resources), medical (impact on healthcare) and relational levels.

The life-event questionnaire is based on that used in the ANRS Parcours survey (Desgrées du Loû and Lert 2017), and is combined with the sociodemographic questionnaire administered face to face. The former makes it possible to retrospectively reconstruct the life trajectory of TRHIV women for certain factors that may have impacted i) their becoming infected with HIV, ii) their healthcare situation, and, more generally iii) their current life. Furthermore, this tool makes it possible to retrace the migratory, residential and administrative trajectories, as well as their sexual transition trajectories and healthcare pathways.

The medical questionnaire collects data from various medical records (*nadir CD4, HIV viral Load and ART therapies, contamination mode, sex reassignment therapy/surgery, hormone therapy, comorbidities, osteoporosis, pathologies related to problems related to physical changes; mental health history; STI and other co-infections*). All these data make it possible to create an inventory of the state of health of the TRHIV women surveyed, which can then be compared with the state of health of the general population of PLHIV.

Qualitative data collection

The **qualitative component** involves a face-to-face individual interview between an interviewer and each of the participating TRHIV men. Medical data are collected using the same medical questionnaire used in the quantitative component (see above). An interview checklist ensures that the interview is structured. Questions focus on living conditions, migratory trajectory, transitioning, HIV acquisition, and medical followup, as well as the impact of the current COVID-19 health crisis. The interviews provide an insight into the practices and experiences of TRHIV men, who constitute a minority HIV population.

Data center

In order to document the healthcare of TRHIV in the various HIV structures participating in the study, another questionnaire collects data on the structures themselves, including the number of doctors, opening hours, specificity of the consultation, the range of care services offered, etc. These data are used to construct variables for each structure and for the quality of care offered. They will also be used in statistical analyses.

Patient involvement

This study was grounded in community-based participatory research. People from the transgender community and representants of people living with HIV were involved in all steps of the study: conception of the research question, enrolment and data collection. They will also be involved at the interpretation of the results.

All the results of the ANRS Trans&VIH study who will published in peer-reviewed journals will be disseminated to the HIV transgender's community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-speaking journals for this. Patients were involved in the research at the time of study recruitment. Their participation is voluntary, and they have the right to withdraw from the study at any time without justification and without consequence for the quality of care received.

Ethics and dissemination

Ethical aspects

The Trans & HIV study is being conducted in accordance with the ethical principles set out in the current revised version of the Declaration of Helsinki (64th General Assembly of the World Medical Association, Fortureza, Brazil, October 2013).

Version 3.0 of the study (dated 07/09/2020) involves the processing of personal data for the purposes of study, evaluation and research not involving humans. The study is officially recognized as being of public interest and complies with France's 004 reference methodology for simplified access to research data. It was approved by the Inserm's Ethical Evaluation Committee (CEEI) (approval number:20-694 on 12/05/2020) and is registered with the National Commission on Informatics and Liberty (CNIL) under the number 2518030720).

Information, consent and data confidentiality

Participants are informed about the study through the information note provided by the attending physician in each of the participating hospital-based HIV services. It is provided before any questionnaire or study related data collection is performed. Participants are given a period to reflect before making their decision about whether to participate or not. Each potential participant must be informed that their participation is voluntary and that they are free to withdraw - without justification - from the study at any time, and that their withdrawal will in no way have negative consequences on the quality of care their doctor will continue to provide. Answering the quantitative questionnaire and/or participating in the qualitative interview constitute consent.

All the information collected on the participants will remain strictly confidential and coded. No data will show the name of the participant, their address, or any other information which would lead to their direct identification. Accordingly, each person is assigned an anonymous, six-character identifier code (number of the investigating center, entry number of the person in the center according to trial entry order). This code is entered in all survey documents.

Expected results and dissemination

The statistical analyses techniques used will be adapted to the study's objectives and the type of data collected: cross-sectional (questionnaires) and longitudinal (biographical trajectory).

Several types of analyses will be performed including: (i) a description of the individual characteristics of the study population; (ii) comparative analyses between different groups of stakeholders (e.g. differences between participants residing in the Île-de-France (Paris and the surrounding area) region and those living in other regions in metropolitan France); (iii) an analysis of biographical trajectories linked to life and HIV infection trajectories; (iv) structural analyses using each HIV service's structural data; and (v) a qualitative analysis.

i) Description of individual characteristics:

The demographic and socioeconomic characteristics of TRHIV women participating in the quantitative component will first be described (numbers and percentages for discrete variables; median /inter-quartile interval, mean/standard deviation, min/max for continuous variables) and then compared (Chi2 test, MannWhitney and Student's-t tests) in order to then perform comparative analyses between different groups of stakeholders (e.g., differences between TRHIV residing in the Ile de France region and those living elsewhere in France).

(ii) Comparative analyzes between different groups of stakeholders

Techniques adapted to cross-sectional data analysis will be used to study the factors associated with the various indicators of TRHIV women. To do this, linear regression models and/or logistic regressions will be used. iii) Analysis of biographical trajectories:

The data collected in the life-event questionnaire will make it possible to study the link between life trajectory and HIV infection risk in general in transgender women, specifically contexts (residential, administrative, sexual and emotional, transitioning stage, etc.) that expose them to HIV, and contexts that facilitate or hamper general and HIV-specific healthcare. These data will also help us to better understand the current living conditions and health needs of TRHIV women, and can be analyzed with techniques adapted to longitudinal data (e.g., the "group-based trajectory model" technique) to identify specific profiles (e.g., in connection with biographical ruptures (Jones et al. 2001); (Nagin and Tremblay 2001) (Nagin and Odgers 2010)).

iv) Structural analyses

Finally, the structural data collected on HIV care structures will make it possible to complement the analyses by taking into account potential structural effects on the various indicators of TRHIV women (e.g., differences linked to the specific context of a given hospital and to the technical and human resources available in the structure). A multilevel analysis will be performed to do this.

v) Qualitative analysis

With regard to the analysis of the individual qualitative interviews with TRHIV men, similar themes which emerge from participants' transcribed discourses will be coded, compared and combined. They will then be compared with the textual variables obtained from the whole TRHIV men sample, in order to highlight problems specific to that population. A thematic content analysis will be performed using the NVIVO software package to categorize the themes which emerge from the interviews. A horizontal and vertical analysis of the corpus will also be performed.

Acknowledgements:

We thank all the hospital services participating in this research study despite the very complicated ongoing COVID 19 context: the heads of HIV services, doctors, clinical study technicians who are helping us with the data collection. We especially thank all the patients who are giving their valuable time to answer our questions and without whom this study could not progress. We would also like to thank the associations ACEPTESS-T, AIDES, PASTTand the ANRS for its financial support. Finally, our thanks to Jude Sweeney (Milan, Italy) for the English translation and editing of our manuscript.

Contributors:

BS is the principal investigator and oversaw the study protocol development.
MM, MB and GM contributed to the design of the research project.
RG, LD, MD, contributed to the community involvement in the research project and helped construct the questionnaires.
FM, YY, AFM, ERN, asked medical questions and helped with the selection of HIV-related medical services JP built the life-events questionnaire.
MM wrote the first draft of the manuscript
All authors contributed to and approved the current version of the manuscript.

Funding:

ANRS Trans&VIH is supported by the French National Institute for Health and Medical Research-French National Agency for Aids and Viral Hepatitis Research (Inserm-ANRS, grant number ETCZ87324).

Competing interests:

None declared

References

Adams, N., Hitomi, M., & Moody, C. (2017). Varied Reports of Adult Transgender Suicidality : Synthesizing and Describing the Peer-Reviewed and Gray Literature. *Transgender Health*, *2*(1), 60‑75. https://doi.org/10.1089/trgh.2016.0036

Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women : A systematic review and meta-analysis. *The Lancet Infectious Diseases*, *13*(3), 214‑222. https://doi.org/10.1016/S1473-3099(12)70315-8

Bauer, G., Pyne, J., Caron Francino, M., & Hammond, R. (2013). Suicidality among trans people in Ontario : Implications for social work and social justice. *Service Social*, *59*, 35‑62. https://doi.org/10.7202/1017478ar

Bauer, G. R., Zong, X., Scheim, A. I., Hammond, R., & Thind, A. (2015). Factors Impacting Transgender Patients' Discomfort with Their Family Physicians : A Respondent-Driven Sampling Survey. *PLOS ONE*, *10*(12), e0145046. https://doi.org/10.1371/journal.pone.0145046

Bauer, G., & Scheim, A. (2015). *Transgender People in Ontario, Canada : Statistics from the Trans PULSE Project to Inform Human Rights Policy*.

Bertin, C., Abbas, R., Andrieu, V., Michard, F., Rioux, C., Descamps, V., Yazdanpanah, Y., & Bouscarat, F. (2019). Illicit massive silicone injections always induce chronic and definitive silicone blood diffusion with dermatologic complications. *Medicine*, *98*(4). https://doi.org/10.1097/MD.0000000000014143

Bouscarat, F., Pommier, J.-D., Michard, F., Tosini, W., Tourte, M., Bouvet, E., Maubec, E., Picard-Dahan, C., Rioux, C., Phung, B., Crickx, B., Descamps, V., & Yazdanpanah, Y. (2015). Infection à VIH, infections

sexuellement transmises et complications dermatologiques chez les sujets transgenres consultant en centre hospitalo-universitaire. Résultats préliminaires chez 399 patients. *Annales de Dermatologie et de Vénéréologie*, *142*(12, Supplement), S485. https://doi.org/10.1016/j.annder.2015.10.122

Broussy, S., Reigadas, S., Vandenhende, M., Tchamgoué, S., Bonnal, F., Dauchy, F., Greib, C., Uwamaliya, B., Geffard, S., Fleury, H., & Dabis, F. (2011). *Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010*. /paper/Caracte%CC%81ristiquessociode%CC%81mographiques%2C-de-genre%2C-Broussy-Reigadas/0be043481378139c368123d687868dafcacfd116

D'Almeida Wilson, K., LERT, F., Berdougo, F., & Hazera, H. (2008). *Kaygan d'Almeida Wilson.pdf*. Bulletin Epidémiologique Hebdomadaire.

Desgrées du Loû, A., & Lert, F. (Éds.). (2017). *Parcours : Parcours de vie et de santé des Africains immigrés en France*. Éditions La Découverte.

Dowshen, N., Matone, M., Luan, X., Lee, S., Belzer, M., Fernandez, M. I., & Rubin, D. (2015). Behavioral and Health Outcomes for HIV+ Young Transgender Women Linked To and Engaged in Medical Care. *LGBT Health*, *3*(2), 162‑167. https://doi.org/10.1089/lgbt.2014.0062

Giami, A. (s. d.). *Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010*. 12.

Haute Autorité de Santé (HAS). (2009). *Rapport HAS 2009.pdf*.

Katz-Wise, S. L., Pullen Sansfaçon, A., Bogart, L. M., Rosal, M. C., Ehrensaft, D., Goldman, R. E., & Bryn Austin, S. (2019). Lessons from a community-based participatory research study with transgender and gender nonconforming youth and their families. *Action Research*, *17*(2), 186‑207. https://doi.org/10.1177/1476750318818875

LERT, F. (2013). *Living with hiv : First results of the anrs-vespa2 study* (N° 26-27; BEH -Bulletin épidémiologique hébdomadaire, p. 284). http://beh.santepubliquefrance.fr/beh/2013/27/pdf/2013_26-27.pdf

Leung, M. W. (2004). Community based participatory research : A promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology*, *33*(3), 499‑506. https://doi.org/10.1093/ije/dyh010

LOI n° 2016-1547 du 18 novembre 2016 de modernisation de la justice du XXIe siècle (1). (s. d.). Consulté 21 janvier 2021, à l'adresse http://www.justice.gouv.fr/publication/j21_dossier_de_presentation.pdf

Marcellin, R. L., Bauer, G. R., & Scheim, A. I. (2013). *Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada*. 13. https://doi.org/DOI 10.1108/EIHSC-09-2013-0017

Marsicano, E., Dray-Spira, R., Lert, F., Aubrière, C., Spire, B., Hamelin, C., & group, the A.-V. study. (2014). Multiple discriminations experienced by people living with HIV in France : Results from the ANRS-Vespa2 study. *AIDS Care*, *26*(sup1), S97‑S106. https://doi.org/10.1080/09540121.2014.907385

Mizuno, Y., Frazier, E. L., Huang, P., & Skarbinski, J. (2015). Characteristics of Transgender Women Living with HIV Receiving Medical Care in the United States. *LGBT health*, *2*(3), 228‑234. https://doi.org/10.1089/lgbt.2014.0099

Narang, P., Sarai, S. K., Aldrin, S., & Lippmann, S. (2018). Suicide Among Transgender and Gender-Nonconforming People. *The Primary Care Companion For CNS Disorders*, *20*(3). https://doi.org/10.4088/PCC.18nr02273

Pilling, M. D. (2012). Invisible Identity in the Workplace : Intersectional Madness and Processes of Disclosure at Work. *Disability Studies Quarterly*, *33*(1), Article 1. https://doi.org/10.18061/dsq.v33i1.3424

Pommier, J.-D., Laouénan, C., Michard, F., Papot, E., Urios, P., Boutten, A., Peytavin, G., Ghander, C., Lariven, S., Castanedo, G., Moho, D., Landman, R., Phung, B., Perez, E., Julia, Z., Descamps, D.,

Roland-Nicaise, P., Le Gac, S., Yazdanpanah, Y., … Yeni, P. (2019). Metabolic syndrome and endocrine status in HIV-infected transwomen. *AIDS*, *33*(5), 855‑865. https://doi.org/10.1097/QAD.0000000000002152

Poteat, T., Scheim, A., Xavier, J., Reisner, S., & Baral, S. (2016). Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People: *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *72*, S210‑S219. https://doi.org/10.1097/QAI.0000000000001087

Radix, A., Sevelius, J., & Deutsch, M. B. (2016). Transgender women, hormonal therapy and HIV treatment : A comprehensive review of the literature and recommendations for best practices. *Journal of the International AIDS Society*, *19*, 20810. https://doi.org/10.7448/IAS.19.3.20810

Sevelius, J. M., Carrico, A., & Johnson, M. O. (2010). Antiretroviral Therapy Adherence Among Transgender Women Living with HIV. *The Journal of the Association of Nurses in AIDS Care : JANAC*, *21*(3), 256‑264. https://doi.org/10.1016/j.jana.2010.01.005

Wansom, T., Guadamuz, T. E., & Vasan, S. (s. d.). Transgender populations and HIV : Unique risks, challenges and opportunities. *Journal of Virus Eradication*, *2*(2), 87‑93.

Yuksel, S., Aslantas Ertekin, B., Ozturk, M., Bikmaz, P. S., & Oglagu, Z. (2017). A Clinically Neglected Topic : Risk of Suicide in Transgender Individuals. *Noro Psikiyatri Arsivi*, *54*(1), 28‑32. https://doi.org/10.5152/npa.2016.10075

Zhan Chiam, Sandra Duffy, Matilda González Gil, Lara Goodwin, Nigel Timothy Mpemba Pate. (2020). *ILGA Word : Trans Legal Mapping Report 2019 : Recognition before the law* (ILGA World).

BMJ Open

Living conditions, HIV, and gender reassignment care pathways of transgender people living with HIV in France: a nationwide, comprehensive, cross-sectional community-based research study protocol (ANRS Trans&HIV)

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2021-052691.R1
Article Type:	Protocol
Date Submitted by the Author:	29-Sep-2021
Complete List of Authors:	Mora, Marion; SESSTIM UMR 1252; ORS PACA Rincon, Giovanna; ACCEPTESS-T Bourrelly, Michel; SESSTIM UMR 1252; ORS PACA, Maradan, Gwenaëlle; ORS PACA; SESSTIM UMR 1252 Freire Maresca , Anaenza; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Michard, Florence; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Rouveix, Elisabeth; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Pannetier, Julie; CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD Leriche, Diane; Groupe Interassociatif Traitement & Recherche Thérapeutique (TrT5), Collectif Interassociatif coordination Alain, Tristan; AIDES; Coalition Internationale Sida PLUS, Community-Based Research Laboratory yazdanpanah, yazdan; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Michels, David; AIDES; Coalition Internationale Sida PLUS Spire, Bruno; SESSTIM UMR 1252; ORS PACA
Primary Subject Heading:	HIV/AIDS
Secondary Subject Heading:	Public health
Keywords:	HIV & AIDS < INFECTIOUS DISEASES, PUBLIC HEALTH, Epidemiology < INFECTIOUS DISEASES

I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our licence.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which Creative Commons licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Living conditions, HIV, and gender reassignment care pathways of transgender people living with HIV in France: a nationwide, comprehensive, cross-sectional community-based research study protocol (ANRS Trans&HIV)

MORA Marion[1;2]; RINCON Giovanna[3] ; BOURRELLY Michel[1;2]; MARADAN Gwenaelle[1;2] FREIRE MARESCA Anaenza[5] ; MICHARD Florence[4]; ROUVEIX NORDON Elisabeth[5]; PANNETIER Julie [8 ;9 ;10]; LERICHE Diane; ALAIN Tristan[6 ;7]; YAZDANPANAH Yazdan[4]; MICHELS David [6 ;7]; SPIRE Bruno[1;2].

[1] Aix Marseille Univ, INSERM, IRD, SESSTIM, *Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale*, Marseille, France.

[2] ORS PACA, Observatoire régional de la santé Provence-Alpes-Côte d'Azur, Marseille, France.

[3] ACCEPTESS-T, Paris, France.

[4] Hôpital Bichat-Claude-Bernard, Assistance publique-Hôpitaux de Paris, 75877 Paris, France ; Inserm, IAME, UMR 1137, université Paris Diderot, 75870 Paris, France.

[5] Service de médecine interne, hôpital Ambroise-Paré, GHU Universite PARIS SACLAY, Assistance publique Hôpitaux de Paris, 9, avenue Charles-de-Gaulle, 92100 Boulogne, France ; UFR Paris Île-de-France Ouest, université Versailles Saint-Quentin-en-Yvelines, 78180 Versailles, France ;

[6] AIDES, Pantin, France.

[7] Laboratoire de recherche communautaire, Coalition PLUS, Pantin, France

[8]CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD, Paris, Ile-de-France, France.

[9] French Collaborative Institute on Migrations, CNRS, Paris, Ile-de-France, France.

[10]Cresppa-GTM, Paris-Nanterre University, Paris 8 University, CNRS, Nanterre, Île-de-France, France.

Corresponding author:

MORA Marion
UMR 1252 SESSTIM
27 Boulevard Jean Moulin 13005
MARSEILLE
marion.mora@inserm.fr

Co-author email contact:

Giovanna RINCON : direction@acceptess-t.com
Michel BOURRELLY michel.bourrelly@inserm.fr
Gwenaelle MARADAN: gwenaelle.maradan@inserm.fr
Anaenza FREIRE MARESCA : anaenza.maresca@aphp.fr
Florence MICHARD: florence.michard@aphp.fr
Elisabeth ROUVEIX NORDON : elisabeth.rouveix@aphp.fr
Julie PANNETIER : julie.pannetier@gmail.com
Diane LERICHE : dleriche@trt-5.org
Tristan ALAIN : talain@aides.org
Yazdan YAZDANPANAH: yazdan.yazdanpanah@aphp.fr

David MICHELS: dmichels@aides.org
Bruno SPIRE: bruno.spire@inserm.fr

Abstract (295/300)

Introduction

Transgender identity is poorly accepted in France, and data on living conditions and the daily difficulties transgender people encounter are scarce. This lack of data reinforces their invisibility in social life, contributes to their stigmatization, and probably increases the burden of HIV infection, especially for HIV-positive transgender people (TRHIV). The main objective of the community-based research study ANRS Trans&HIV is to identify personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of access to and retention in medical care, and their gender reassignment and HIV care needs.

Methods and analysis

ANRS Trans&HIV is a national, comprehensive, cross-sectional survey of all TRHIV currently being followed in HIV care units in France. TRHIV women are exclusively included in the quantitative component, and TRHIV men in the qualitative component. Data are collected by community-based interviewers and will be analyzed to explore patient care pathways and living conditions in the TRHIV population with regard to gender reassignment and HIV. Data collection began in October 2020 and should be completed in December 2021. The statistical analyses techniques used will be adapted to each of the study's objectives and to the type of data collected (cross-sectional (questionnaires) and retrospective (biographical trajectory))
The study's results will provide a greater understanding of TRHIV health needs in order to suggest possible national recommendations for comprehensive HIV and gender reassignment medical care.

Ethics and dissemination

ANRS Trans&HIV was approved by Inserm's Ethical Evaluation Committee (n ° 20-694 on 12.05.2020) and is registered with the National Commission on Informatics and Liberty under number 2518030720. Potential participants are informed about the study through an information note provided by their attending HIV physician. All results published in peer-reviewed journals will be disseminated to the HIV transgender community, institutional stakeholders and healthcare providers.

Trial registration number: NCT04849767

Strengths and limitations of this study

- The main strength of ANRS Trans&HIV is the collection of biographical and socio-behavioral data for the first time in France from TRHIV followed in hospital-based HIV care units.
- The involvement of community-based interviewers fosters participants' trust and limits the risk of judgment and discrimination.
- One of the study's limitations is that some TRHIV will probably be missed, because of refusal to participate, because they are followed in primary care (i.e., non-hospital contexts), and because HIV care units may not identify potentially eligible patients.

Keys Words:

Transgender; HIV; Community based research; Comprehensive; Cross-sectional survey.

Word count: 3862/4000

Introduction

It is difficult to estimate the number of transgender people worldwide, as in most demographic surveys, gender-related data are summarized using a "man versus woman" distinction. This invisibility is reinforced by several forms of discrimination against transgender people, and, in certain countries, by their criminalization[1].

The data collected for gender-affirmative surgery vastly underestimate the true number of people concerned, as surgery is not systematic for economic reasons (expensive and not always reimbursed) [2], and because some people wish to live their sexuality without it [3].That is why, in the present study, transgender refers to all persons whose self-identified gender is different from the sex they were assigned at birth. This is the same definition used in the 2009-2010 Canadian community-based research study Trans Pulse[4].

Trans Pulse explored the experiences and social determinants of transgender people's health. It identified employment discrimination [5], discrimination in healthcare services [6], and a higher suicide rate [7] in this population. Higher rates of suicidal behavior have also been described in other transgender contexts [8,9] and are associated with discrimination and family rejection (Narang et al., 2018). Trans Pulse also showed that racial/ethnic and gender discrimination can increase HIV infection risk in transgender people [10]. A systematic review, covering January 2006 to March 2017, highlighted gender disparities between transgender men and transgender women in terms of HIV infection risk and risky sexual behaviors [11]. In the United States, HIV prevalence in transgender women is high, especially for African-American and Latina women[12]. In a study of 3,818 people living with HIV (PLHIV) in San Francisco, 35 were TRHIV women on ART. Results showed that with respect to non-transgender people, they had a lower rate of adherence to treatment, experienced more side effects, had a higher rate of depression, and had less positive interactions with care providers [13].

Data on HIV-positive transgender (TRHIV) people are scarce and most only concern TRHIV women. A meta-analysis of 39 studies in 15 countries in 2013 showed an HIV prevalence of 19% in transgender women, and that the risk of infection was 50 times higher in this population than in the general population [14]. A systematic review performed between 2012 and 2015 showed that globally, transgender women had a greater risk of HIV infection, the prevalence reaching 40% [15]. That review also described the association of "syndemic" factors with the risk of infection. More specifically, some transgender people are exposed to biological and social factors that most likely impact not only HIV infection risk, but also prevention behaviors and disease progression. These vulnerability factors influence antiretroviral treatment (ART) adherence and viral load control in transgender people who are screened, treated and followed [16,17].

TRHIV women may also have a greater risk of drug-drug interactions between ART and feminizing hormonal regimens. Hormonal treatments may increase the risk of comorbidities (osteopenia, cardiovascular risk factor, venous thromboembolism). However, data on possible interactions are scarce [18] and contradictory [19]. TRHIV women are more adherent to ART when they have few side effects and when female hormone effectiveness is not affected [20].

With regard to transgender men, little information is available about interactions between masculinizing hormone and ART. The few studies to date estimating HIV prevalence in this population reported a small number of positive cases [21,22], which suggests that the HIV burden is lower in transgender men than in transgender women. TransPulse (see above) is one of these studies; it looked at the effects of testosterone in transgender men who have sex with men and showed that using the hormone did not influence HIV-related sexual risk behaviors, despite the fact that testosterone increases libido [23].

In France, transgenderism is still a complex issue from a legal perspective. The first small step forward towards recognizing this population was taken in 2010 with the decree n° 2010-125, whereby 'transsexualism' could no longer be considered a mental pathology in the country's social security's system's classification of long-term illnesses. The '21st century justice law' [24] subsequently stipulated that a person can change their sex designation in their civil status if desired, that such a change must not be subject to medical treatment obligations, and that it must be legally recognized.

Despite this progress, many health and social dimensions of transgender people's lives, as well as their precise number in France, remain unknown. In its 2009 report, the French National Authority for Health (HAS) estimated that between 1 in 10,000 to 50,000 people were transgender (i.e., between 6,600 and 33,000 transgender people in the general population) [25]. Other estimates were made based on health insurance-based data for requests for gender-affirmative surgery. However, these excluded all persons who do not have surgery, and those who have surgery outside France.

In 2010, the ethnographic, anonymous survey 'Transgender and Sexual Health' aimed to identify and describe the socio-demographic characteristics of transgender people, their patient care pathways regarding their gender reassignment process, their sexual health, and their situation in terms of HIV/AIDS [26]. Results highlighted difficulties accessing care during gender reassignment. No man and 6.9% of women declared being HIV positive. The HIV prevalence rate was higher among women who were sex workers (SW°) (17.2%), especially SW born outside of France (36.4%) [27]. Furthermore, between 2012 and 2016, *Santé Publique France* - the national public health agency - recorded 123 TRHIV (110 TRHIV women, 11 TRHIV men, and 2 unspecified). The majority resided in the Île-de-France region (66%) and came from the Americas (75%). Only 13% were born in France.

Transgender people are more affected by intersectional stigma [28], specifically gender identity discrimination, combined with stigma related to HIV, sex work, and migration. In 2007, an exploratory study exploring transgender people's social situation, sexual behaviors and use of healthcare, showed they were more socially isolated than the general population, that one in three reported discrimination in getting employment, that one in five had decided not to seek healthcare care for fear of discrimination, and that they took significant risks in terms of HIV infection exposure [29].

PLHIV are still subject to multiple forms of discrimination which hinder them from achieving their 'life project' and can compromise therapeutic success. For example, the ANRS-VESPA2 survey, conducted in 2011 showed that PLHIV still experienced discrimination in employment (24%), in their family (11%), and in healthcare services (8 %)[30,31].

Although sex work was legalized in France in 2016, the law penalizes clients; this is detrimental to SW safety, health and living conditions (e.g., more risks at work, less condom use)[32]. These negative effects are more frequent in transgender SW [33].

In France, universal healthcare covers all public medical costs for people working or residing in the country on a stable basis, and PLHIV receive free healthcare. Access to care is more difficult for PLHIV whose administrative situation is irregular (e.g., no work permit). Migrant people or people with social vulnerability respond less well to ART .[34]

A survey analyzing the Bichat hospital's HIV care unit database in 2015 showed that transgender people were more exposed to HIV and other sexually transmitted infections (STI) than other populations, and that their dermatological complications needed better management [35]. A second survey in the same care unit which aimed to highlight the dangers associated with the clandestine use of cosmetic surgery, reinforced these results and showed that transgender women also presented physical health risks related to the illicit use of silicone [36].

In order to fill the data knowledge gap on TRHIV in France, we designed the community-based research study ANRS Trans & VIH, which aims to better understand this population's living conditions and healthcare pathways. To encourage TRHIV to participate, we partnered with the transgender self-support association ACCEPTESS-T, and AIDES, a long-established international association in the fight against HIV. Both associations have in-depth knowledge of the issues and problems facing TRHIV. Numerous epidemiological studies have shown the value of involving associations in research for a better understanding of community-based health problems [37], especially in the most marginalized populations [38].

Both associations were fully involved in the conception and writing of the study protocol, the co-construction of the research questions and data collection tools. They highlighted important issues to be investigated (gender reassignment trajectories and specific discrimination situations), played a role in adapting the questionnaire and interview guide, and suggested how the field survey could be organized. They are also fully implicated in the ongoing data collection process.

Objectives

The main objective of ANRS Trans&HIV is to identify personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of access to and retention in medical care, and their gender reassignment and HIV care needs.

Specific objectives:

a. Describe the life history of TRHIV as a group, especially life trajectory events which may represent HIV vulnerability factors.
b. Document their experience of discrimination and perceived stigmatization, and estimate the burden of each on access to and retention in care.
c. Identify other social and psycho-social factors associated with access to and retention in HIV care.
d. Document sexualities according to TRHIV transition trajectories, risk-taking (sexual or related to substance use), and their relationship to prevention; establish these factors' impact on access to and retention in HIV care.
e. Characterize existing HIV and transitioning services for TRHIV.
f. Identify the current health and sexual health needs of TRHIV.
g. Document the impact of the ongoing COVID-19 health crisis on everyday TRHIV experience.

Methods

Study design

ANRS Trans&HIV is a national, comprehensive, cross-sectional community-based research study of TRHIV followed in hospital-based HIV care units in France. By 'comprehensive', we mean that all TRHIV women and men frequenting these HIV care units will be invited to participate. To estimate the study sample size for ANRS Trans & HIV, we conducted an exploratory survey in 258 HIV care units in 2018. Of these, 53 had at least one TRHIV in their active patient file, for a total of -890 TRHIV women and 5 TRHIV men. Given the small size of the active patient file, we decided to conduct a comprehensive survey instead of a sampling-based one. Recruitment is still ongoing and we hope to have similar numbers of TRHIV (i.e., 890 and 5) in the present study.

ANRS Trans&HIV uses two approaches to explore TRHIV life trajectories and healthcare pathways, as well as their living conditions with regard to gender reassignment and HIV. The first approach is quantitative, where data are collected to measure the difficulties encountered by TRHIV women, in order to inform public policy.

The second approach is qualitative, whereby data are collected for TRHIV men to help describe their needs and living conditions. Data collection began in October 2020 and is should be completed in December 2021. Dissemination of results will likely start in late 2022.

Study procedure

All physicians of participating HIV care units following TRHIV will be recruited to participate in the study. The study protocol specifies that they offer the survey to all TRHIV in their active patient file. TRHIV are invited to participate by their attending HIV doctor at a planned medical visit. The doctor presents the study, its objectives, benefits and constraints, and answers any questions the TRHIV have. The doctor indicates that participation is voluntary, and that the potential participant has the right to withdraw at any time without justification and without any consequence on the quality of the care received. The doctor also provides the TRHIV with an information note for personal reading.

The study's interviewers come from the transgender community, and are trained in techniques in administering questionnaires. They were recruited based on their proficiency of French, Spanish and Portuguese, which are languages mainly spoken by the population concerned. The decision to recruit transgender interviewers was made to foster participants' trust and limit the risk of judgment and discrimination.

- Transgender women who agree to participate in ANRS Trans&HIV take part in the quantitative component only. They are referred to an interviewer in a dedicated room, so that the associated sociodemographic and life-event questionnaires can be administered privately to them.
- As there are so few transgender men those who agree to participate are involved in the qualitative component only. Qualitative interviews are conducted privately by an interviewer (researcher) in a dedicated room. Interviews are recorded only with participants' consent.

People who refuse to participate are asked by their attending HIV doctor to complete a short questionnaire to collect the reasons for their refusal as well as socio-demographic characteristics, in order that any biases due to non-responders can be evaluated later in the analyses.

Quantitative data collection

The **quantitative component** collects socio-behavioral and medical information on TRHIV women using three questionnaires (sociodemographic, life-event, and medical). Questionnaires are administered face to face by an interviewer.

Different questionnaire modules provide information on different aspects of participants' lives: *sociodemographic characteristics; life conditions (employment, financial resources, housing); HIV testing and management; drug use; social relations; gender reassignment trajectory; self-esteem; mental health; sex life*. Discrimination is measured using a scale adapted from The Trajectories and Origins survey (TeO)[39] which explored discrimination in various contexts including employment, family, services, healthcare, ethnic origin, trans identity, HIV status, and dress code. The impact of the ongoing COVID-19 health crisis and France's two lockdowns on participants is measured at the financial (employment and available resources), medical (impact on healthcare), and relational levels.

Community partners from ACCEPTESS-T and AIDES were involved in adapting the questionnaires and interview guide to the study population. For example, in the gender affirming trajectory section in the questionnaire, they suggested questions such as "When did you first identify yourself as a woman?" and "By what means? with 'Makeup, Wig/long hair, Removable prostheses, Clothing, shoes (dresses, skirts, heels, etc.), Hair removal, and Other' as response options. It was very important for the community that this question be asked so that researchers could discover whether there is a specific moment and a specific way in the lives of transgender people where they self-identify as women, or whether it is a progressive process.

The life-event questionnaire is based on that used in the ANRS Parcours survey [40]. It makes it possible to retrospectively reconstruct the life trajectory of TRHIV women for certain factors that may have impacted i) their becoming infected with HIV, ii) their healthcare situation, and, more generally iii) their current life. Furthermore, it makes it possible to retrace their migratory, residential, administrative and gender reassignment trajectories as well as their healthcare pathways.

The medical questionnaire collects data from various medical records (*nadir CD4, HIV viral Load and ART therapies, contamination mode, gender reassignment therapy/surgery, hormone therapy, comorbidities, osteoporosis, pathologies related to problems related to physical changes; mental health history; STI and other co-infections*).

All these data will make it possible to create an inventory of the state of health of the TRHIV women surveyed, which can then be compared with the state of health of the general population of PLHIV.

Qualitative data collection

The **qualitative component** with TRHIV men involves a face-to-face individual interview with a researcher. Medical data are collected with the same medical questionnaire used in the quantitative component (see above). An interview checklist ensures structure. The opening question is "**Starting an identity transition is an important moment in one's life. Could you tell me about your personal experience**"? Questions focus on living conditions (*"What can you say about your current living conditions (employment, housing, etc.)?*"), migratory trajectory ("*In what context did you arrive in France?"*), gender reassignment ("*How have you managed to affirm and make your gender identity visible?*"), HIV acquisition ("When did you learn of your seropositivity?"), and medical follow-up ("*Today, can you say that you are satisfied with your medical care?")*, as well as the impact of the current COVID-19 health crisis ("How have you experienced the COVID-19 crisis?).

These interviews provide an insight into the practices and experiences of TRHIV men, who constitute a minority HIV population.

Data collection in HIV care units

To document the healthcare provided to TRHIV another questionnaire collects structural data on the various HIV care units participating in ANRS Trans&HIV, including the number of doctors, opening hours, specificity of the consultation (therapeutic education or not), the care services offered ((e.g., psychiatry, endocrinology, proctology), permanent presence of transgender association, etc. These data will be used to construct variables for each unit and for the quality of care offered. They will also be used in statistical analyses to identify the potential impact of structural factors on individual factors.

Patient and Public Involvement

ANRS Trans&HIV is grounded in community-based participatory research. Transgender community members and representatives of the PLHIV community have been involved in all steps of the study to date: conception of the research question, enrolment and data collection. They will also be involved at the interpretation of the results.

All the results of the ANRS Trans&VIH study who will published in peer-reviewed journals will be disseminated to the HIV transgender's community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-speaking journals for this. Patients' participation in the study is voluntary, and they have the right to withdraw from the study at any time without justification and without consequence for the quality of care received. To thank them for their time, they are compensated with a twenty-euro gift voucher.

Analyses and expected results

The statistical analysis techniques will be adapted to each of the study's objectives and the type of data collected (cross-sectional (questionnaires) and retrospective (biographical trajectory))

a. Life trajectories of transgender women which may represent factors of HIV infection vulnerability:

The demographic and socioeconomic characteristics of TRHIV women participating in the quantitative component will first be described. The data collected in the life-event questionnaire will make it possible to study the link between life trajectory and HIV infection risk [41] in general in transgender women for various contexts (residential, administrative, sexual and emotional, gender transition stage, etc.) that expose them to the risk of HIV infection, and other contexts that facilitate or hamper general and HIV-specific healthcare in those who become infected. These data will also help us to better understand the current living conditions and health needs of TRHIV women, and will be analyzed with techniques adapted to retrospective data (e.g., group-based trajectory model technique) in order to identify specific profiles (e.g., in connection with biographical ruptures) [42–44].

b. TRHIV women's access to and retention in HIV care:

To analyze TRHIV women's access to and retention in HIV care, individual factors will be identified, including social factors (employment, living conditions, etc.) and psychosocial factors (self-esteem, mental health etc.). We will also document their experience of discrimination and perceived stigma, and estimate the burden of each of these factors on access and retention.

Structural data collected on HIV care units will allow us to complement the above analyses by evaluating structural effects on the different indicators highlighted above (e.g., the specific context of a hospital; the HIV care unit's technical and human resources available).

Multilevel modeling will be used to disentangle individual barriers to care access and retention from their structural counterparts.

c. Sexual health

The data collected will document sexualities according to TRHIV women's gender reassignment trajectories, risk-taking (sexual or substance use), and relationship to prevention. We will measure the impact of each of these factors on their sexual health needs in order to propose comprehensive HIV strategies and interventions for gender reassignment.

d. COVID-19 health crisis impact on TRHIV women

We will describe the impact of the ongoing COVID-19 health crisis on the everyday lives of TRHIV women, specifically in terms of HIV medical care, sexuality, social precarity (e.g., financial resources, housing), and mental health.

e. Specific needs of TRHIV men

A thematic content analysis [45] of the individual qualitative interviews with TRHIV men will be performed using the software package NVIVO [46] to categorize the themes which emerge. Similar themes will be coded, compared and combined. They will then be compared with the textual variables obtained from the whole TRHIV men sample to highlight problems specific to that population in terms of HIV care access retention.

Study limitations

The fact that we are recruiting only TRHIV patients followed in hospital HIV care units means that those followed in primary care (i.e., non-hospital contexts) will be missed. However, as all TRHIV patients must officially go to a hospital care unit at least once a year, it is possible that some will be recruited. TRHIV who refuse to participate will also be missed. Moreover, some TRHIV will probably be missed because HIV care units may not identify all potentially eligible patients.

Ethics and dissemination

Ethical aspects

Trans & HIV is being conducted in accordance with the ethical principles set out in the current revised version of the Declaration of Helsinki (64th General Assembly of the World Medical Association, Fortaleza, Brazil, October 2013).

Version 3.0 of the study (dated 07/09/2020) involves the processing of personal data for the purposes of study, evaluation and research not involving humans. The study is officially recognized as being of public interest and complies with France's 004 reference methodology for simplified access to research data. It was approved by Inserm's Ethical Evaluation Committee (CEEI) (approval number:20-694 on 12/05/2020) and is registered with the National Commission on Informatics and Liberty (CNIL) under the number 2518030720).

Information, consent and data confidentiality

Potential participants are informed about the study through the information note provided by the attending physician in each of the participating HIV care units. It is provided before any data collection. Patients are given time to reflect before deciding to participate or not. Each patient must be informed that their participation is voluntary and that they are free to withdraw from the study at any time without justification, and that their withdrawal will in no way have negative consequences on the quality of care their doctor will continue to provide. Answering the quantitative questionnaire (TRHIV women) or participating in the qualitative interview (TRHIV men) constitutes consent.

All the information collected on the study participants will remain strictly confidential and coded. No data will show the name, address, or any other participant information which would lead to their direct identification. Each participant is assigned an anonymous, six-character identifier code (number of the investigating center, entry number of the person in the center according to trial entry order) which is entered in all survey documents.

Dissemination

All the results from the ANRS Trans&HIV study published in peer-reviewed journals will be disseminated to the HIV transgender community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-language journals to disseminate them.
The ANRS Trans&HIV survey will provide information previously unavailable in France on the living conditions and life trajectories of TRHIV.
The areas explored will provide us with a greater understanding of the consequences of TRHIV life trajectories on the management of their disease (poor quality of life, loss of income, poor mental health). The discrimination experienced, in terms of the timing of participants' HIV infection in their life trajectory, may be useful to inform public policy and develop prevention strategies for the whole trans community (HIV positive or negative). The results of this research will allow us to better understand TRHIV health needs in order to suggest possible national recommendations for comprehensive HIV and transition medical care for this population.

Acknowledgements:

We thank all the HIV care units participating in ANRS Trans&HIV despite the very complicated ongoing COVID 19 context; specifically, we would like to thank the heads of the units, doctors, and clinical study technicians who are helping us with the data collection. Special thanks to all the participating patients who are giving their valuable time to answer our questions and without whom this study could not progress. We also thank the associations ACEPTESS-T, AIDES, PASTT and the ANRS for its financial support. Finally, our thanks to Jude Sweeney (Milan, Italy) for the English translation and editing of our manuscript.

Contributors:

BS is the principal investigator and oversaw the study protocol development.
MM, MB and GM contributed to the design of the research project.
GR, DL, DM, TA contributed to the community involvement in the research project and helped construct the questionnaires.
FM, YY, AFM, ERN, drafted the medical questions to explore and helped with the selection of HIV care units
JP built the life-events questionnaire.
MM wrote the first draft of the manuscript.
All authors contributed to and approved the current version of the manuscript.

Funding:

ANRS Trans&HIV is supported by the French National Institute for Health and Medical Research-French National Agency for Aids and Viral Hepatitis Research (Inserm-ANRS, grant number ETCZ87324).

Competing interests:

None declared

References

1 Zhan Chiam, Sandra Duffy, Matilda González Gil, Lara Goodwin, Nigel Timothy Mpemba Pate. *ILGA Word: Trans Legal Mapping Report 2019: Recognition before the law*. ILGA World. Genève: 2020.

2 Nolan IT, Kuhner CJ, Dy GW. Demographic and temporal trends in transgender identities and gender confirming surgery. *Transl Androl Urol* 2019;**8**:184–90. doi:10.21037/tau.2019.04.09

3 Scheim AI, Bauer GR. Sex and Gender Diversity Among Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey. *J Sex Res* 2015;**52**:1–14. doi:10.1080/00224499.2014.893553

4 Bauer G, Scheim A. *Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy*. 2015.

5 Pilling MD. Invisible Identity in the Workplace: Intersectional Madness and Processes of Disclosure at Work. *Disability Studies Quarterly* 2012;**33**. doi:10.18061/dsq.v33i1.3424

6 Bauer GR, Zong X, Scheim AI, *et al.* Factors Impacting Transgender Patients' Discomfort with Their Family Physicians: A Respondent-Driven Sampling Survey. *PLOS ONE* 2015;**10**:e0145046. doi:10.1371/journal.pone.0145046

7 Bauer G, Pyne J, Caron Francino M, *et al.* Suicidality among trans people in Ontario: Implications for social work and social justice. *Service Social* 2013;**59**:35–62. doi:10.7202/1017478ar

8 Adams N, Hitomi M, Moody C. Varied Reports of Adult Transgender Suicidality: Synthesizing and Describing the Peer-Reviewed and Gray Literature. *Transgender Health* 2017;**2**:60–75. doi:10.1089/trgh.2016.0036

9 Yuksel S, Aslantas Ertekin B, Ozturk M, *et al.* A Clinically Neglected Topic: Risk of Suicide in Transgender Individuals. *Arch Neuropsychiatr* 2017;**54**:28–32. doi:10.5152/npa.2016.10075

10 Marcellin RL, Bauer GR, Scheim AI. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. 2013;:13. doi:DOI 10.1108/EIHSC-09-2013-0017

11 Becasen JS, Denard CL, Mullins MM, *et al.* Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017. *Am J Public Health* 2019;**109**:e1–8. doi:10.2105/AJPH.2018.304727

12 Mayo-Wilson L, Benotsch E, Grigsby S, *et al.* Combined effects of gender affirmation and economic hardship on vulnerability to HIV: A qualitative analysis among U.S. adult transgender women. *BMC Public Health* 2020;**20**. doi:10.1186/s12889-020-08902-3

13 Sevelius JM, Carrico A, Johnson MO. Antiretroviral Therapy Adherence Among Transgender Women Living with HIV. *J Assoc Nurses AIDS Care* 2010;**21**:256–64. doi:10.1016/j.jana.2010.01.005

14 Baral SD, Poteat T, Strömdahl S, *et al.* Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases* 2013;**13**:214–22. doi:10.1016/S1473-3099(12)70315-8

15 Poteat T, Scheim A, Xavier J, *et al.* Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People: *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2016;**72**:S210–9. doi:10.1097/QAI.0000000000001087

16 Mizuno Y, Frazier EL, Huang P, *et al.* Characteristics of Transgender Women Living with HIV Receiving Medical Care in the United States. *LGBT Health* 2015;**2**:228–34. doi:10.1089/lgbt.2014.0099

17 Dowshen N, Matone M, Luan X, *et al.* Behavioral and Health Outcomes for HIV+ Young Transgender Women Linked To and Engaged in Medical Care. *LGBT Health* 2015;**3**:162–7. doi:10.1089/lgbt.2014.0062

18 Radix A, Sevelius J, Deutsch MB. Transgender women, hormonal therapy and HIV treatment: a comprehensive review of the literature and recommendations for best practices. *Journal of the International AIDS Society* 2016;**19**:20810. doi:10.7448/IAS.19.3.20810

19 Pommier J-D, Laouénan C, Michard F, *et al.* Metabolic syndrome and endocrine status in HIV-infected transwomen. *AIDS* 2019;**33**:855–65. doi:10.1097/QAD.0000000000002152

20 Lacombe-Duncan A, Bauer GR, Logie CH, *et al.* The HIV Care Cascade Among Transgender Women with HIV in Canada: A Mixed-Methods Study. ;:15.

21 Clements-Nolle K, Marx R, Guzman R, *et al.* HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *Am J Public Health* 2001;**91**:915–21. doi:10.2105/ajph.91.6.915

22 Reisner SL, White JM, Mayer KH, *et al.* Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center. *AIDS Care* 2014;**26**:857–64. doi:10.1080/09540121.2013.855701

23 Scheim AI, Bauer GR, Travers R. HIV-Related Sexual Risk Among Transgender Men Who Are Gay, Bisexual, or Have Sex With Men. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2017;**74**:e89. doi:10.1097/QAI.0000000000001222

24 LOI n° 2016-1547 du 18 novembre 2016 de modernisation de la justice du XXIe siècle (1). 2016.

25 Haute Autorité de Santé (HAS). Rapport HAS 2009.pdf. 2009.

26 Broussy S, Reigadas S, Vandenhende M, *et al.* Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010. 2011./paper/Caracte%CC%81ristiques-sociode%CC%81mographiques%2C-de-genre%2C-Broussy-Reigadas/0be043481378139c368123d687868dafcacfd116 (accessed 16 Dec 2020).

27 Giami A. Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010. ;:12.

28 Biello KB, Hughto JMW. Measuring Intersectional Stigma Among Racially and Ethnically Diverse Transgender Women: Challenges and Opportunities. https://doi.org/10.2105/AJPH.2020.306141. 2021. doi:10.2105/AJPH.2020.306141

29 D'Almeida Wilson K, LERT F, Berdougo F, *et al.* Kaygan d'Almeida Wilson.pdf. 2008.

30 LERT F, Annequin M, Tron L, *et al.* Situation socioéconomique des personnes vivant avec le VIH suivies à l'hôpital en France métropolitaine en 2011. Premiers résultats de l'enquête ANRS-Vespa2. 2013./maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/situation-socioeconomique-des-personnes-vivant-avec-le-vih-suivies-a-l-hopital-en-france-metropolitaine-en-2011.-premiers-resultats-de-l-enquete-an (accessed 7 Jun 2021).

31 Marsicano E, Dray-Spira R, Lert F, *et al.* Multiple discriminations experienced by people living with HIV in France: results from the ANRS-Vespa2 study. *AIDS Care* 2014;**26**:S97–106. doi:10.1080/09540121.2014.907385

32 Bail HL, Giametta C, Rassouw N. Que pensent les travailleur.se.s du sexe de la loi prostitution. ;:101.

33 Lyons T, Krüsi A, Pierre L, *et al.* Negotiating Violence in the Context of Transphobia and Criminalization: The Experiences of Trans Sex Workers in Vancouver, Canada. *Qual Health Res* 2017;**27**:182–90. doi:10.1177/1049732315613311

34 Raho-Moussa M, Guiguet M, Michaud C, *et al.* Respective roles of migration and social deprivation for virological non-suppression in HIV-infected adults on antiretroviral therapy in France. *PLoS One* 2019;**14**:e0213019. doi:10.1371/journal.pone.0213019

35 Bouscarat F, Pommier J-D, Michard F, *et al.* Infection à VIH, infections sexuellement transmises et complications dermatologiques chez les sujets transgenres consultant en centre hospitalo-universitaire. Résultats préliminaires chez 399 patients. *Annales de Dermatologie et de Vénéréologie* 2015;**142**:S485. doi:10.1016/j.annder.2015.10.122

36 Bertin C, Abbas R, Andrieu V, *et al.* Illicit massive silicone injections always induce chronic and definitive silicone blood diffusion with dermatologic complications. *Medicine (Baltimore)* 2019;**98**. doi:10.1097/MD.0000000000014143

37 Leung MW. Community based participatory research: a promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology* 2004;**33**:499–506. doi:10.1093/ije/dyh010

38 Katz-Wise SL, Pullen Sansfaçon A, Bogart LM, *et al.* Lessons from a community-based participatory research study with transgender and gender nonconforming youth and their families. *Action Research* 2019;**17**:186–207. doi:10.1177/1476750318818875

39 Beauchemin C, Hamel C, Lesné M, *et al.* Discrimination: a question of visible minorities. ;:4.

40 Desgrées du Loû A, Lert F. *Parcours. Parcours de vie et santé des Africains immigrés en France*. Paris: : La Découverte 2017. https://www.cairn.info/parcours-de-vie-et-sante-des-africains-immigres--9782707196453.htm

41 Le Cœur S, Im-Em W, Koetsawang S, *et al.* Vulnérabilité et vie avec le VIH en Thaïlande : l'apport de l'approche biographique. *Population* 2005;**60**:551–68. doi:10.3917/popu.504.0551

42 JONES BL, NAGIN DS, ROEDER K. A SAS Procedure Based on Mixture Models for Estimating Developmental Trajectories. *Sociological Methods & Research* 2001;**29**:374–93. doi:10.1177/0049124101029003005

43 Nagin DS, Tremblay RE. Analyzing developmental trajectories of distinct but related behaviors: a group-based method. *Psychol Methods* 2001;**6**:18–34. doi:10.1037/1082-989x.6.1.18

44 Nagin DS, Odgers CL. Group-Based Trajectory Modeling (Nearly) Two Decades Later. *J Quant Criminol* 2010;**26**:445–53. doi:10.1007/s10940-010-9113-7

45 Paillé P, Mucchielli A. Chapitre 11 - L'analyse thématique. *U* 2012;:231–314.

46 Deschenaux F, Association pour la recherche qualitative. *Introduction à l'analyse qualitative informatisée à l'aide du logiciel QSR Nvivo 2.0*. Rimouski: : ARQ 2005.

BMJ Open

Living conditions, HIV and gender affirmation care pathways of transgender people living with HIV in France: a nationwide, comprehensive, cross-sectional community-based research study protocol (ANRS Trans&HIV)

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2021-052691.R2
Article Type:	Protocol
Date Submitted by the Author:	15-Nov-2021
Complete List of Authors:	Mora, Marion; SESSTIM UMR 1252; ORS PACA Rincon, Giovanna; ACCEPTESS-T Bourrelly, Michel; SESSTIM UMR 1252; ORS PACA, Maradan, Gwenaëlle; ORS PACA; SESSTIM UMR 1252 Freire Maresca , Anaenza; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Michard, Florence; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Rouveix, Elisabeth; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Pannetier, Julie; CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD Leriche, Diane; Groupe Interassociatif Traitement & Recherche Thérapeutique (TrT5), Collectif Interassociatif coordination Alain, Tristan; AIDES; Coalition Internationale Sida PLUS, Community-Based Research Laboratory yazdanpanah, yazdan; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Michels, David; AIDES; Coalition Internationale Sida PLUS Spire, Bruno; SESSTIM UMR 1252; ORS PACA
Primary Subject Heading:	HIV/AIDS
Secondary Subject Heading:	Public health
Keywords:	HIV & AIDS < INFECTIOUS DISEASES, PUBLIC HEALTH, Epidemiology < INFECTIOUS DISEASES

I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our licence.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which Creative Commons licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Living conditions, HIV and gender affirmation care pathways of transgender people living with HIV in France: a nationwide, comprehensive, cross-sectional, community-based research protocol (ANRS Trans&HIV)

MORA Marion[1;2]; RINCON Giovanna[3] ; BOURRELLY Michel[1;2]; MARADAN Gwenaelle[1;2] FREIRE MARESCA Anaenza[5] ; MICHARD Florence[4]; ROUVEIX NORDON Elisabeth[5]; PANNETIER Julie [8;9;10]; LERICHE Diane; ALAIN Tristan[6;7]; YAZDANPANAH Yazdan[4]; MICHELS David [6;7]; SPIRE Bruno[1;2].

[1] Aix Marseille Univ, INSERM, IRD, SESSTIM, *Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale*, Marseille, France.

[2] ORS PACA, Observatoire régional de la santé Provence-Alpes-Côte d'Azur, Marseille, France.

[3] ACCEPTESS-T, Paris, France.

[4] Hôpital Bichat-Claude-Bernard, Assistance publique-Hôpitaux de Paris, 75877 Paris, France ; Inserm, IAME, UMR 1137, université Paris Diderot, 75870 Paris, France.

[5] Service de médecine interne, hôpital Ambroise-Paré, GHU Universite PARIS SACLAY, Assistance publique Hôpitaux de Paris, 9, avenue Charles-de-Gaulle, 92100 Boulogne, France ; UFR Paris Île-de-France Ouest, université Versailles Saint-Quentin-en-Yvelines, 78180 Versailles, France ;

[6] AIDES, Pantin, France.

[7] Laboratoire de recherche communautaire, Coalition PLUS, Pantin, France

[8]CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD, Paris, Ile-de-France, France.

[9] French Collaborative Institute on Migrations, CNRS, Paris, Ile-de-France, France.

[10]Cresppa-GTM, Paris-Nanterre University, Paris 8 University, CNRS, Nanterre, Île-de-France, France.

Corresponding author:

MORA Marion
UMR 1252 SESSTIM
27 Boulevard Jean Moulin 13005
MARSEILLE
marion.mora@inserm.fr

Co-author email contact:

Giovanna RINCON : direction@acceptess-t.com
Michel BOURRELLY michel.bourrelly@inserm.fr
Gwenaelle MARADAN: gwenaelle.maradan@inserm.fr
Anaenza FREIRE MARESCA : anaenza.maresca@aphp.fr
Florence MICHARD: florence.michard@aphp.fr
Elisabeth ROUVEIX NORDON : elisabeth.rouveix@aphp.fr
Julie PANNETIER : julie.pannetier@gmail.com
Diane LERICHE : dleriche@trt-5.org
Tristan ALAIN : talain@aides.org
Yazdan YAZDANPANAH: yazdan.yazdanpanah@aphp.fr

David MICHELS: dmichels@aides.org
Bruno SPIRE: bruno.spire@inserm.fr

Abstract (295/300)

Introduction

Transgender identity is poorly accepted in France, and data on living conditions and the daily difficulties transgender people encounter are scarce. This lack of data reinforces their invisibility in social life, contributes to their stigmatization, and probably increases the burden of HIV infection, especially for HIV-positive transgender people (TRHIV). The main objective of the community-based research study ANRS Trans&HIV is to identify personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of access to and retention in medical care, and their gender affirmation and HIV care needs.

Methods and analysis

ANRS Trans&HIV is a national, comprehensive, cross-sectional survey of all TRHIV currently being followed in HIV care units in France. TRHIV women are exclusively included in the quantitative component, and TRHIV men in the qualitative component. Data are collected by community-based interviewers and will be analyzed to explore patient care pathways and living conditions in the TRHIV population with regard to gender affirmation and HIV. Data collection began in October 2020 and should be completed in December 2021. The statistical analyses techniques used will be adapted to each of the study's objectives and to the type of data collected (cross-sectional (questionnaires) and retrospective (biographical trajectory))
The study's results will provide a greater understanding of TRHIV health needs in order to suggest possible national recommendations for comprehensive HIV and gender affirmation medical care.

Ethics and dissemination

ANRS Trans&HIV was approved by Inserm's Ethical Evaluation Committee (n ° 20-694 on 12.05.2020) and is registered with the National Commission on Informatics and Liberty under number 2518030720. Potential participants are informed about the study through an information note provided by their attending HIV physician. All results published in peer-reviewed journals will be disseminated to the HIV transgender community, institutional stakeholders and healthcare providers.

Trial registration number: NCT04849767

Strengths and limitations of this study

- The main strength of ANRS Trans&HIV is the collection of biographical and socio-behavioral data for the first time in France from TRHIV followed in hospital-based HIV care units.
- The involvement of community-based interviewers fosters participants' trust and limits the risk of judgment and discrimination.
- One of the study's limitations is that some TRHIV will probably be missed, because of refusal to participate, because they are followed in primary care (i.e., non-hospital contexts), and because HIV care units may not identify potentially eligible patients.

Keys Words:

Transgender; HIV; Community based research; Comprehensive; Cross-sectional survey.

Word count: 3887/4000

Introduction

It is difficult to estimate the number of transgender people worldwide, as in most demographic surveys, gender-related data are summarized using a "man versus woman" distinction. This invisibility is reinforced by several forms of discrimination against transgender people, and, in certain countries, by their criminalization[1].

The data collected for gender-affirmative surgery vastly underestimate the true number of people concerned, as surgery is not systematic for economic reasons (expensive and not always reimbursed) [2], and because some people wish to live their gender without it [3].That is why, in the present study, transgender refers to all persons whose self-identified gender is different from the sex they were assigned at birth. This is the same definition used in the 2009-2010 Canadian community-based research study Trans Pulse[4].

Trans Pulse explored the experiences and social determinants of transgender people's health. It identified employment discrimination [5], discrimination in healthcare services [6], and a higher suicide rate [7] in this population. Higher rates of suicidal behavior have also been described in other transgender contexts [8,9] and are associated with discrimination and family rejection (Narang et al., 2018). Trans Pulse also showed that racial/ethnic and gender discrimination can increase HIV infection risk in transgender people [10]. A systematic review, covering January 2006 to March 2017, highlighted gender disparities between transgender men and transgender women in terms of HIV infection risk and risky sexual practices [11]. In the United States, HIV prevalence in transgender women is high, especially for African-American and Latina women[12]. In a study of 3,818 people living with HIV (PLHIV) in San Francisco, 35 were TRHIV women on ART. Results showed that with respect to non-transgender people, they had a lower rate of adherence to treatment, experienced more side effects, had a higher rate of depression, and had less positive interactions with care providers [13].

Data on HIV-positive transgender (TRHIV) people are scarce and most only concern TRHIV women. A meta-analysis of 39 studies in 15 countries in 2013 showed an HIV prevalence of 19% in transgender women, and that the risk of infection was 50 times higher in this population than in the general population [14]. A systematic review performed between 2012 and 2015 showed that globally, transgender women had a greater risk of HIV infection, the prevalence reaching 40% [15]. That review also described the association of "syndemic" factors with the risk of infection. More specifically, some transgender people are exposed to biological and social factors that most likely impact not only HIV infection risk, but also prevention behaviors and disease progression. These vulnerability factors influence antiretroviral treatment (ART) adherence and viral load control in transgender people who are screened, treated and followed [16,17].

TRHIV women may also have a greater risk of drug-drug interactions between ART and feminizing hormonal regimens. Hormonal treatments may increase the risk of comorbidities (osteopenia, cardiovascular risk factor, venous thromboembolism). However, data on possible interactions are scarce [18] and contradictory [19]. TRHIV women are more adherent to ART when they have few side effects and when female hormone effectiveness is not affected [20].

With regard to transgender men, little information is available about interactions between masculinizing hormone and ART. The few studies to date estimating HIV prevalence in this population reported a small number of positive cases [21,22], which suggests that the HIV burden is lower in transgender men than in transgender women. TransPulse (see above) is one of these studies; it looked at the effects of testosterone in transgender men who have sex with men and showed that using the hormone did not influence HIV-related sexual risk behaviors, despite the fact that testosterone increases libido [23].

In France, gender identity is still a complex issue from a legal perspective. The first small step forward towards recognizing this population was taken in 2010 with the decree n° 2010-125, whereby 'transsexualism' could no longer be considered a mental pathology in the country's social security's system's classification of long-term illnesses. The '21st century justice law' [24] subsequently stipulated that a person can change their sex designation in their civil status if desired, that such a change must not be subject to medical treatment obligations, and that it must be legally recognized.

Despite this progress, many health and social dimensions of transgender people's lives, as well as their precise number in France, remain unknown. In its 2009 report, the French National Authority for Health (HAS) estimated that between 1 in 10,000 to 50,000 people were transgender (i.e., between 6,600 and 33,000 transgender people in the general population) [25]. Other estimates were made based on health insurance-based data for requests for gender-affirmative surgery. However, these excluded all persons who do not have surgery, and those who have surgery outside France.

In 2010, the ethnographic, anonymous survey 'Transgender and Sexual Health' aimed to identify and describe the socio-demographic characteristics of transgender people, their patient care pathways regarding their gender affirmation process, their sexual health, and their situation in terms of HIV/AIDS [26]. Results highlighted difficulties accessing care during gender affirmation. No man and 6.9% of women declared being HIV positive. The HIV prevalence rate was higher among women who were sex workers (SW°) (17.2%), especially SW born outside of France (36.4%) [27]. Furthermore, between 2012 and 2016, *Santé Publique France* - the national public health agency - recorded 123 TRHIV (110 TRHIV women, 11 TRHIV men, and 2 unspecified). The majority resided in the Île-de-France region (66%) and came from the Americas (75%). Only 13% were born in France.

Transgender people are more affected by intersectional stigma [28], specifically gender identity discrimination, combined with stigma related to HIV, sex work, and migration. In 2007, an exploratory study exploring transgender people's social situation, sexual behaviors and use of healthcare, showed they were more socially isolated than the general population, that one in three reported discrimination in getting employment, that one in five had decided not to seek healthcare care for fear of discrimination, and that they took significant risks in terms of HIV infection exposure [29].

PLHIV are still subject to multiple forms of discrimination which hinder them from achieving their 'life project' and can compromise therapeutic success. For example, the ANRS-VESPA2 survey, conducted in 2011 showed that PLHIV still experienced discrimination in employment (24%), in their family (11%), and in healthcare services (8 %)[30,31].

Although sex work was legalized in France in 2016, the law penalizes clients; this is detrimental to SW safety, health and living conditions (e.g., more risks at work, less condom use)[32]. These negative effects are more frequent in transgender SW [33].

In France, universal healthcare covers all public medical costs for people working or residing in the country on a stable basis, and PLHIV receive free healthcare. Access to care is more difficult for PLHIV whose administrative situation is irregular (e.g., no work permit). Migrant people or people with social vulnerability respond less well to ART .[34]

A survey analyzing the Bichat hospital's HIV care unit database in 2015 showed that transgender people were more exposed to HIV and other sexually transmitted infections (STI) than other populations, and that their dermatological complications needed better management [35]. A second survey in the same care unit which aimed to highlight the dangers associated with the clandestine use of cosmetic surgery, reinforced these results and showed that transgender women also presented physical health risks related to the illicit use of silicone [36].

In order to improve knowledge about the situation of TRHIV in France, we designed the community-based research study ANRS Trans & VIH, which aims to better understand this population's living conditions and healthcare pathways. To encourage TRHIV to participate, we partnered with the transgender self-support association ACCEPTESS-T, and AIDES, a long-established international association in the fight against HIV. Both associations have in-depth knowledge of the issues and problems facing TRHIV. Numerous epidemiological studies have shown the value of involving associations in research for a better understanding of community-based health problems [37], especially in the most marginalized populations [38].

Both associations were fully involved in the conception and writing of the study protocol, the co-construction of the research questions and data collection tools. They highlighted important issues to be investigated (gender affirmation trajectories and specific discrimination situations), played a role in adapting the questionnaire and interview guide, and suggested how the field survey could be organized. They are also fully implicated in the ongoing data collection process.

Objectives

The main objective of ANRS Trans&HIV is to identify personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of access to and retention in medical care, and their gender affirmation and HIV care needs.

Specific objectives:

a. Describe the life trajectories of TRHIV, especially life events which may represent HIV vulnerability factors.
b. Document access to and retention in HIV care by estimating the burden of social and psychosocial factors, as well as experiences of discrimination and perceived stigma.
c. Document sexual health (i.e., sexuality according to TRHIV transition trajectory, risk-taking (sexual or related to substance use)), and its relationship to prevention; and establish these factors' impact on access to and retention in HIV care. Document the impact of the ongoing COVID-19 health crisis on everyday TRHIV experience.
d. Identify the specific needs and health of TRHIV men.

Methods

Study design

ANRS Trans&HIV is a national, comprehensive, cross-sectional community-based research study of TRHIV followed in hospital-based HIV care units in France. By 'comprehensive', we mean that all TRHIV women and men frequenting these HIV care units will be invited to participate. To estimate the study sample size for ANRS Trans & HIV, we conducted an exploratory survey in 258 HIV care units in 2018. Of these, 53 had at least one TRHIV in their active patient file, for a total of -890 TRHIV women and 5 TRHIV men. Given the small size of the active patient file, we decided to conduct a comprehensive survey instead of a sampling-based one. Recruitment is still ongoing and we hope to have similar numbers of TRHIV (i.e., 890 and 5) in the present study.

ANRS Trans&HIV uses two approaches to explore TRHIV life trajectories and healthcare pathways, as well as their living conditions with regard to gender affirmation and HIV. The first approach is quantitative, where data are collected to measure the difficulties encountered by TRHIV women, in order to inform public policy. The second approach is qualitative, whereby data are collected for TRHIV men to help describe their needs

and living conditions. Data collection began in October 2020 and is should be completed in December 2021. Dissemination of results will likely start in late 2022.

Study procedure

All physicians of participating HIV care units will invite all their TRHIV to participate in the study. The study protocol specifies that they offer the survey to all TRHIV in their active patient file. TRHIV are invited to participate by their attending HIV doctor at a planned medical visit. The doctor presents the study, its objectives, benefits and constraints, and answers any questions the TRHIV have. The doctor indicates that participation is voluntary, and that the potential participant has the right to withdraw at any time without justification and without any consequence on the quality of the care received. The doctor also provides the TRHIV with an information note for personal reading.

The study's interviewers come from the transgender community, and are trained in techniques in administering questionnaires. They were recruited based on their proficiency of French, Spanish and Portuguese, which are languages mainly spoken by the population concerned. The decision to recruit transgender interviewers was made to foster participants' trust and limit the risk of judgment and discrimination.

- Transgender women who agree to participate in ANRS Trans&HIV take part in the quantitative component only. They are referred to an interviewer in a dedicated room, so that the associated sociodemographic and life-event questionnaires can be administered privately to them.
- As there are so few transgender men those who agree to participate are involved in the qualitative component only. Qualitative interviews are conducted privately by an interviewer (researcher) in a dedicated room. Interviews are recorded only with participants' consent.

People who refuse to participate are asked by their attending HIV doctor to complete a short questionnaire to collect the reasons for their refusal as well as socio-demographic characteristics, in order that any biases due to non-responders can be evaluated later in the analyses.

Quantitative data collection

The **quantitative component** collects socio-behavioral and medical information on TRHIV women using three questionnaires (sociodemographic, life-event, and medical). Questionnaires are administered face to face by an interviewer.

Different questionnaire modules provide information on different aspects of participants' lives: *sociodemographic characteristics; life conditions (employment, financial resources, housing); HIV testing and management; drug use; social relations; gender affirmation trajectory; self-esteem; mental health; sex life*. Discrimination is measured using a scale adapted from The Trajectories and Origins survey (TeO)[39] which explored discrimination in various contexts including employment, family, services, healthcare, ethnic origin, trans identity, HIV status, and dress code. The impact of the ongoing COVID-19 health crisis and France's two lockdowns on participants is measured at the financial (employment and available resources), medical (impact on healthcare), and relational levels.

Community partners from ACCEPTESS-T and AIDES were involved in adapting the questionnaires and interview guide to the study population. For example, in the gender affirming trajectory section in the questionnaire, they suggested questions such as "When did you first identify yourself as a woman?" and "By what means? with 'Makeup, Wig/long hair, Removable prostheses, Clothing, shoes (dresses, skirts, heels, etc.), Hair removal, and Other' as response options. It was very important for the community that this question be asked so that researchers could discover whether there is a specific moment and a specific way in the lives of transgender people where they self-identify as women, or whether it is a progressive process.

The life-event questionnaire is based on that used in the ANRS Parcours survey [40]. It makes it possible to retrospectively reconstruct the life trajectory of TRHIV women for certain factors that may have impacted i) their becoming infected with HIV, ii) their healthcare situation, and, more generally iii) their current life. Furthermore, it makes it possible to retrace their migratory, residential, administrative and gender affirmation trajectories as well as their healthcare pathways.

The medical questionnaire collects data from various medical records (*nadir CD4, HIV viral Load and ART therapies, contamination mode, gender affirmation therapy/surgery, hormone therapy, comorbidities, osteoporosis, pathologies related to problems related to physical changes; mental health history; STI and other co-infections*).

All these data will make it possible to create an inventory of the state of health of the TRHIV women surveyed, which can then be compared with the state of health of the general population of PLHIV.

Qualitative data collection

The **qualitative component** with TRHIV men involves a face-to-face individual interview with a researcher. Medical data are collected with the same medical questionnaire used in the quantitative component (see above). An interview checklist ensures structure. The opening question is "**Starting an identity transition is an important moment in one's life. Could you tell me about your personal experience**"? Questions focus on living conditions (*"What can you say about your current living conditions (employment, housing, etc.)?*"), migratory trajectory ("*In what context did you arrive in France?"*), gender affirmation ("*How have you managed to affirm and make your gender identity visible?*"), HIV acquisition ("When did you learn of your seropositivity?"), and medical follow-up ("*Today, can you say that you are satisfied with your medical care?")*, as well as the impact of the current COVID-19 health crisis ("How have you experienced the COVID-19 crisis?).

These interviews provide an insight into the practices and experiences of TRHIV men, who constitute a minority HIV population.

Data collection in HIV care units

To document the healthcare provided to TRHIV another questionnaire collects structural data on the various HIV care units participating in ANRS Trans&HIV, including the number of doctors, opening hours, specificity of the consultation (therapeutic education or not), the care services offered ((e.g., psychiatry, endocrinology, proctology), permanent presence of transgender association, etc. These data will be used to construct variables for each unit and for the quality of care offered. They will also be used in statistical analyses to identify the potential impact of structural factors on individual factors.

Patient and Public Involvement

ANRS Trans&HIV is grounded in community-based participatory research. Transgender community members and representatives of the PLHIV community have been involved in all steps of the study to date: conception of the research question, enrolment and data collection. They will also be involved at the interpretation of the results.

All the results of the ANRS Trans&VIH study who will published in peer-reviewed journals will be disseminated to the HIV transgender's community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-speaking journals for this. Patients' participation in the study is voluntary, and they have the right to withdraw from the study at any time without justification and without consequence for the quality of care received. To thank them for their time, they are compensated with a twenty-euro gift voucher.

Analyses and expected results

The statistical analysis techniques will be adapted to each of the study's objectives and the type of data collected (cross-sectional (questionnaires) and retrospective (biographical trajectory))

a. Life trajectories of transgender women which may represent factors of HIV infection vulnerability:

The demographic and socioeconomic characteristics of TRHIV women participating in the quantitative component will first be described. The data collected in the life-event questionnaire will make it possible to study the link between life trajectory and HIV infection risk [41] in general in transgender women for various contexts (residential, administrative, sexual and emotional, gender transition stage, etc.) that expose them to the risk of HIV infection, and other contexts that facilitate or hamper general and HIV-specific healthcare in those who become infected. These data will also help us to better understand the current living conditions and health needs of TRHIV women, and will be analyzed with techniques adapted to retrospective data (e.g., group-based trajectory model technique) in order to identify specific profiles (e.g., in connection with biographical ruptures) [42–44].

b. TRHIV women's access to and retention in HIV care:

To analyze TRHIV women's access to and retention in HIV care, individual factors will be identified, including social factors (employment, living conditions, etc.) and psychosocial factors (self-esteem, mental health etc.). We will also document their experience of discrimination and perceived stigma, and estimate the burden of each of these factors on access and retention.

Structural data collected on HIV care units will allow us to complement the above analyses by evaluating structural effects on the different indicators highlighted above (e.g., the specific context of a hospital; the HIV care unit's technical and human resources available).

We will first perform a factor analysis of all 53 HIV care units to identify different profiles. HIV care units with similar characteristics will be grouped together (e.g., large urban centers vs. small centers in large cities vs. small centers in small cities) [45]. After this, we will perform multilevel analyses to disentangle individual barriers to care access and retention from their structural counterparts.

c. Sexual health

The data collected will document sexualities according to TRHIV women's gender affirmation trajectories, risk-taking (sexual or substance use), and relationship to prevention. We will measure the impact of each of these factors on their sexual health needs in order to propose comprehensive HIV strategies and interventions for gender affirmation.

d. COVID-19 health crisis impact on TRHIV women

We will describe the impact of the ongoing COVID-19 health crisis on the everyday lives of TRHIV women, specifically in terms of HIV medical care, sexuality, social precarity (e.g., financial resources, housing), and mental health.

e. Specific needs of TRHIV men

A thematic content analysis [46] of the individual qualitative interviews with TRHIV men will be performed using the software package NVIVO [47] to categorize the themes which emerge. Similar themes will be coded, compared and combined. They will then be compared with the textual variables obtained from the whole TRHIV men sample to highlight problems specific to that population in terms of HIV care access retention.

Study limitations

The fact that we are recruiting only TRHIV patients followed in hospital HIV care units means that those followed in primary care (i.e., non-hospital contexts) will be missed. However, as all TRHIV patients must officially go to a hospital care unit at least once a year, it is possible that some will be recruited. TRHIV who refuse to participate will also be missed. Moreover, some TRHIV will probably be missed because HIV care units may not identify all potentially eligible patients.

Ethics and dissemination

Ethical aspects

Trans & HIV is being conducted in accordance with the ethical principles set out in the current revised version of the Declaration of Helsinki (64th General Assembly of the World Medical Association, Fortaleza, Brazil, October 2013).

Version 3.0 of the study (dated 07/09/2020) involves the processing of personal data for the purposes of study, evaluation and research not involving humans. The study is officially recognized as being of public interest and complies with France's 004 reference methodology for simplified access to research data. It was approved by Inserm's Ethical Evaluation Committee (CEEI) (approval number:20-694 on 12/05/2020) and is registered with the National Commission on Informatics and Liberty (CNIL) under the number 2518030720).

Information, consent and data confidentiality

Potential participants are informed about the study through the information note provided by the attending physician in each of the participating HIV care units. It is provided before any data collection. Patients are given time to reflect before deciding to participate or not. Each patient must be informed that their participation is voluntary and that they are free to withdraw from the study at any time without justification, and that their withdrawal will in no way have negative consequences on the quality of care their doctor will continue to provide. Answering the quantitative questionnaire (TRHIV women) or participating in the qualitative interview (TRHIV men) constitutes consent.

All the information collected on the study participants will remain strictly confidential and coded. No data will show the name, address, or any other participant information which would lead to their direct identification. Each participant is assigned an anonymous, six-character identifier code (number of the investigating center, entry number of the person in the center according to trial entry order) which is entered in all survey documents.

Dissemination

All the results from the ANRS Trans&HIV study published in peer-reviewed journals will be disseminated to the HIV transgender community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-language journals to disseminate them.
The ANRS Trans&HIV survey will provide information previously unavailable in France on the living conditions and life trajectories of TRHIV.
The areas explored will provide us with a greater understanding of the consequences of TRHIV life trajectories on the management of their disease (poor quality of life, loss of income, poor mental health). The discrimination experienced, in terms of the timing of participants' HIV infection in their life trajectory, may be useful to inform public policy and develop prevention strategies for the whole trans community (HIV positive or negative). The results of this research will allow us to better understand TRHIV health needs in order to suggest possible national recommendations for comprehensive HIV and transition medical care for this population.

Acknowledgements:

We thank all the HIV care units participating in ANRS Trans&HIV despite the very complicated ongoing COVID 19 context; specifically, we would like to thank the heads of the units, doctors, and clinical study technicians who are helping us with the data collection. Special thanks to all the participating patients who are giving their valuable time to answer our questions and without whom this study could not progress. We also thank the associations ACEPTESS-T, AIDES, PASTT and the ANRS for its financial support. Finally, our thanks to Jude Sweeney (Milan, Italy) for the English translation and editing of our manuscript.

Contributors:

BS is the principal investigator and oversaw the study protocol development.
MM, MB and GM contributed to the design of the research project.
GR, DL, DM, TA contributed to the community involvement in the research project and helped construct the questionnaires.
FM, YY, AFM, ERN, drafted the medical questions to explore and helped with the selection of HIV care units
JP built the life-events questionnaire.
MM wrote the first draft of the manuscript.
All authors contributed to and approved the current version of the manuscript.

Funding:

ANRS Trans&HIV is supported by the French National Institute for Health and Medical Research-French National Agency for Aids and Viral Hepatitis Research (Inserm-ANRS, grant number ETCZ87324).

Competing interests:

None declared

References

1 Zhan Chiam, Sandra Duffy, Matilda González Gil, Lara Goodwin, Nigel Timothy Mpemba Pate. *ILGA Word: Trans Legal Mapping Report 2019: Recognition before the law*. ILGA World. Genève: 2020.

2 Nolan IT, Kuhner CJ, Dy GW. Demographic and temporal trends in transgender identities and gender confirming surgery. *Transl Androl Urol* 2019;**8**:184–90. doi:10.21037/tau.2019.04.09

3 Scheim AI, Bauer GR. Sex and Gender Diversity Among Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey. *J Sex Res* 2015;**52**:1–14. doi:10.1080/00224499.2014.893553

4 Bauer G, Scheim A. *Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy*. 2015.

5 Pilling MD. Invisible Identity in the Workplace: Intersectional Madness and Processes of Disclosure at Work. *Disability Studies Quarterly* 2012;**33**. doi:10.18061/dsq.v33i1.3424

6 Bauer GR, Zong X, Scheim AI, *et al.* Factors Impacting Transgender Patients' Discomfort with Their Family Physicians: A Respondent-Driven Sampling Survey. *PLOS ONE* 2015;**10**:e0145046. doi:10.1371/journal.pone.0145046

7 Bauer G, Pyne J, Caron Francino M, *et al.* Suicidality among trans people in Ontario: Implications for social work and social justice. *Service Social* 2013;**59**:35–62. doi:10.7202/1017478ar

8 Adams N, Hitomi M, Moody C. Varied Reports of Adult Transgender Suicidality: Synthesizing and Describing the Peer-Reviewed and Gray Literature. *Transgender Health* 2017;**2**:60–75. doi:10.1089/trgh.2016.0036

9 Yuksel S, Aslantas Ertekin B, Ozturk M, *et al.* A Clinically Neglected Topic: Risk of Suicide in Transgender Individuals. *Arch Neuropsychiatr* 2017;**54**:28–32. doi:10.5152/npa.2016.10075

10 Marcellin RL, Bauer GR, Scheim AI. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. 2013;:13. doi:DOI 10.1108/EIHSC-09-2013-0017

11 Becasen JS, Denard CL, Mullins MM, *et al.* Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017. *Am J Public Health* 2019;**109**:e1–8. doi:10.2105/AJPH.2018.304727

12 Mayo-Wilson L, Benotsch E, Grigsby S, *et al.* Combined effects of gender affirmation and economic hardship on vulnerability to HIV: A qualitative analysis among U.S. adult transgender women. *BMC Public Health* 2020;**20**. doi:10.1186/s12889-020-08902-3

13 Sevelius JM, Carrico A, Johnson MO. Antiretroviral Therapy Adherence Among Transgender Women Living with HIV. *J Assoc Nurses AIDS Care* 2010;**21**:256–64. doi:10.1016/j.jana.2010.01.005

14 Baral SD, Poteat T, Strömdahl S, *et al.* Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases* 2013;**13**:214–22. doi:10.1016/S1473-3099(12)70315-8

15 Poteat T, Scheim A, Xavier J, *et al.* Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People: *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2016;**72**:S210–9. doi:10.1097/QAI.0000000000001087

16 Mizuno Y, Frazier EL, Huang P, *et al.* Characteristics of Transgender Women Living with HIV Receiving Medical Care in the United States. *LGBT Health* 2015;**2**:228–34. doi:10.1089/lgbt.2014.0099

17 Dowshen N, Matone M, Luan X, *et al.* Behavioral and Health Outcomes for HIV+ Young Transgender Women Linked To and Engaged in Medical Care. *LGBT Health* 2015;**3**:162–7. doi:10.1089/lgbt.2014.0062

18 Radix A, Sevelius J, Deutsch MB. Transgender women, hormonal therapy and HIV treatment: a comprehensive review of the literature and recommendations for best practices. *Journal of the International AIDS Society* 2016;**19**:20810. doi:10.7448/IAS.19.3.20810

19 Pommier J-D, Laouénan C, Michard F, *et al.* Metabolic syndrome and endocrine status in HIV-infected transwomen. *AIDS* 2019;**33**:855–65. doi:10.1097/QAD.0000000000002152

20 Lacombe-Duncan A, Bauer GR, Logie CH, *et al.* The HIV Care Cascade Among Transgender Women with HIV in Canada: A Mixed-Methods Study. ;:15.

21 Clements-Nolle K, Marx R, Guzman R, *et al.* HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *Am J Public Health* 2001;**91**:915–21. doi:10.2105/ajph.91.6.915

22 Reisner SL, White JM, Mayer KH, *et al.* Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center. *AIDS Care* 2014;**26**:857–64. doi:10.1080/09540121.2013.855701

23 Scheim AI, Bauer GR, Travers R. HIV-Related Sexual Risk Among Transgender Men Who Are Gay, Bisexual, or Have Sex With Men. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2017;**74**:e89. doi:10.1097/QAI.0000000000001222

24 LOI n° 2016-1547 du 18 novembre 2016 de modernisation de la justice du XXIe siècle (1). 2016.

25 Haute Autorité de Santé (HAS). Rapport HAS 2009.pdf. 2009.

26 Broussy S, Reigadas S, Vandenhende M, *et al.* Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010. 2011./paper/Caracte%CC%81ristiques-sociode%CC%81mographiques%2C-de-genre%2C-Broussy-Reigadas/0be043481378139c368123d687868dafcacfd116 (accessed 16 Dec 2020).

27 Giami A. Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010. ;:12.

28 Biello KB, Hughto JMW. Measuring Intersectional Stigma Among Racially and Ethnically Diverse Transgender Women: Challenges and Opportunities. https://doi.org/10.2105/AJPH.2020.306141. 2021. doi:10.2105/AJPH.2020.306141

29 D'Almeida Wilson K, LERT F, Berdougo F, *et al.* Kaygan d'Almeida Wilson.pdf. 2008.

30 LERT F, Annequin M, Tron L, *et al.* Situation socioéconomique des personnes vivant avec le VIH suivies à l'hôpital en France métropolitaine en 2011. Premiers résultats de l'enquête ANRS-Vespa2. 2013./maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/situation-socioeconomique-des-personnes-vivant-avec-le-vih-suivies-a-l-hopital-en-france-metropolitaine-en-2011.-premiers-resultats-de-l-enquete-an (accessed 7 Jun 2021).

31 Marsicano E, Dray-Spira R, Lert F, *et al.* Multiple discriminations experienced by people living with HIV in France: results from the ANRS-Vespa2 study. *AIDS Care* 2014;**26**:S97–106. doi:10.1080/09540121.2014.907385

32 Bail HL, Giametta C, Rassouw N. Que pensent les travailleur.se.s du sexe de la loi prostitution. ;:101.

33 Lyons T, Krüsi A, Pierre L, *et al.* Negotiating Violence in the Context of Transphobia and Criminalization: The Experiences of Trans Sex Workers in Vancouver, Canada. *Qual Health Res* 2017;**27**:182–90. doi:10.1177/1049732315613311

34 Raho-Moussa M, Guiguet M, Michaud C, *et al.* Respective roles of migration and social deprivation for virological non-suppression in HIV-infected adults on antiretroviral therapy in France. *PLoS One* 2019;**14**:e0213019. doi:10.1371/journal.pone.0213019

35 Bouscarat F, Pommier J-D, Michard F, *et al.* Infection à VIH, infections sexuellement transmises et complications dermatologiques chez les sujets transgenres consultant en centre hospitalo-universitaire. Résultats préliminaires chez 399 patients. *Annales de Dermatologie et de Vénéréologie* 2015;**142**:S485. doi:10.1016/j.annder.2015.10.122

36 Bertin C, Abbas R, Andrieu V, *et al.* Illicit massive silicone injections always induce chronic and definitive silicone blood diffusion with dermatologic complications. *Medicine (Baltimore)* 2019;**98**. doi:10.1097/MD.0000000000014143

37 Leung MW. Community based participatory research: a promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology* 2004;**33**:499–506. doi:10.1093/ije/dyh010

38 Katz-Wise SL, Pullen Sansfaçon A, Bogart LM, *et al.* Lessons from a community-based participatory research study with transgender and gender nonconforming youth and their families. *Action Research* 2019;**17**:186–207. doi:10.1177/1476750318818875

39 Beauchemin C, Hamel C, Lesné M, *et al.* Discrimination: a question of visible minorities. ;:4.

40 Desgrées du Loû A, Lert F. *Parcours. Parcours de vie et santé des Africains immigrés en France*. Paris: : La Découverte 2017. https://www.cairn.info/parcours-de-vie-et-sante-des-africains-immigres--9782707196453.htm

41 Le Cœur S, Im-Em W, Koetsawang S, *et al.* Vulnérabilité et vie avec le VIH en Thaïlande : l'apport de l'approche biographique. *Population* 2005;**60**:551–68. doi:10.3917/popu.504.0551

42 JONES BL, NAGIN DS, ROEDER K. A SAS Procedure Based on Mixture Models for Estimating Developmental Trajectories. *Sociological Methods & Research* 2001;**29**:374–93. doi:10.1177/0049124101029003005

43 Nagin DS, Tremblay RE. Analyzing developmental trajectories of distinct but related behaviors: a group-based method. *Psychol Methods* 2001;**6**:18–34. doi:10.1037/1082-989x.6.1.18

44 Nagin DS, Odgers CL. Group-Based Trajectory Modeling (Nearly) Two Decades Later. *J Quant Criminol* 2010;**26**:445–53. doi:10.1007/s10940-010-9113-7

45 Coulaud P-J, Protopopescu C, Ndiaye K, *et al.* Individual and healthcare supply-related barriers to treatment initiation in HIV-positive patients enrolled in the Cameroonian antiretroviral treatment access programme. *Health Policy and Planning* 2021;**36**:137–48. doi:10.1093/heapol/czaa153

46 Paillé P, Mucchielli A. Chapitre 11 - L'analyse thématique. *U* 2012;:231–314.

47 Deschenaux F, Association pour la recherche qualitative. *Introduction à l'analyse qualitative informatisée à l'aide du logiciel QSR Nvivo 2.0*. Rimouski: : ARQ 2005.

BMJ Open

Living conditions, HIV and gender affirmation care pathways of transgender people living with HIV in France: a nationwide, comprehensive, cross-sectional, community-based research protocol (ANRS Trans&HIV)

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2021-052691.R3
Article Type:	Protocol
Date Submitted by the Author:	19-Nov-2021
Complete List of Authors:	Mora, Marion; SESSTIM UMR 1252, Aix Marseille Univ, Inserm, IRD, ISSPAM; ORS PACA Rincon, Giovanna; ACCEPTESS-T Bourrelly, Michel; SESSTIM UMR 1252, Aix Marseille Univ, Inserm, IRD, ISSPAM; ORS PACA, Maradan, Gwenaëlle; ORS PACA; SESSTIM UMR 1252, Aix Marseille Univ, Inserm, IRD, ISSPAM Freire Maresca , Anaenza; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Michard, Florence; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Rouveix, Elisabeth; Hopital Ambroise-Pare, Service de médecine interne, UFR Paris Île-de-France Ouest Pannetier, Julie; CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD Leriche, Diane; Groupe Interassociatif Traitement & Recherche Thérapeutique (TrT5), Collectif Interassociatif coordination Alain, Tristan; AIDES; Coalition Internationale Sida PLUS, Community-Based Research Laboratory yazdanpanah, yazdan; Hopital Bichat - Claude-Bernard, Inserm, IAME, UMR 1137, université Paris Diderot Michels, David; AIDES; Coalition Internationale Sida PLUS Spire, Bruno; SESSTIM UMR 1252, Aix Marseille Univ, Inserm, IRD, ISSPAM; ORS PACA
Primary Subject Heading:	HIV/AIDS
Secondary Subject Heading:	Public health
Keywords:	HIV & AIDS < INFECTIOUS DISEASES, PUBLIC HEALTH, Epidemiology < INFECTIOUS DISEASES

I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our licence.

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which Creative Commons licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Living conditions, HIV and gender affirmation care pathways of transgender people living with HIV in France: a nationwide, comprehensive, cross-sectional, community-based research protocol (ANRS Trans&HIV)

MORA Marion[1;2]; RINCON Giovanna[3] ; BOURRELLY Michel[1;2]; MARADAN Gwenaelle[1;2] FREIRE MARESCA Anaenza[5] ; MICHARD Florence[4]; ROUVEIX NORDON Elisabeth[5]; PANNETIER Julie [8;9;10]; LERICHE Diane; ALAIN Tristan[6;7]; YAZDANPANAH Yazdan[4]; MICHELS David [6;7]; SPIRE Bruno[1;2]

[1] Aix Marseille Univ, Inserm, IRD, SESSTIM, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, ISSPAM, Marseille, France.

[2] ORS PACA, Observatoire régional de la santé Provence-Alpes-Côte d'Azur, Marseille, France.

[3] ACCEPTESS-T, Paris, France.

[4] Hôpital Bichat-Claude-Bernard, Assistance publique-Hôpitaux de Paris, 75877 Paris, France ; Inserm, IAME, UMR 1137, université Paris Diderot, 75870 Paris, France.

[5] Service de médecine interne, hôpital Ambroise-Paré, GHU Universite PARIS SACLAY, Assistance publique Hôpitaux de Paris, 9, avenue Charles-de-Gaulle, 92100 Boulogne, France ; UFR Paris Île-de-France Ouest, université Versailles Saint-Quentin-en-Yvelines, 78180 Versailles, France.

[6] AIDES, Pantin, France.

[7] Laboratoire de recherche communautaire, Coalition PLUS, Pantin, France

[8]CEPED, Paris Descartes University, IRD, ERL Inserm SAGESUD, Paris, Ile-de-France, France.

[9] French Collaborative Institute on Migrations, CNRS, Paris, Ile-de-France, France.

[10]Cresppa-GTM, Paris-Nanterre University, Paris 8 University, CNRS, Nanterre, Île-de-France, France.

Corresponding author:

MORA Marion
UMR 1252 SESSTIM
27 Boulevard Jean Moulin 13005
MARSEILLE
marion.mora@inserm.fr

Co-author email contact:

Giovanna RINCON : direction@acceptess-t.com
Michel BOURRELLY michel.bourrelly@inserm.fr
Gwenaelle MARADAN: gwenaelle.maradan@inserm.fr
Anaenza FREIRE MARESCA : anaenza.maresca@aphp.fr
Florence MICHARD: florence.michard@aphp.fr
Elisabeth ROUVEIX NORDON : elisabeth.rouveix@aphp.fr
Julie PANNETIER : julie.pannetier@gmail.com
Diane LERICHE : dleriche@trt-5.org
Tristan ALAIN : talain@aides.org
Yazdan YAZDANPANAH: yazdan.yazdanpanah@aphp.fr

David MICHELS: dmichels@aides.org
Bruno SPIRE: bruno.spire@inserm.fr

Abstract (295/300)

Introduction

Transgender identity is poorly accepted in France, and data on living conditions and the daily difficulties transgender people encounter are scarce. This lack of data reinforces their invisibility in social life, contributes to their stigmatization, and probably increases the burden of HIV infection, especially for HIV-positive transgender people (TRHIV). The main objective of the community-based research study ANRS Trans&HIV is to identify personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of access to and retention in medical care, and their gender affirmation and HIV care needs.

Methods and analysis

ANRS Trans&HIV is a national, comprehensive, cross-sectional survey of all TRHIV currently being followed in HIV care units in France. TRHIV women are exclusively included in the quantitative component, and TRHIV men in the qualitative component. Data are collected by community-based interviewers and will be analyzed to explore patient care pathways and living conditions in the TRHIV population with regard to gender affirmation and HIV. Data collection began in October 2020 and should be completed in December 2021. The statistical analyses techniques used will be adapted to each of the study's objectives and to the type of data collected (cross-sectional [*questionnaires*] and retrospective [*biographical trajectory*]). The study's results will provide a greater understanding of TRHIV health needs in order to suggest possible national recommendations for comprehensive HIV and gender affirmation medical care.

Ethics and dissemination

ANRS Trans&HIV was approved by Inserm's Ethical Evaluation Committee (n ° 20-694 on 12.05.2020) and is registered with the National Commission on Informatics and Liberty under number 2518030720. Potential participants are informed about the study through an information note provided by their attending HIV physician. All results published in peer-reviewed journals will be disseminated to the HIV transgender community, institutional stakeholders and healthcare providers.

Study registration number: NCT04849767.

Strengths and limitations of this study

- The main strength of ANRS Trans&HIV is the collection of biographical and socio-behavioral data for the first time in France from TRHIV followed in hospital-based HIV care units.
- The involvement of community-based interviewers fosters participants' trust and limits the risk of judgment and discrimination.
- One of the study's limitations is that some TRHIV will probably be missed, because of refusal to participate, because they are followed in primary care (i.e., non-hospital contexts), and because HIV care units may not identify potentially eligible patients.

KeysWords:

Transgender; HIV; Community based research; Comprehensive; Cross-sectional survey.

Word count: 3936/4000

Introduction

It is difficult to estimate the number of transgender people worldwide, as in most demographic surveys, gender-related data are summarized using a “man versus woman” distinction. This invisibility is reinforced by several forms of discrimination against transgender people, and, in certain countries, by their criminalization[1].

The data collected for gender-affirmative surgery vastly underestimate the true number of people concerned, as surgery is not systematic for economic reasons (expensive and not always reimbursed) [2], and because some people wish to live their gender without it [3].That is why, in the present study, transgender refers to all persons whose self-identified gender is different from the sex they were assigned at birth. This is the same definition used in the 2009-2010 Canadian community-based research study Trans Pulse[4].

Trans Pulse explored the experiences and social determinants of transgender people’s health. It identified employment discrimination [5], discrimination in healthcare services [6], and a higher suicide rate [7] in this population. Higher rates of suicidal behavior have also been described in other transgender contexts [8,9] and are associated with discrimination and family rejection (Narang et al., 2018). Trans Pulse also showed that racial/ethnic and gender discrimination can increase HIV infection risk in transgender people [10]. A systematic review, covering January 2006 to March 2017, highlighted gender disparities between transgender men and transgender women in terms of HIV infection risk and risky sexual practices [11]. In the United States, HIV prevalence in transgender women is high, especially for African-American and Latina women[12]. In a study of 3,818 people living with HIV (PLHIV) in San Francisco, 35 were TRHIV women on ART. Results showed that with respect to non-transgender people, they had a lower rate of adherence to treatment, experienced more side effects, had a higher rate of depression, and had less positive interactions with care providers [13].

Data on HIV-positive transgender (TRHIV) people are scarce and most only concern TRHIV women. A meta-analysis of 39 studies in 15 countries in 2013 showed an HIV prevalence of 19% in transgender women, and that the risk of infection was 50 times higher in this population than in the general population [14]. A systematic review performed between 2012 and 2015 showed that globally, transgender women had a greater risk of HIV infection, the prevalence reaching 40% [15]. That review also described the association of “syndemic” factors with the risk of infection. More specifically, some transgender people are exposed to biological and social factors that most likely impact not only HIV infection risk, but also prevention behaviors and disease progression. These vulnerability factors influence antiretroviral treatment (ART) adherence and viral load control in transgender people who are screened, treated and followed [16,17].

TRHIV women may also have a greater risk of drug-drug interactions between ART and feminizing hormonal regimens. Hormonal treatments may increase the risk of comorbidities (osteopenia, cardiovascular risk factor, venous thromboembolism). However, data on possible interactions are scarce [18] and contradictory [19]. TRHIV women are more adherent to ART when they have few side effects and when female hormone effectiveness is not affected [20].

With regard to transgender men, little information is available about interactions between masculinizing hormone and ART. The few studies to date estimating HIV prevalence in this population reported a small number of positive cases [21,22], which suggests that the HIV burden is lower in transgender men than in transgender women. TransPulse (see above) is one of these studies; it looked at the effects of testosterone in transgender men who have sex with men and showed that using the hormone did not influence HIV-related sexual risk behaviors, despite the fact that testosterone increases libido [23].

In France, gender identity is still a complex issue from a legal perspective. The first small step forward towards recognizing this population was taken in 2010 with the decree n° 2010-125, whereby 'transsexualism' could no longer be considered a mental pathology in the country's social security's system's classification of long-term illnesses. The '21st century justice law' [24] subsequently stipulated that a person can change their sex designation in their civil status if desired, that such a change must not be subject to medical treatment obligations, and that it must be legally recognized.

Despite this progress, many health and social dimensions of transgender people's lives, as well as their precise number in France, remain unknown. In its 2009 report, the French National Authority for Health (HAS) estimated that between 1 in 10,000 to 50,000 people were transgender (i.e., between 6,600 and 33,000 transgender people in the general population) [25]. Other estimates were made based on health insurance-based data for requests for gender-affirmative surgery. However, these excluded all persons who do not have surgery, and those who have surgery outside France.

In 2010, the ethnographic, anonymous survey 'Transgender and Sexual Health' aimed to identify and describe the socio-demographic characteristics of transgender people, their patient care pathways regarding their gender affirmation process, their sexual health, and their situation in terms of HIV/AIDS [26]. Results highlighted difficulties accessing care during gender affirmation. No man and 6.9% of women declared being HIV positive. The HIV prevalence rate was higher among women who were sex workers (SW°) (17.2%), especially SW born outside of France (36.4%) [27]. Furthermore, between 2012 and 2016, *Santé Publique France* - the national public health agency - recorded 123 TRHIV (110 TRHIV women, 11 TRHIV men, and 2 unspecified). The majority resided in the Île-de-France region (66%) and came from the Americas (75%). Only 13% were born in France.

Transgender people are more affected by intersectional stigma [28], specifically gender identity discrimination, combined with stigma related to HIV, sex work, and migration. In 2007, an exploratory study exploring transgender people's social situation, sexual behaviors and use of healthcare, showed they were more socially isolated than the general population, that one in three reported discrimination in getting employment, that one in five had decided not to seek healthcare care for fear of discrimination, and that they took significant risks in terms of HIV infection exposure [29].

PLHIV are still subject to multiple forms of discrimination which hinder them from achieving their 'life project' and can compromise therapeutic success. For example, the ANRS-VESPA2 survey, conducted in 2011 showed that PLHIV still experienced discrimination in employment (24%), in their family (11%), and in healthcare services (8 %)[30,31].

Although sex work was legalized in France in 2016, the law penalizes clients; this is detrimental to SW safety, health and living conditions (e.g., more risks at work, less condom use)[32]. These negative effects are more frequent in transgender SW [33].

In France, universal healthcare covers all public medical costs for people working or residing in the country on a stable basis, and PLHIV receive free healthcare. Access to care is more difficult for PLHIV whose administrative situation is irregular (e.g., no work permit). Migrant people or people with social vulnerability respond less well to ART .[34]

A survey analyzing the Bichat hospital's HIV care unit database in 2015 showed that transgender people were more exposed to HIV and other sexually transmitted infections (STI) than other populations, and that their dermatological complications needed better management [35]. A second survey in the same care unit, which aimed to highlight the dangers associated with the clandestine use of cosmetic surgery, reinforced these results and showed that transgender women also presented physical health risks related to the illicit use of silicone [36].

In order to improve knowledge about the situation of TRHIV in France, we designed the community-based research study ANRS Trans & VIH, which aims to better understand this population's living conditions and healthcare pathways. To encourage TRHIV to participate, we partnered with the transgender self-support association ACCEPTESS-T, and AIDES, a long-established international association in the fight against HIV. Both associations have in-depth knowledge of the issues and problems facing TRHIV. Numerous epidemiological studies have shown the value of involving associations in research for a better understanding of community-based health problems [37], especially in the most marginalized populations [38].

Both associations were fully involved in the conception and writing of the study protocol, the co-construction of the research questions and data collection tools. They highlighted important issues to be investigated (gender affirmation trajectories and specific discrimination situations), played a role in adapting the questionnaire and interview guide, and suggested how the field survey could be organized. They are also fully implicated in the ongoing data collection process.

Objectives

The main objective of ANRS Trans&HIV is to identify personal and social situations of vulnerability in TRHIV, the obstacles they encounter in terms of access to and retention in medical care, and their gender affirmation and HIV care needs.

Specific objectives:

a. Describe the life trajectories of TRHIV, especially life events which may represent HIV vulnerability factors.
b. Document access to and retention in HIV care by estimating the burden of social and psychosocial factors, as well as experiences of discrimination and perceived stigma.
c. Document sexual health (i.e., sexuality according to TRHIV transition trajectory, risk-taking (sexual or related to substance use)), and its relationship to prevention; and establish these factors' impact on access to and retention in HIV care. Document the impact of the ongoing COVID-19 health crisis on everyday TRHIV experience.
d. Identify the specific needs and health of TRHIV men.

Methods and analysis

Study design

ANRS Trans&HIV is a national, comprehensive, cross-sectional community-based research study of TRHIV followed in hospital-based HIV care units in France. By 'comprehensive', we mean that all TRHIV women and men frequenting these HIV care units will be invited to participate. To estimate the study sample size for ANRS Trans & HIV, we conducted an exploratory survey in 258 HIV care units in 2018. Of these, 53 had at least one TRHIV in their active patient file, for a total of ~890 TRHIV women and 5 TRHIV men. Given the small size of the active patient file, we decided to conduct a comprehensive survey instead of a sampling-based one. Recruitment is still ongoing and we hope to have similar numbers of TRHIV (i.e., 890 and 5) in the present study.

ANRS Trans&HIV uses two approaches to explore TRHIV life trajectories and healthcare pathways, as well as their living conditions with regard to gender affirmation and HIV. The first approach is quantitative, where data are collected to measure the difficulties encountered by TRHIV women, in order to inform public policy. The second approach is qualitative, whereby data are collected for TRHIV men to help describe their needs

and living conditions. Data collection began in October 2020 and is should be completed in December 2021. Dissemination of results will likely start in late 2022.

Study procedure

All physicians of participating HIV care units will invite all their TRHIV to participate in the study. The study protocol specifies that they offer the survey to all TRHIV in their active patient file. TRHIV are invited to participate by their attending HIV doctor at a planned medical visit. The doctor presents the study, its objectives, benefits and constraints, and answers any questions the TRHIV have. The doctor indicates that participation is voluntary, and that the potential participant has the right to withdraw at any time without justification and without any consequence on the quality of the care received. The doctor also provides the TRHIV with an information note for personal reading.

The study's interviewers come from the transgender community, and are trained in techniques in administering questionnaires. They were recruited based on their proficiency of French, Spanish and Portuguese, which are languages mainly spoken by the population concerned. The decision to recruit transgender interviewers was made to foster participants' trust and limit the risk of judgment and discrimination.

- Transgender women who agree to participate in ANRS Trans&HIV take part in the quantitative component only. They are referred to an interviewer in a dedicated room, so that the associated sociodemographic and life-event questionnaires can be administered privately to them.
- As there are so few transgender men those who agree to participate are involved in the qualitative component only. Qualitative interviews are conducted privately by an interviewer (researcher) in a dedicated room. Interviews are recorded only with participants' consent.

People who refuse to participate are asked by their attending HIV doctor to complete a short questionnaire to collect the reasons for their refusal as well as socio-demographic characteristics, in order that any biases due to non-responders can be evaluated later in the analyses.

Quantitative data collection

The **quantitative component** collects socio-behavioral and medical information on TRHIV women using three questionnaires (sociodemographic, life-event, and medical). Questionnaires are administered face to face by an interviewer.

Different questionnaire modules provide information on different aspects of participants' lives: *sociodemographic characteristics; life conditions (employment, financial resources, housing); HIV testing and management; drug use; social relations; gender affirmation trajectory; self-esteem; mental health; sex life*. Discrimination is measured using a scale adapted from The Trajectories and Origins survey (TeO)[39] which explored discrimination in various contexts including employment, family, services, healthcare, ethnic origin, trans identity, HIV status, and dress code. The impact of the ongoing COVID-19 health crisis and France's two lockdowns on participants is measured at the financial (employment and available resources), medical (impact on healthcare), and relational levels. The face-to-face questionnaire, in French, is provided as a supplemental file.

Community partners from ACCEPTESS-T and AIDES were involved in adapting the questionnaires and interview guide to the study population. For example, in the gender affirming trajectory section in the questionnaire, they suggested questions such as "When did you first identify yourself as a woman?" and "By what means? with 'Makeup, Wig/long hair, Removable prostheses, Clothing, shoes (dresses, skirts, heels, etc.), Hair removal, and Other' as response options. It was very important for the community that this question be asked so that researchers could discover whether there is a specific moment and a specific way in the lives of transgender people where they self-identify as women, or whether it is a progressive process.

The life-event questionnaire is based on that used in the ANRS Parcours survey [40]. It makes it possible to retrospectively reconstruct the life trajectory of TRHIV women for certain factors that may have impacted i) their becoming infected with HIV, ii) their healthcare situation, and, more generally iii) their current life. Furthermore, it makes it possible to retrace their migratory, residential, administrative and gender affirmation trajectories as well as their healthcare pathways. The life-event questionnaire, in French, is provided as a supplemental file.

The medical questionnaire collects data from various medical records (*nadir CD4, HIV viral Load and ART therapies, contamination mode, gender affirmation therapy/surgery, hormone therapy, comorbidities, osteoporosis, pathologies related to problems related to physical changes; mental health history; STI and other co-infections*). The medical questionnaire, in French, is provided as supplemental file.

All these data will make it possible to create an inventory of the state of health of the TRHIV women surveyed, which can then be compared with the state of health of the general population of PLHIV.

Qualitative data collection

The **qualitative component** with TRHIV men involves a face-to-face individual interview with a researcher. Medical data are collected with the same medical questionnaire used in the quantitative component (see above). An interview checklist ensures structure. The opening question is "**Starting an identity transition is an important moment in one's life. Could you tell me about your personal experience**"? Questions focus on living conditions (*"What can you say about your current living conditions (employment, housing, etc.)?*"), migratory trajectory ("*In what context did you arrive in France?"*), gender affirmation ("*How have you managed to affirm and make your gender identity visible?*"), HIV acquisition ("When did you learn of your seropositivity?"), and medical follow-up ("*Today, can you say that you are satisfied with your medical care?")*, as well as the impact of the current COVID-19 health crisis ("How have you experienced the COVID-19 crisis?). The interview grid, in French, is provided as supplemental file.

These interviews provide an insight into the practices and experiences of TRHIV men, who constitute a minority HIV population.

Data collection in HIV care units

To document the healthcare provided to TRHIV another questionnaire collects structural data on the various HIV care units participating in ANRS Trans&HIV, including the number of doctors, opening hours, specificity of the consultation (therapeutic education or not), the care services offered ((e.g., psychiatry, endocrinology, proctology), permanent presence of transgender association, etc. These data will be used to construct variables for each unit and for the quality of care offered. They will also be used in statistical analyses to identify the potential impact of structural factors on individual factors. The HIV care unit's questionnaire, in French, is provided as a supplemental file.

Patient and Public Involvement

ANRS Trans&HIV is grounded in community-based participatory research. Transgender community members and representatives of the PLHIV community have been involved in all steps of the study to date: conception of the research question, enrolment and data collection. They will also be involved at the interpretation of the results.

All the results of the ANRS Trans&VIH study who will published in peer-reviewed journals will be disseminated to the HIV transgender's community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-speaking journals for this. Patients'

participation in the study is voluntary, and they have the right to withdraw from the study at any time without justification and without consequence for the quality of care received. To thank them for their time, they are compensated with a twenty-euro gift voucher.

Analyses and expected results

The statistical analysis techniques will be adapted to each of the study's objectives and the type of data collected (cross-sectional (questionnaires) and retrospective (biographical trajectory))

a. Life trajectories of transgender women which may represent factors of HIV infection vulnerability:

The demographic and socioeconomic characteristics of TRHIV women participating in the quantitative component will first be described. The data collected in the life-event questionnaire will make it possible to study the link between life trajectory and HIV infection risk [41] in general in transgender women for various contexts (residential, administrative, sexual and emotional, gender transition stage, etc.) that expose them to the risk of HIV infection, and other contexts that facilitate or hamper general and HIV-specific healthcare in those who become infected. These data will also help us to better understand the current living conditions and health needs of TRHIV women, and will be analyzed with techniques adapted to retrospective data (e.g., group-based trajectory model technique) in order to identify specific profiles (e.g., in connection with biographical ruptures) [42–44].

b. TRHIV women's access to and retention in HIV care:

To analyze TRHIV women's access to and retention in HIV care, individual factors will be identified, including social factors (employment, living conditions, etc.) and psychosocial factors (self-esteem, mental health etc.). We will also document their experience of discrimination and perceived stigma, and estimate the burden of each of these factors on access and retention.

Structural data collected on HIV care units will allow us to complement the above analyses by evaluating structural effects on the different indicators highlighted above (e.g., the specific context of a hospital; the HIV care unit's technical and human resources available).

We will first perform a factor analysis of all 53 HIV care units to identify different profiles. HIV care units with similar characteristics will be grouped together (e.g., large urban centers vs. small centers in large cities vs. small centers in small cities) [45]. After this, we will perform multilevel analyses to disentangle individual barriers to care access and retention from their structural counterparts.

c. Sexual health

The data collected will document sexualities according to TRHIV women's gender affirmation trajectories, risk-taking (sexual or substance use), and relationship to prevention. We will measure the impact of each of these factors on their sexual health needs in order to propose comprehensive HIV strategies and interventions for gender affirmation.

d. COVID-19 health crisis impact on TRHIV women

We will describe the impact of the ongoing COVID-19 health crisis on the everyday lives of TRHIV women, specifically in terms of HIV medical care, sexuality, social precarity (e.g., financial resources, housing), and mental health.

e. Specific needs of TRHIV men

A thematic content analysis [46] of the individual qualitative interviews with TRHIV men will be performed using the software package NVIVO [47] to categorize the themes which emerge. Similar themes will be coded,

compared and combined. They will then be compared with the textual variables obtained from the whole TRHIV men sample to highlight problems specific to that population in terms of HIV care access retention.

Study limitations

The fact that we are recruiting only TRHIV patients followed in hospital HIV care units means that those followed in primary care (i.e., non-hospital contexts) will be missed. However, as all TRHIV patients must officially go to a hospital care unit at least once a year, it is possible that some will be recruited. TRHIV who refuse to participate will also be missed. Moreover, some TRHIV will probably be missed because HIV care units may not identify all potentially eligible patients.

Ethics and dissemination

Ethical aspects

Trans & HIV is being conducted in accordance with the ethical principles set out in the current revised version of the Declaration of Helsinki (64th General Assembly of the World Medical Association, Fortaleza, Brazil, October 2013).

Version 3.0 of the study (dated 07/09/2020) involves the processing of personal data for the purposes of study, evaluation and research not involving humans. The study is officially recognized as being of public interest and complies with France's 004 reference methodology for simplified access to research data. It was approved by Inserm's Ethical Evaluation Committee (CEEI) (approval number:20-694 on 12/05/2020) and is registered with the National Commission on Informatics and Liberty (CNIL) under the number 2518030720).

Information, consent and data confidentiality

Potential participants are informed about the study through the information note provided by the attending physician in each of the participating HIV care units. It is provided before any data collection. Patients are given time to reflect before deciding to participate or not. Each patient must be informed that their participation is voluntary and that they are free to withdraw from the study at any time without justification, and that their withdrawal will in no way have negative consequences on the quality of care their doctor will continue to provide. Answering the quantitative questionnaire (TRHIV women) or participating in the qualitative interview (TRHIV men) constitutes consent.

All the information collected on the study participants will remain strictly confidential and coded. No data will show the name, address, or any other participant information which would lead to their direct identification. Each participant is assigned an anonymous, six-character identifier code (number of the investigating center, entry number of the person in the center according to trial entry order) which is entered in all survey documents.

Dissemination

All the results from the ANRS Trans&HIV study published in peer-reviewed journals will be disseminated to the HIV transgender community, institutional stakeholders and healthcare providers. We will use adapted materials, general public leaflets and articles in French-language journals to disseminate them.
The ANRS Trans&HIV survey will provide information previously unavailable in France on the living conditions and life trajectories of TRHIV.
The areas explored will provide us with a greater understanding of the consequences of TRHIV life trajectories on the management of their disease (poor quality of life, loss of income, poor mental health). The discrimination experienced, in terms of the timing of participants' HIV infection in their life trajectory, may

be useful to inform public policy and develop prevention strategies for the whole trans community (HIV positive or negative). The results of this research will allow us to better understand TRHIV health needs in order to suggest possible national recommendations for comprehensive HIV and transition medical care for this population.

Acknowledgments

We thank all the HIV care units participating in ANRS Trans&HIV despite the very complicated ongoing COVID-19 context; specifically, we would like to thank the heads of the units, doctors, and clinical study technicians who are helping us with the data collection. Special thanks to all the participating patients who are giving their valuable time to answer our questions and without whom this study could not progress. We also thank the associations ACEPTESS-T, AIDES, PASTT and the ANRS for its financial support. Finally, our thanks to Jude Sweeney (Milan, Italy) for the English translation and editing of our manuscript.

Contributors

BS is the principal investigator and oversaw the study protocol development.
MM, MB and GM contributed to the design of the research project.
GR, DL, DM, TA contributed to the community involvement in the research project and helped construct the questionnaires.
FM, YY, AFM, ERN, drafted the medical questions to explore and helped with the selection of HIV care units
JP built the life-events questionnaire.
MM wrote the first draft of the manuscript.
All authors contributed to and approved the current version of the manuscript.

Funding

ANRS Trans&HIV is supported by the French National Institute for Health and Medical Research-French National Agency for Aids and Viral Hepatitis Research (Inserm-ANRS, grant number ETCZ87324).

Competing interests

None declared

References

1 Zhan Chiam, Sandra Duffy, Matilda González Gil, Lara Goodwin, Nigel Timothy Mpemba Pate. *ILGA Word: Trans Legal Mapping Report 2019: Recognition before the law*. ILGA World. Genève: 2020.

2 Nolan IT, Kuhner CJ, Dy GW. Demographic and temporal trends in transgender identities and gender confirming surgery. *Transl Androl Urol* 2019;**8**:184–90. doi:10.21037/tau.2019.04.09

3 Scheim AI, Bauer GR. Sex and Gender Diversity Among Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey. *J Sex Res* 2015;**52**:1–14. doi:10.1080/00224499.2014.893553

4 Bauer G, Scheim A. *Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy*. 2015.

5 Pilling MD. Invisible Identity in the Workplace: Intersectional Madness and Processes of Disclosure at Work. *Disability Studies Quarterly* 2012;**33**. doi:10.18061/dsq.v33i1.3424

6 Bauer GR, Zong X, Scheim AI, *et al.* Factors Impacting Transgender Patients' Discomfort with Their Family Physicians: A Respondent-Driven Sampling Survey. *PLOS ONE* 2015;**10**:e0145046. doi:10.1371/journal.pone.0145046

7 Bauer G, Pyne J, Caron Francino M, *et al.* Suicidality among trans people in Ontario: Implications for social work and social justice. *Service Social* 2013;**59**:35–62. doi:10.7202/1017478ar

8 Adams N, Hitomi M, Moody C. Varied Reports of Adult Transgender Suicidality: Synthesizing and Describing the Peer-Reviewed and Gray Literature. *Transgender Health* 2017;**2**:60–75. doi:10.1089/trgh.2016.0036

9 Yuksel S, Aslantas Ertekin B, Ozturk M, *et al.* A Clinically Neglected Topic: Risk of Suicide in Transgender Individuals. *Arch Neuropsychiatr* 2017;**54**:28–32. doi:10.5152/npa.2016.10075

10 Marcellin RL, Bauer GR, Scheim AI. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. 2013;:13. doi:DOI 10.1108/EIHSC-09-2013-0017

11 Becasen JS, Denard CL, Mullins MM, *et al.* Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006–2017. *Am J Public Health* 2019;**109**:e1–8. doi:10.2105/AJPH.2018.304727

12 Mayo-Wilson L, Benotsch E, Grigsby S, *et al.* Combined effects of gender affirmation and economic hardship on vulnerability to HIV: A qualitative analysis among U.S. adult transgender women. *BMC Public Health* 2020;**20**. doi:10.1186/s12889-020-08902-3

13 Sevelius JM, Carrico A, Johnson MO. Antiretroviral Therapy Adherence Among Transgender Women Living with HIV. *J Assoc Nurses AIDS Care* 2010;**21**:256–64. doi:10.1016/j.jana.2010.01.005

14 Baral SD, Poteat T, Strömdahl S, *et al.* Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases* 2013;**13**:214–22. doi:10.1016/S1473-3099(12)70315-8

15 Poteat T, Scheim A, Xavier J, *et al.* Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People: *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2016;**72**:S210–9. doi:10.1097/QAI.0000000000001087

16 Mizuno Y, Frazier EL, Huang P, *et al.* Characteristics of Transgender Women Living with HIV Receiving Medical Care in the United States. *LGBT Health* 2015;**2**:228–34. doi:10.1089/lgbt.2014.0099

17 Dowshen N, Matone M, Luan X, *et al.* Behavioral and Health Outcomes for HIV+ Young Transgender Women Linked To and Engaged in Medical Care. *LGBT Health* 2015;**3**:162–7. doi:10.1089/lgbt.2014.0062

18 Radix A, Sevelius J, Deutsch MB. Transgender women, hormonal therapy and HIV treatment: a comprehensive review of the literature and recommendations for best practices. *Journal of the International AIDS Society* 2016;**19**:20810. doi:10.7448/IAS.19.3.20810

19 Pommier J-D, Laouénan C, Michard F, *et al.* Metabolic syndrome and endocrine status in HIV-infected transwomen. *AIDS* 2019;**33**:855–65. doi:10.1097/QAD.0000000000002152

20 Lacombe-Duncan A, Bauer GR, Logie CH, *et al.* The HIV Care Cascade Among Transgender Women with HIV in Canada: A Mixed-Methods Study. ;:15.

21 Clements-Nolle K, Marx R, Guzman R, *et al.* HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: implications for public health intervention. *Am J Public Health* 2001;**91**:915–21. doi:10.2105/ajph.91.6.915

22 Reisner SL, White JM, Mayer KH, *et al.* Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center. *AIDS Care* 2014;**26**:857–64. doi:10.1080/09540121.2013.855701

23 Scheim AI, Bauer GR, Travers R. HIV-Related Sexual Risk Among Transgender Men Who Are Gay, Bisexual, or Have Sex With Men. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 2017;**74**:e89. doi:10.1097/QAI.0000000000001222

24 LOI n° 2016-1547 du 18 novembre 2016 de modernisation de la justice du XXIe siècle (1). 2016.

25 Haute Autorité de Santé (HAS). Rapport HAS 2009.pdf. 2009.

26 Broussy S, Reigadas S, Vandenhende M, *et al.* Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010. 2011./paper/Caracte%CC%81ristiques-sociode%CC%81mographiques%2C-de-genre%2C-Broussy-Reigadas/0be043481378139c368123d687868dafcacfd116 (accessed 16 Dec 2020).

27 Giami A. Caractéristiques sociodémographiques, identifications de genre, parcours de transition médicopsychologiques et VIH/sida dans la population trans. Premiers résultats d'une enquête menée en France en 2010. ;:12.

28 Biello KB, Hughto JMW. Measuring Intersectional Stigma Among Racially and Ethnically Diverse Transgender Women: Challenges and Opportunities. https://doi.org/10.2105/AJPH.2020.306141. 2021. doi:10.2105/AJPH.2020.306141

29 D'Almeida Wilson K, LERT F, Berdougo F, *et al.* Kaygan d'Almeida Wilson.pdf. 2008.

30 LERT F, Annequin M, Tron L, *et al.* Situation socioéconomique des personnes vivant avec le VIH suivies à l'hôpital en France métropolitaine en 2011. Premiers résultats de l'enquête ANRS-Vespa2. 2013./maladies-et-traumatismes/infections-sexuellement-transmissibles/vih-sida/situation-socioeconomique-des-personnes-vivant-avec-le-vih-suivies-a-l-hopital-en-france-metropolitaine-en-2011.-premiers-resultats-de-l-enquete-an (accessed 7 Jun 2021).

31 Marsicano E, Dray-Spira R, Lert F, *et al.* Multiple discriminations experienced by people living with HIV in France: results from the ANRS-Vespa2 study. *AIDS Care* 2014;**26**:S97–106. doi:10.1080/09540121.2014.907385

32 Bail HL, Giametta C, Rassouw N. Que pensent les travailleur.se.s du sexe de la loi prostitution. ;:101.

33 Lyons T, Krüsi A, Pierre L, *et al.* Negotiating Violence in the Context of Transphobia and Criminalization: The Experiences of Trans Sex Workers in Vancouver, Canada. *Qual Health Res* 2017;**27**:182–90. doi:10.1177/1049732315613311

34 Raho-Moussa M, Guiguet M, Michaud C, *et al.* Respective roles of migration and social deprivation for virological non-suppression in HIV-infected adults on antiretroviral therapy in France. *PLoS One* 2019;**14**:e0213019. doi:10.1371/journal.pone.0213019

35 Bouscarat F, Pommier J-D, Michard F, *et al.* Infection à VIH, infections sexuellement transmises et complications dermatologiques chez les sujets transgenres consultant en centre hospitalo-universitaire. Résultats préliminaires chez 399 patients. *Annales de Dermatologie et de Vénéréologie* 2015;**142**:S485. doi:10.1016/j.annder.2015.10.122

36 Bertin C, Abbas R, Andrieu V, *et al.* Illicit massive silicone injections always induce chronic and definitive silicone blood diffusion with dermatologic complications. *Medicine (Baltimore)* 2019;**98**. doi:10.1097/MD.0000000000014143

37 Leung MW. Community based participatory research: a promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology* 2004;**33**:499–506. doi:10.1093/ije/dyh010

38 Katz-Wise SL, Pullen Sansfaçon A, Bogart LM, *et al.* Lessons from a community-based participatory research study with transgender and gender nonconforming youth and their families. *Action Research* 2019;**17**:186–207. doi:10.1177/1476750318818875

39 Beauchemin C, Hamel C, Lesné M, *et al.* Discrimination: a question of visible minorities. ;:4.

40 Desgrées du Loû A, Lert F. *Parcours. Parcours de vie et santé des Africains immigrés en France*. Paris: : La Découverte 2017. https://www.cairn.info/parcours-de-vie-et-sante-des-africains-immigres--9782707196453.htm

41 Le Cœur S, Im-Em W, Koetsawang S, *et al.* Vulnérabilité et vie avec le VIH en Thaïlande : l'apport de l'approche biographique. *Population* 2005;**60**:551–68. doi:10.3917/popu.504.0551

42 JONES BL, NAGIN DS, ROEDER K. A SAS Procedure Based on Mixture Models for Estimating Developmental Trajectories. *Sociological Methods & Research* 2001;**29**:374–93. doi:10.1177/0049124101029003005

43 Nagin DS, Tremblay RE. Analyzing developmental trajectories of distinct but related behaviors: a group-based method. *Psychol Methods* 2001;**6**:18–34. doi:10.1037/1082-989x.6.1.18

44 Nagin DS, Odgers CL. Group-Based Trajectory Modeling (Nearly) Two Decades Later. *J Quant Criminol* 2010;**26**:445–53. doi:10.1007/s10940-010-9113-7

45 Coulaud P-J, Protopopescu C, Ndiaye K, *et al.* Individual and healthcare supply-related barriers to treatment initiation in HIV-positive patients enrolled in the Cameroonian antiretroviral treatment access programme. *Health Policy and Planning* 2021;**36**:137–48. doi:10.1093/heapol/czaa153

46 Paillé P, Mucchielli A. Chapitre 11 - L'analyse thématique. *U* 2012;:231–314.

47 Deschenaux F, Association pour la recherche qualitative. *Introduction à l'analyse qualitative informatisée à l'aide du logiciel QSR Nvivo 2.0*. Rimouski: : ARQ 2005.

QUESTIONNAIRE FACE A FACE

MODULE HISTORIQUE RESIDENTIEL

Merci d'avoir accepté de participer à cette enquête. Je suis [nom], enquêtrice et je vais à présent vous poser des questions sur votre vie, qui vont parfois, vous paraître très intimes. Ces informations ont pour but de bien comprendre vos conditions de vie et vos besoins afin d'améliorer les conditions de prise en charge des personnes trans séropositives. Vos réponses sont strictement confidentielles, et aucune information ne sera transmise à l'équipe médicale. Si vous le voulez bien, nous allons commencer.

1. Quelle est votre année de naissance ?
/__/__//__/__/année

HISTORIQUE RESIDENTIEL ET ADMINISTRATIF

Nous allons commencer par les pays où vous avez vécu, pendant au moins un an, depuis votre naissance jusqu'à maintenant.

2. Dans quel pays êtes-vous née ?
[Si née en France (DOM/TOM compris) ne pas poser les questions suivantes]

3. Quand êtes-vous arrivée en France ?
[Avoir le mois si l'arrivée est récente]

4. Avant la France dans quels pays/, avez-vous vécu ?

5. Quelle est votre nationalité ?

6. Quels ont été vos titres de séjours en arrivant en France ?

[Si Q2<>France] ***Nous allons parler maintenant de votre situation administrative.***

7. Vous êtes arrivée en France …

- ☐ Seule
- ☐ Par l'intermédiaire de membres de votre famille
- ☐ Par l'intermédiaire d'autres personnes trans
- ☐ Par l'intermédiaire d'autres personnes non trans

8. Avez-vous dû donner de l'argent à une personne pour pouvoir venir en France (en dehors des frais de voyage)
[Pour l'enquêteur : arrivée en France via réseau de traite ; passeurs, etc.]

- ☐ Oui
- ☐ Non

9. Quand vous êtes arrivée en France, c'était : (plusieurs réponses possibles)

- ☐ Pour travailler
- ☐ Pour faire des études
- ☐ Pour échapper aux risques pour votre vie, votre liberté ou votre sécurité dans votre propre pays.
- ☐ Du fait de votre identité de genre
- ☐ Du fait de votre orientation sexuelle
- ☐ Pour commencer, continuer ou terminer votre parcours de transition
- ☐ Pour rejoindre votre famille
- ☐ Pour changer de vie
- ☐ Pour vous soigner
- ☐ Pour une autre raison : _____

10. Depuis que vous êtes arrivée en France, avez-vous fait des voyages ou des séjours dans votre pays d'origine ?

- ☐ Non, pas encore
- ☐ Oui, une fois
- ☐ Oui, plusieurs fois

11. Est-ce que vos croyances personnelles religieuses occupent une place importante dans votre vie ?

- ☐ Très importante
- ☐ Importante
- ☐ Pas très importante
- ☐ Pas importante du tout
- ☐ Non concernée (ne pas suggérer)

MODULE IDENTITE DE GENRE- ORIENTATION SEXUELLE

Je vais vous poser quelques questions sur votre identité de genre et votre orientation sexuelle.

12. Comment qualifieriez-vous votre identité de genre ?

- ☐ Trans/ personne trans
- ☐ Femme trans
- ☐ Femme
- ☐ Homme
- ☐ Agenre
- ☐ Non binaire
- ☐ Autre _____

13. Comment qualifieriez-vous votre orientation sexuelle

- ☐ Homosexuelle
- ☐ Hétérosexuelle
- ☐ Bisexuelle
- ☐ Asexuelle
- ☐ Pansexuelle
- ☐ Autre_____

14. Actuellement, vous vous présentez dans votre genre souhaité :

- ☐ Toujours
- ☐ Souvent
- ☐ Parfois
- ☐ Jamais

15. Avez-vous au moins un papier d'identité correspondant à votre genre actuel (carte d'identité, passeport, permis de conduire etc.)?

- ☐ Oui → *Q16 ; Q17 ; Q18*
- ☐ Non → *Q19 ; Q20 ; Q21*

16. *[Si oui]* **Où avez-vous effectué cette démarche ?**

- ☐ En France
- ☐ Dans votre pays de naissance
- ☐ Dans un autre pays

17. Avez-vous rencontré des difficultés

- ☐ Oui
- ☐ Non

18. *[Si oui]* **De quel ordre ?**

- ☐ Démarche longue
- ☐ Difficulté à fournir les documents demandés pour constituer le dossier
- ☐ Discrimination de la part du personnel administratif
- ☐ Autre : _____

19. *[Si non]* **Avez-vous entamé ces démarches ?**

- ☐ Oui
- ☐ Non

20. *[Si oui]* **Rencontrez-vous des difficultés ?**

- ☐ Oui
- ☐ Non

21. *[Si oui]* **De quel ordre ?**

- ☐ Démarche longue

- ☐ Difficulté à fournir les documents demandés pour constituer le dossier
- ☐ Discrimination de la part du personnel administratif
- ☐ Autre : _____

MODULE EMPLOI ET CONDITIONS DE VIE

ACTIVITES PROFESSIONNELLES

A présent nous allons parler de vos conditions de vie et de l'emploi

22. Quels ont été vos activités étudiantes et professionnelles depuis que vous avez 16 ans /fini le lycée (équivalent bac) ?

23. Quel est votre niveau d'étude ?

- ☐ Pas scolarisé
- ☐ Primaire
- ☐ Secondaire
- ☐ Supérieur ou égal au baccalauréat

24. Actuellement, quelle est votre situation vis-à-vis de l'emploi :(Cochez toutes les réponses qui correspondent à la situation)

Vous travaillez et vous avez :

- ☐ Un emploi salarié stable (CDI, fonctionnaire, etc.)
- ☐ Une profession indépendante (patron, profession libérale, commerçant, artisan, artiste, etc.)
- ☐ Un emploi peu stable (CDD, intérim, vacataire)
- ☐ Un travail non déclaré

Et / ou :

- ☐ Vous avez une allocation chômage
- ☐ Vous êtes en congé de maladie depuis plus de 6 mois ou en invalidité
- ☐ Vous êtes en congé parental
- ☐ Vous êtes au foyer ou vous ne cherchez pas de travail
- ☐ Vous êtes à la retraite ou en préretraite
- ☐ Vous êtes étudiante
- ☐ Vous suivez une formation rémunérée
- ☐ Vous êtes apprentie ou en stage rémunéré
- ☐ Vous avez le RSA, l'AAH.
- ☐ Autres, précisez : _____

Et / ou :

- ☐ Vous vous considérez comme une travailleuse du sexe

25. Vous est-il arrivé de chercher un emploi (déclaré) depuis que vous êtes en France.

- ☐ Oui
- ☐ Non → *Q28*

26. Au cours de cette recherche, vous trouviez:

- ☐ Qu'on ne vous faisait pas confiance
- ☐ Qu'on vous posait des questions déplacées
- ☐ Qu'on vous ait refusé injustement un poste
- ☐ Aucune de ces propositions

27. Selon vous c'était à cause de…

- ☐ Vos origines ou votre nationalité
- ☐ Du fait que vous soyez une personne trans
- ☐ Votre séropositivité
- ☐ Votre façon de vous habiller
- ☐ Autres (à préciser) _____

28. Actuellement quelle sécurité sociale avez-vous ?

- ☐ Le régime général, un régime spécial ou assimilé *[pour l'enquêteur : sécurité sociale des salariés]*
- ☐ La PUMA (Protection Universelle Maladie)

- ☐ L'AME (Aide Médicale d'Etat)
- ☐ Autres : préciser
- ☐ Aucune prise en charge

29. Avez-vous un revenu personnel, c'est-à-dire de l'argent que vous obtenez de votre travail (déclaré ou non) ou d'allocations (RSA, allocation chômage, API, etc.) et que pouvez utiliser comme vous l'entendez ?

- ☐ Oui
- ☐ Non

30. Pouvez-vous donner une estimation de vos revenus/ressources mensuels nets ?

[Consigne enquêteur : cochez le montant dans la grille suivante, ne citer que si aucune réponse spontanée]

- ☐ Moins de 500 €
- ☐ De 500 à 1000 €
- ☐ 1001 à 2000 €
- ☐ De 2001 à 3000 €
- ☐ De 3001 à 5000 €
- ☐ Plus de 5000 €

31. Vos revenus ont-ils été impactés par la crise du COVID-19 ?

- ☐ Non, ils n'ont pas changés (j'ai perçu mes revenus normalement)
- ☐ Oui en partie, mais j'ai pu bénéficier d'aides sociales (chomages ; indemnités maladie etc.)
- ☐ Oui totalement, je n'avais plus aucune ressource

32. Actuellement, diriez-vous plutôt que financièrement…

- ☐ Vous ne pouvez pas y arriver sans faire de dettes
- ☐ Vous y arrivez difficilement
- ☐ C'est juste, il faut faire attention
- ☐ Ça va
- ☐ Vous êtes plutôt à l'aise
- ☐ Vous êtes vraiment à l'aise

33. Au cours des 4 dernières semaines, vous est-il arrivé à vous ou à quelqu'un avec qui vous habitez de passer une journée complète sans prendre au moins un repas complet, par manque d'argent ?

- ☐ Oui
- ☐ Non

34. Au cours des 4 dernières semaines, vous est-il arrivé d'avoir recours à des repas gratuits/ tickets services dans une structure d'aide alimentaire ou associations (Restaurants du Cœur, Secours populaire, association trans ou lutte VIH etc.)

- ☐ Oui
- ☐ Non

35. Au cours des 4 dernières semaines, vous est-il arrivé d'avoir recours à une épicerie sociale ou solidaire ?

[Consigne enquêteur : c'est à dire une épicerie où les aliments sont vendus de 10 à 30% du prix du marché ?]

- ☐ Oui
- ☐ Non

36. ***(si au moins 1 oui à 44. 45.46) Cette situation est :***

- ☐ Récente et liée au COVID-19
- ☐ Ancienne et s'est aggravée avec le COVID-19
- ☐ Ancienne mais le COVID-19 n'a pas eu d'impact

LOGEMENT

Nous allons maintenant parler du logement que vous avez pu avoir au cours de votre vie.

37. Depuis que vous avez quitté votre foyer familial, quel a été votre parcours vis-à-vis du logement ?

38. Actuellement, par rapport à votre habitation, vous êtes ?

- ☐ Locataire
- ☐ Locataire d'un appartement médicalisé comme un ACT, un appartement relais
- ☐ Sous locataire
- ☐ Propriétaire de votre logement (ou accédant à la propriété)
- ☐ Vous vivez chez un.e ou des ami.e.s
- ☐ Vous vivez chez vos parents ou chez d'autres membres de votre famille
- ☐ Vous logez dans un foyer ou dans un centre d'hébergement
- ☐ Vous êtes sans domicile fixe (hôtel, etc.)

39. Est-ce que vous vivez seul·e ?

- ☐ Oui
- ☐ Non

40. Estimez-vous que vos conditions actuelles de logement sont :

- ☐ Très satisfaisantes
- ☐ Satisfaisantes
- ☐ Acceptables
- ☐ Insuffisantes
- ☐ Très insuffisantes

41. Comment avez-vous vécu le confinement imposé dans le cadre du COVID-19 :

- ☐ Extrèmement facile
- ☐ Très facile
- ☐ Facile
- ☐ Difficile
- ☐ Très difficile
- ☐ Extrèmement difficile

MODULE DEPISTAGE ET HISTOIRE AVEC LE VIH

Nous allons parler à présent de votre histoire avec le VIH.

DEPISTAGE

42. En quelle année avez-vous eu votre premier test VIH positif ?

43. Où avez-vous été dépistée positive pour votre infection à VIH ?

- ☐ En France
- ☐ Dans votre pays de naissance
- ☐ Dans un autre pays

44. Avant ce test positif, aviez-vous déjà eu un test de dépistage négatif pour le VIH ?

- ☐ Oui
- ☐ Non

45. *[Si oui]* **En quelle(s) année(s), avez-vous eu votre/vos test(s) négatif(s) ?**

DIAGNOSTIC ET DEPISTAGE

46. En quelle année avez-vous commencé un traitement contre VIH ?

47. Où êtes-vous suivie pour le VIH ?

- ☐ Principalement, dans cet hôpital
- ☐ Principalement, dans un cabinet de médecine en ville
- ☐ Principalement, dans un autre hôpital
- ☐ Autant en ville qu'à l'hôpital

48. Est-ce que vous prenez actuellement un traitement antirétroviral ?

- ☐ Oui
- ☐ Non, pas actuellement mais vous avez déjà reçu un traitement dans le passé → *Q57*
- ☐ Non, pas actuellement et vous n'avez jamais reçu de traitement → *Q58*

49. Au cours du dernier mois, vous est-il arrivé d'interrompre volontairement ou involontairement mais sans avis médical, votre traitement antirétroviral pendant plusieurs jours ?

- ☐ Jamais
- ☐ Oui, une fois
- ☐ Oui, plusieurs fois

50. Globalement, durant le dernier mois, vous diriez que vous avez suivi votre traitement antirétroviral ?

- ☐ Très mal
- ☐ Mal
- ☐ Assez mal
- ☐ Assez bien
- ☐ Presque parfaitement
- ☐ Parfaitement

51. Au cours de ces 4 derniers jours, vous est-il arrivé de sauter une ou plusieurs prises ?

- ☐ Oui, une fois
- ☐ Oui, plusieurs fois
- ☐ Non Jamais

52. Globalement, durant les 4 derniers jours, vous diriez que vous avez suivi votre traitement antirétroviral ?

- ☐ Très mal

- ☐ Mal
- ☐ Assez mal
- ☐ Assez bien
- ☐ Presque parfaitement
- ☐ Parfaitement

53. Pour vous, actuellement, les effets désagréables de votre traitement sont…

- ☐ Inexistants
- ☐ Pas du tout gênants
- ☐ Peu gênants
- ☐ Assez gênants
- ☐ Très gênants

54. Avez-vous rencontré une des situations suivantes lors du confinement pour suivre votre traitement (plusieurs réponses possibles)

- ☐ Problèmes pour renouveler l'ordonnance
- ☐ Rupture de médicaments à la pharmacie
- ☐ Personnel médical indisponible dû au COVID-19
- ☐ Difficulté pour vous déplacer (transport en commun etc.)

55. Depuis que vous avez commencé à prendre un traitement ARV, avez-vous déjà arrêté ce traitement pendant plus de 1 mois ?

- ☐ Oui, au moins une fois
- ☐ Non, jamais → *Q58*
- ☐ Refus de répondre (ne pas citer)

56. Pendant combien de temps ?

- ☐ 1 à 3 mois
- ☐ 4 à 12 mois
- ☐ Plus de 12 mois
- ☐ Refus de répondre (ne pas citer)

57. Pour quelle(s) raison(s) aviez-vous interrompu votre traitement ?

- ☐ Le suivi médical étaient trop contraignants (vous ne pouviez pas venir tous les mois ou tous les 2 mois chercher les ARV)
- ☐ Le traitement n'était plus disponible à l'hôpital (rupture d'approvisionnement en ARV)
- ☐ Vous ressentiez trop d'effets secondaires
- ☐ Vous vous sentiez en bonne santé
- ☐ Vous voyagiez beaucoup d'un pays à l'autre
- ☐ Autre (précisez) : _____
- ☐ Refus de répondre (ne pas citer)

Nous allons plus particulièrement parler de votre prise en charge dans cet hôpital.

58. Est-ce que vous trouvez le personnel soignant qui s'occupe de votre maladie (infection au VIH) à l'écoute de vos problèmes ? Indiquez sur cette échelle allant de 1 à 6, le chiffre le plus proche de ce que vous pensez. Le plus petit chiffre à gauche correspond à « Pas du tout à l'écoute » et le plus grand chiffre à droite à « Très à l'écoute ». (Entourer le chiffre indiqué par la personne ou 7 pour Non concerné si la personne n'a pas de surveillance médicale pour son infection au VIH)

- ☐ 1. Pas du tout à l'écoute
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

☐ 6. Très à l'écoute

59. En général, par rapport au(x) médecin(s) qui s'occupe(nt) de votre maladie (infection au VIH), vous lui (leur) faites :

☐ Tout à fait confiance
☐ Un peu confiance
☐ Pas du tout confiance
☐ Non concerné *(le patient n'a pas de surveillance médicale pour son infection au VIH. Ne pas citer)*

60. En général, par rapport à l'équipe soignante (hors médecins) qui s'occupe de votre maladie, vous lui faites :

☐ Tout à fait confiance
☐ Un peu confiance
☐ Pas du tout confiance
☐ Non concerné *(la personne n'a pas de surveillance médicale pour son infection au VIH. Ne pas citer)*

61. Avez-vous vécu des refus de soins par les professionnel.le.s de santé de cet hôpital ?

☐ Non jamais
☐ Oui une fois
☐ Oui plusieurs fois

62. *[Si oui]* **Il a**

☐ Il a refusé de vous recevoir pour vous soigner
☐ Il vous a proposé des rendez-vous dans un délai anormalement long par rapport aux autres patients
☐ Il vous a orienté vers un ou un-e autre confrère ou un autre établissement de façon répétées et non-justifiées
☐ Il vous a pris en charge dans des conditions différentes des autres patients (tel qu'un RDV uniquement en fin de journée, une autre salle de consultation etc.)
☐ Autre : _____

63. *[Si oui]* **Pensez-vous que c'était à cause de …**

☐ Vos origines ou votre nationalité
☐ Du fait que vous soyez une personne trans
☐ Votre séropositivité
☐ Votre façon de vous habiller
☐ Autre (à préciser)

64. Etes-vous satisfaite de votre dernière consultation ?

☐ Très satisfaite
☐ Satisfaite
☐ Insatisfaite
☐ Pas du tout satisfaite

65. Sur une échelle de 1 à 6 comment évalueriez-vous votre suivi médical dans le service, pendant la période du COVID-19.

☐ 1. Pas du tout satisfaisante
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6. Très satisfaisante

Nous allons à présent parler de votre prise en charge, en dehors du VIH et parcours de transition.

66. Au cours des 12 derniers mois, est-il arrivé qu'un.e médecin ou du personnel médical, hors VIH et parcours de transition, vous traite moins bien ou vous reçoive plus mal que les autres patients ?

- ☐ Oui
- ☐ Non

67. *[Si oui]* **C'était :**

- ☐ Un.e dentiste
- ☐ Un.e médecin généraliste/médecin de ville
- ☐ Un.e médecin spécialisé.e
- ☐ Un.e autre spécialiste hospitalier.e
- ☐ Autre _____

68. *[Si oui]* **Pensez-vous que c'était à cause de …**

- ☐ Vos origines ou votre nationalité
- ☐ Du fait que vous soyez une personne trans
- ☐ Votre séropositivité
- ☐ Votre façon de vous habiller
- ☐ Parce que vous êtes à la PASS, à la PUMA ou à l'AME (pour soins)
- ☐ Autre (à préciser)

69. Au cours des 12 derniers mois, est-ce qu'un.e professionnel.le de santé a refusé de vous soigner ?

- ☐ Oui
- ☐ Non

70. *[Si oui]* **C'était :**

- ☐ Un.e dentiste
- ☐ Un.e médecin généraliste/médecin de ville
- ☐ Un.e médecin spécialisé.e
- ☐ Un.e autre spécialiste hospitalier.e
- ☐ Autre _____

71. *[Si oui]* **Pensez-vous que c'était à cause de …**

- ☐ Vos origines ou votre nationalité
- ☐ Du fait que vous soyez une personne trans
- ☐ Votre séropositivité
- ☐ Votre façon de vous habiller
- ☐ Parce que vous êtes à la PASS, à la PUMA ou à l'AME (pour soins)
- ☐ Autre (à préciser)

72. D'une façon générale êtes-vous satisfaite de votre prise en charge par les médecins ou professionnels de santé, hors VIH et parcours de transition ?

- ☐ Très satisfaite
- ☐ Satisfaite
- ☐ Insatisfaite
- ☐ Pas du tout satisfaite

MODULE PARCOURS DE TRANSITION

Nous allons parler maintenant de votre parcours de transition.

73. A quel âge/ en quelle année, vous êtes-vous visibilisée/affirmée en tant que femme, pour la première fois (grille) ?

74. Par quel moyen ?

- ☐ Maquillage
- ☐ Perruque/ cheveux long
- ☐ Prothèses amovibles
- ☐ Vêtements, chaussures (robes ; jupe ; talons etc.)
- ☐ Epilation
- ☐ Autre: _ _____

75. Avez-vous réalisé des injections de silicone, d'huile etc.

- ☐ Jamais
- ☐ Oui, une fois
- ☐ Oui, plusieurs fois

76. *[Si oui]* **Dans quel cadre avez-vous réalisé ces injections ?**

- ☐ Dans un cadre médical par du personnel médical
- ☐ Dans un cadre non médical par du personnel médical
- ☐ Dans un cadre non médical par du personnel non médical

77. Nous allons noter dans la grille les années/ périodes de votre vie où vous avez réalisé des injections.

78. Avez-vous déjà pris des hormones féminisantes ?

- ☐ Jamais → *Q84*
- ☐ Oui, il y a longtemps
- ☐ Oui, encore actuellement

79. La première fois c'était :

- ☐ La pilule contraceptive de votre mère ou d'une femme de votre entourage
- ☐ Une prescription médicale
- ☐ Une amie trans qui vous les avait données
- ☐ Un achat sur internet
- ☐ Un achat dans la rue
- ☐ Autre:_____

80. Nous allons noter dans la grille les années/ périodes de votre vie où vous avez pris des hormones.

81. *[Si Q78 = Oui, encore actuellement]* **D'une façon générale, qui vous les prescrit ?**

- ☐ Votre spécialiste VIH à l'hôpital
- ☐ Un.e médecin spécialiste privée (endocrinologue)
- ☐ Un.e médecin d'une équipe pluridisciplinaire des parcours trans
- ☐ Un.e autre médecin spécialiste à l'hôpital
- ☐ Un.e médecin de ville
- ☐ Personne, vous l'avez acheté sur internet ou dans la rue ou via d'autres personnes
- ☐ Autre

82. *[Si Q78 = Oui, encore actuellement]* **Effectuez-vous des contrôles biologiques de suivi/surveillance de votre traitement hormonal?**

- ☐ Oui

☐ Non

83. Avez-vous eu des consultations avec un.e endocrinologue ?

☐ Jamais
☐ Oui, il y a plus de 12 mois
☐ Oui, au cours des 12 derniers mois

84. Avez-vous eu des consultations avec un.e psychiatre,?

☐ Jamais
☐ Oui, il y a plus de 12 mois
☐ Oui, au cours des 12 derniers mois

85. Avez-vous effectué un parcours de transition physique (avec un accompagnement médical), en France

☐ Oui
☐ Non mais vous l'envisagez → *Q93*
☐ Non → *Q95*

86. Comment réalisez-vous (ou avez-vous réalisé) votre parcours de transition ?

☐ Pluridisciplinaire hospitalière (sofect/fpath)
☐ Privé ou centre de santé (choix du parcours et des praticiens)
☐ Autogéré
☐ Autre : _____

Nous allons plus particulièrement parler de votre prise en charge de votre parcours de transition.

87. Est-ce que vous trouvez le personnel soignant qui s'occupe de votre parcours de transition à l'écoute de vos problèmes ? Indiquez sur cette échelle allant de 1 à 6, le chiffre le plus proche de ce que vous pensez. Le plus petit chiffre à gauche correspond à « Pas du tout à l'écoute » et le plus grand chiffre à droite à « Très à l'écoute ». (Entourer le chiffre indiqué par la personne)

☐ 1. Pas du tout à l'écoute
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6. Très à l'écoute

88. En général, par rapport au(x) médecin(s) qui s'occupe(nt) de votre parcours, vous lui (leur) faites :

☐ Tout à fait confiance
☐ Un peu confiance
☐ Pas du tout confiance
☐ Non concernée

89. En général, par rapport à l'équipe soignante (hors médecins) qui s'occupe de votre parcours, vous lui faites :

☐ Tout à fait confiance
☐ Un peu confiance
☐ Pas du tout confiance
☐ Non concernée

90. Avez-vous vécu des discriminations par les professionnel.le.s de santé du parcours ?

☐ Non jamais
☐ Oui une fois
☐ Oui plusieurs fois

91. *[Si oui]* **Pensez-vous que c'était à cause de…**

☐ Vos origines ou votre nationalité

- ☐ Du fait que vous soyez une personne trans
- ☐ Votre séropositivité
- ☐ Votre façon de vous habiller
- ☐ Autres (à préciser) _____

92. Quel est votre niveau de satisfaction par rapport à la prise en charge dans votre parcours de transition ?

- ☐ Très satisfaite
- ☐ Satisfaite
- ☐ Peu satisfaite
- ☐ Pas satisfaite du tout

93. Avez-vous déjà envisagé ou réalisé des opérations chirurgicales suivantes pour votre transition ?

	Réalisé	Envisagé
Visage	☐	☐
Pomme d'adam	☐	☐
Seins	☐	☐
Fesses	☐	☐
Sexe	☐	☐
Autre : _____	☐	☐

94. Nous allons noter sur la grille les années où vous avez réalisé ces opérations

95. En comparant à l'époque où vous étiez identifiée homme, vous vous sentez aujourd'hui physiquement:

- ☐ Beaucoup mieux
- ☐ Mieux
- ☐ Ni mieux ni moins bien
- ☐ Moins bien
- ☐ Beaucoup moins bien

96. Et psychologiquement ?

- ☐ Beaucoup mieux
- ☐ Mieux
- ☐ Ni mieux ni moins bien
- ☐ Moins bien
- ☐ Beaucoup moins bien

97. En comparant à l'époque où vous étiez identifiée homme, lors de vos rapports sexuels aujourd'hui vous avez :

- ☐ Beaucoup plus de plaisir
- ☐ Plus de plaisir
- ☐ Ni plus ni moins de plaisir
- ☐ Moins de plaisir
- ☐ Beaucoup moins de plaisir

98. Toujours par rapport à l'époque où vous étiez identifiée homme, le nombre de rapports sexuels que vous avez aujourd'hui sont :

- ☐ Beaucoup plus nombreux
- ☐ Plus nombreux
- ☐ Ni plus ni moins nombreux
- ☐ Moins de nombreux
- ☐ Beaucoup moins nombreux

MODULE CONSOMMATIONS DE DROGUES

Nous allons maintenant parler de votre consommation de produits

99. Avez-vous déjà fumé (tabac) ?

- ☐ Non, jamais → *Q102*
- ☐ Oui mais j'ai arrêté →*Q102*
- ☐ Oui, et je fume encore aujourd'hui

100. Combien de paquets par jour :

- ☐ Moins d'un paquet
- ☐ De 1 à 2 paquet
- ☐ Plus de 2 paquets

101. Votre consommation a-t-elle changé au cours du confinement

- ☐ Elle a diminuée
- ☐ Elle est identique
- ☐ Elle a augmenté

102. A quelle fréquence buvez-vous de l'alcool ?

- ☐ Vous ne buvez jamais d'alcool → *Q107*
- ☐ 1 fois par mois ou moins
- ☐ 2 à 4 fois par mois
- ☐ 2 à 3 fois par semaine
- ☐ Au moins 4 fois par semaine

103. Combien de verres contenant de l'alcool consommez-vous un jour typique où vous buvez ?

- ☐ 1 ou 2
- ☐ 3 ou 4
- ☐ 5 ou 6
- ☐ 7, 8 ou 9
- ☐ 10 ou plus

104. Avec quelle fréquence buvez-vous six verres ou davantage lors d'une occasion particulière ?

- ☐ Jamais
- ☐ Moins d'une fois par mois
- ☐ Une fois par mois
- ☐ Une fois par semaine
- ☐ Tous les jours ou presque

105. A quel âge avez-vous commencé à boire ? ____ ans

106. Votre consommation a-t-elle changé au cours du confinement

- ☐ Elle a diminuée
- ☐ Elle est identique
- ☐ Elle a augmenté

107. Au cours du dernier mois, avez-vous déjà consommé des drogues illicites ou des médicaments détournés ?

- ☐ Oui
- ☐ Non → *Q114*

108. Avez-vous consommé du :

	Jamais	*rarement*	*souvent*	*Tous les jours ou presque*
Cannabis				
Viagra® / Kamagra®/ Ciallis®	☐	☐	☐	☐
Poppers	☐	☐	☐	☐
GHB/GBL	☐	☐	☐	☐
Cocaïne/ Crack/ Free-base	☐	☐	☐	☐
Kétamine/ LSD/ Hallucinogènes	☐	☐	☐	☐
Héroïne/ Morphine (Tramadol® ; Codeine®)	☐	☐	☐	☐
Amphétamines ou Méta-amphétamines (Speed/Crystal/ Ecstasy/MDMA)	☐	☐	☐	☐
Nouvelles Drogues de Synthèse (Cathinones/ (Méphédrone/ 3MMC/ MDPV/NRJ3/4-MEC)	☐	☐	☐	☐
Benzodiazépines ou hypnotiques (Valium®, Lexomil®, Xanax® ; Stilnox® etc.)	☐	☐	☐	☐
Autres. Précisez :……..	☐	☐	☐	☐

109. Votre consommation a-t-elle changé au cours du confinement

- ☐ Elle a diminuée
- ☐ Elle est identique
- ☐ Elle a augmenté

110. En avez-vous déjà consommé dans un contexte sexuel ?

- ☐ Oui
- ☐ Non

111. Vous êtes-vous injecté des drogues ne serait-ce qu'une seule fois dans votre vie, même il y a longtemps ?

- ☐ Oui
- ☐ Non

112. *[Si oui]* **Quel âge aviez-vous cette toute première fois ?**

113. *[Si Héroïne/ Morphine (Tramadol® ; Codeine®)]* **Suivez-vous un traitement de substitution liée à la consommation de produits ?**

- ☐ Oui
- ☐ Non

MODULE ESTIME DE SOI ET SANTE MENTALE

Nous allons parler plus particulièrement de l'image que vous avez de vous-même.

114. Dites-moi si vous êtes en accord ou non avec les affirmations suivantes.

	Tout à fait en désaccord	Plutôt en désaccord	Plutôt en accord	Tout à fait en accord
Je pense que je suis une personne de valeur, au moins égale à n'importe qui d'autre	☐	☐	☐	☐
Je pense que je possède un certain nombre de belles qualités	☐	☐	☐	☐
Tout bien considéré, je suis portée à me considérer comme une ratée	☐	☐	☐	☐
Je suis capable de faire les choses aussi bien que la majorité des gens	☐	☐	☐	☐
Je ressens peu de raisons d'être fière de moi	☐	☐	☐	☐
J'ai une attitude positive vis-à-vis de moi-même	☐	☐	☐	☐
Dans l'ensemble, je suis satisfaite de moi	☐	☐	☐	☐
J'aimerais avoir plus de respect pour moi-même	☐	☐	☐	☐
Parfois je me sens vraiment inutile	☐	☐	☐	☐
Il m'arrive de penser que je suis une bonne à rien	☐	☐	☐	☐

115. A quel point vous sentez-vous féminine ?

- ☐ Très féminine
- ☐ Moyennement féminine
- ☐ Peu féminine
- ☐ Pas du tout féminine

116. A quel point vous sentez-vous séduisante ?

- ☐ Très séduisante
- ☐ Moyennement séduisante
- ☐ Peu séduisante
- ☐ Pas du tout séduisante

Nous allons maintenant vous poser des questions sur votre moral.

117. Au cours des 2 dernières semaines, selon quelle fréquence avez-vous été gênée par les problèmes suivants

	Jamais	Plusieurs jours	Plus de la moitié du temps	Presque tous les jours
Peu d'intérêt ou de plaisir à faire les choses	☐	☐	☐	☐
Etre triste, déprimée ou désespérée	☐	☐	☐	☐
Difficultés à s'endormir ou à rester endormie ou	☐	☐	☐	☐

dormir trop				
Se sentir fatiguée ou manquer d'énergie	☐	☐	☐	☐
Avoir peu d'appétit ou manger trop	☐	☐	☐	☐
Avoir une mauvaise opinion de soi-même ou avoir le sentiment d'être nulle ou d'avoir déçu sa famille ou s'être déçue soi-même	☐	☐	☐	☐
Avoir du mal à se concentrer, par exemple, pour lire le journal ou regarder la télévision	☐	☐	☐	☐
Bouger ou parler si lentement que les autres auraient pu le remarquer. Ou au contraire, être si agitée que vous avez eu du mal à tenir en place par rapport à d'habitude	☐	☐	☐	☐
Penser qu'il vaudrait mieux mourir ou envisager de vous faire du mal d'une manière ou d'une autre	☐	☐	☐	☐

118. *[Si au moins un des problèmes coché]* **A quel point cela a-t-il rendu votre travail, ou vos taches à la maison ou votre capacité à vous entendre avec les autres, difficile(s) ?**

- ☐ Pas du tout difficile
- ☐ Assez difficile
- ☐ Très difficile
- ☐ Extrêmement difficile

119. Au cours de votre vie, avez-vous déjà pensé au suicide ?

- ☐ Oui
- ☐ Non → *Q125*

120. *[Si oui]* **Y avez-vous pensé au cours des 12 derniers mois ?**

- ☐ Oui
- ☐ Non

121. Au cours de votre vie, vous est-il arrivé de faire des projets de suicide ?

- ☐ Oui
- ☐ Non

122. *[Si oui]* **En quelle(s) année(s) est-ce arrivé ?**

123. Avez-vous déjà fait une tentative de suicide ?

- ☐ Oui
- ☐ Non

124. *[Si oui]* **En quelle(s) année(s) est-ce arrivé ?**

MODULE RELATIONS SOCIALES ET DISCRIMINATIONS

Nous allons maintenant parler plus particulièrement de vos relations avec votre entourage.

125. Combien avez-vous d'ami.e.s proches c'est-à-dire des personnes avec qui vous êtes bien et à qui vous pouvez parler de choses personnelles ?

/_____/

126. Et parmi ces ami.e.s, combien en avez-vous vus ou avec combien avez-vous échangé par téléphone, réseaux sociaux, ou mails dans les deux dernières semaines ?

/_____/

127. Et parmi vos ami.e.s proches, combien connaissent votre séropositivité ?

/_____/

128. Pour chacune des personnes que je vais vous citer, je vais vous demander si elles savent ou non que vous êtes une femme Trans séropositive. Pour les personnes qui le savent, je vais ensuite vous demander si cela est accepté ou pas.

Votre partenaire principal :

- Sait que vous êtes une femme trans
  - ☐ Oui
  - ☐ Non
- Sait que vous êtes séropositive
  - ☐ Oui
  - ☐ Non
- Accepte que vous soyez une femme trans
  - ☐ Oui
  - ☐ Non
- Accepte votre séropositivité
  - ☐ Oui
  - ☐ Non

Votre Père :

- Sait que vous êtes une femme trans
  - ☐ Oui
  - ☐ Non
- Sait que vous êtes séropositive
  - ☐ Oui
  - ☐ Non
- Accepte que vous soyez une femme trans
  - ☐ Oui
  - ☐ Non
- Accepte votre séropositivité
  - ☐ Oui
  - ☐ Non

Votre Mère :

- Sait que vous êtes une femme trans
  - ☐ Oui
  - ☐ Non
- Sait que vous êtes séropositive
  - ☐ Oui
  - ☐ Non
- Accepte que vous soyez une femme trans

- ☐ Oui
- ☐ Non

- Accepte votre séropositivité
  - ☐ Oui
  - ☐ Non

Vos frères ou sœurs :

- Savent que vous êtes une femme trans
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun
- Savent que vous êtes séropositive
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun
- Acceptent que vous soyez une femme trans
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun
- Acceptent votre séropositivité
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun

Vos enfants :

- Savent que vous êtes une femme trans
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun
- Savent que vous êtes séropositive
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun
- Acceptent que vous soyez une femme trans
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun
- Acceptent votre séropositivité
  - ☐ Tous
  - ☐ La plupart
  - ☐ Un petit nombre
  - ☐ Aucun

Nous allons maintenant parler plus particulièrement de vos expériences avec votre entourage à propos de votre infection VIH.

129. Actuellement, y a-t-il quelqu'un sur qui vous pouvez compter face à une situation difficile, un problème ?

☐ Oui
☐ Non

130. *[Si oui]* **Est-ce :**
☐ Un.e membre de la famille
☐ Un.e ami.e.s Trans
☐ Un.e ami.e.s non Trans
☐ Une association
☐ Autre

131. Au cours des 12 derniers mois, avez-vous reçu le soutien dont vous aviez besoin pour affronter les situations difficiles ou vous remonter le moral ?
☐ Oui
☐ Oui, mais pas assez
☐ Non
☐ Non concernée (pas besoin de soutien)

132. *[Si oui]* **Est-ce : [*plusieurs réponses possibles*]**
☐ Un.e membre de la famille
☐ Des ami.e.s Trans
☐ Des ami.e.s non Trans
☐ Une association
☐ Autre

133. Au cours des 12 derniers mois, avez-vous reçu de l'aide matérielle (argent, tâches quotidiennes, etc.) dont vous aviez besoin ?
☐ Oui
☐ Oui mais pas assez
☐ Non
☐ Non concernée (pas besoin d'aide)

134. *[Si oui]* **Est-ce : [*plusieurs réponses possibles*]**
☐ Un.e membre de la famille
☐ Des ami.e.s Trans
☐ Des ami.e.s non Trans
☐ Une association
☐ Autre

135. Est-ce que vous vous sentez- seule
☐ Oui
☐ Non

Nous allons maintenant parler des circonstances dans lesquelles il a pu arriver que quelqu'un vous manque d'égards, vous parle mal ou vous traite de façon injuste ou déplacée

136. Au cours 12 derniers mois, est-il arrivé qu'on vous traite mal dans votre famille ?
☐ Oui
☐ Non

137. *[Si oui]* **Pensez-vous que c'était à cause de…**
☐ Vos origines ou votre nationalité
☐ Du fait que vous soyez une personne trans
☐ Votre séropositivité
☐ Votre façon de vous habiller
☐ Autres (à préciser) _____

138. Au cours 12 derniers mois, est-il arrivé qu'on vous traite mal dans la rue ?

- ☐ Oui
- ☐ Non

139. *[Si oui]* **Pensez-vous que c'était à cause de…**

- ☐ Vos origines ou votre nationalité
- ☐ Du fait que vous soyez une personne trans
- ☐ Votre séropositivité
- ☐ Votre façon de vous habiller
- ☐ Autres (à préciser) _____

140. Au cours 12 derniers mois, est-il arrivé qu'on vous traite mal dans l'administration (poste, préfecture, assurance, prison etc.) ?

- ☐ Oui
- ☐ Non

141. *[Si oui]* **Pensez-vous que c'était à cause de…**

- ☐ Vos origines ou votre nationalité
- ☐ Du fait que vous soyez une personne trans
- ☐ Votre séropositivité
- ☐ Votre façon de vous habiller
- ☐ Autres (à préciser) _____

142. Au cours des 12 derniers mois, dans la vie de tous les jours, à quelle fréquence vous est-il arrivé que quelqu'un vous appelle monsieur ?

- ☐ Jamais → *Q144*
- ☐ Rarement
- ☐ Souvent
- ☐ Toujours

143. Généralement par :

- ☐ Du personnel médical
- ☐ Des passant.e.s
- ☐ *[Si Q24 = « se considère comme travailleuse du sexe »]* Des client.e.s
- ☐ Des partenaires sexuels
- ☐ Du personnel de l'administration – préfecture ; poste ; banque etc.
- ☐ Des représentant.e.s de l'ordre
- ☐ Autre_____

144. Vous est-il déjà arrivé de vous faire, insulter, agresser verbalement ?

- ☐ Oui dans les 12 derniers mois
- ☐ Oui il y a plus de 12 mois
- ☐ Non

145. *[Si oui]* **C'était :**

- ☐ *[Si Q24 = « se considère comme travailleuse du sexe »]* Des client.e.s
- ☐ Des partenaires sexuels
- ☐ Des représentant.e.s de l'ordre
- ☐ Des passant.e.s
- ☐ Des ami.e.s
- ☐ Des membres de la famille
- ☐ Autre_____

146. Vous est-il déjà arrivé de vous faire agresser physiquement ?

- ☐ Oui dans les 12 derniers mois

☐ Oui il y a plus de 12 mois
☐ Non → *Q151*

147. *[Si oui]* **C'était :**

☐ *[Si Q24 = « se considère comme travailleuse du sexe »]* Des client.e.s
☐ Des partenaires sexuels
☐ Des représentant.e.s de l'ordre
☐ Des passant.e.s
☐ Des ami.e.s
☐ Des membres de la famille
☐ Autre_____

148. *[Si Q143 = OUI ou Q146 = OUI]* **Avez-vous fait des démarches légales suite à ces comportements ?**

☐ Oui
☐ Non

149. *[Si oui]* **Qu'avez-vous fait ?**

☐ Vous avez porté plainte
☐ Vous avez déposé une main courante
☐ Vous êtes avez consulté une association afin de saisir le Défenseur des Droits.
☐ Vous avez déposé votre dossier chez un avocat, un médiateur

150. *[Si Q143 = OUI ou Q146 = OUI]* **Nous allons noter dans la grille les périodes de votre vie où vous avez subi des violences qu'elles soient physiques ou psychologique**

MODULE VIE SEXUELLE

Je vais maintenant vous poser des questions plus personnelles. Certaines questions vont vous paraître très intimes, mais comme je vous l'ai dit, cette enquête est strictement confidentielle et anonyme. Il se peut que certaines questions ne vous concernent pas directement, dites-le-moi simplement.

151. Quel âge aviez-vous lors de votre premier rapport sexuel (consenti ou non) ?
/__/__/ ans

152. Avez-vous déjà subi des abus sexuels ?
- ☐ Oui
- ☐ Non

153. *[Si oui]* **A quel âge la première fois ?**
/__/__/ ans

154. Au cours de votre vie, avec combien de partenaires différent.e.s avez-vous eu des relations sexuelles (en dehors des clients si travail du sexe)?

Combien d'hommes (cis et trans) :
- ☐ 0
- ☐ 1
- ☐ 2-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-50
- ☐ 50-100
- ☐ 100-500
- ☐ Plus de 500

Combien de femmes (cis et Trans) :
- ☐ 0
- ☐ 1
- ☐ 2-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-50
- ☐ 50-100
- ☐ 100-500
- ☐ Plus de 500

155. Comment qualifieriez-vous votre vie sexuelle actuelle ?
- ☐ Satisfaisante
- ☐ Plutôt satisfaisante
- ☐ Plutôt pas satisfaisante
- ☐ Pas satisfaisante

156. Durant le dernier mois, vous est-il arrivé d'avoir des fuites involontaires de selles ?
- ☐ Oui
- ☐ Non

157. Au cours du dernier mois, avez-vous eu une pénétration anale passive (sodomie) ?
- ☐ Aucune pénétration passive
- ☐ Mois de 10
- ☐ De 10 à 50
- ☐ Plus de 50

TRAVAIL DU SEXE

158. Au cours de votre vie, avez-vous eu des rapports sexuels tarifés :
- ☐ Oui
- ☐ Non

159. *[Si non]* **Toujours au cours de votre vie, vous est-il déjà arrivé de recevoir un hébergement, un service, des biens matériels ou des cadeaux en échange de relations érotiques ou sexuelles ?**
- ☐ Oui, une fois
- ☐ Oui, plusieurs fois
- ☐ Jamais

160. *[Si oui]* **La dernière fois vous avez reçu :**

- ☐ De l'argent
- ☐ Un hébergement
- ☐ Un service
- ☐ Des biens matériels ou cadeaux (précisez)

[Si Q158 = NON -> Q174]

161. Nous allons noter dans la grille toutes les périodes où vous avez eu des relations tarifées et tout d'abord l'âge que vous aviez la première fois ?

162. En général, vous trouvez vos client.e.s :

- ☐ Sur des sites spécialisés, sur Internet
- ☐ Sur des lieux extérieurs (rue, parc, bois etc.)
- ☐ Sur des applications spécialisées
- ☐ Par le bouche à oreille

163. *[Si rencontre sur internet/application]* **La dernière fois que vous avez rencontré un client par internet, avez-vous eu un rapport physique avec lui ?**

- ☐ Oui
- ☐ Non

164. En général, la plupart de vos rapports sexuels tarifés ont lieu *[Une seule réponse possible]* **:**

- ☐ Chez vous
- ☐ Dans un hôtel
- ☐ Dans un lieu partagé avec d'autres travailleur.se.s du sexe
- ☐ Au domicile du/de la client.e
- ☐ Dans un véhicule
- ☐ A l'extérieur

165. Au cours des 4 dernières semaines, combien avez-vous eu de rapports sexuels tarifés avec des client.e.s

- ☐ Aucun → *Q169*
- ☐ 1 à 10 rapports sexuels
- ☐ 10 à 50 rapports sexuels
- ☐ 50 à 100 rapports sexuels
- ☐ Plus de 100 rapports sexuels

166. Au cours des 4 dernières semaines, concernant vos relations sexuelles avec vos client.e.s

	Jamais	Rarement	Souvent	Toujours
Avez-vous été pénétrée par vos clients	☐	☐	☐	☐
Avez-vous pénétré vos clients	☐	☐	☐	☐

167. Toujours au cours des 4 dernières semaines, lors de ces relations sexuelles avec vos client.e.s, avez-vous utilisé :

	Jamais	Rarement	Souvent	Presque toujours	Toujours
Le préservatif	☐	☐	☐	☐	☐
Le gel lubrifiant	☐	☐	☐	☐	☐

168. Au cours des 4 dernières semaines, l'usage du préservatif a-t-il été un sujet de négociation avec vos client.e.s ? (Exemple ceux qui seraient prêts à payer plus pour avoir un rapport sans préservatif)

- ☐ Oui, tout le temps
- ☐ Oui, quelques fois
- ☐ Oui, rarement
- ☐ Non, pas du tout

169. Est-il déjà arrivé qu'un.e client.e vous menace ou exerce une pression psychologique sur vous, pour

avoir des relations sexuelles avec vous ou qu'il vous impose des gestes sexuels que vous refusiez ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

170. Est-il déjà arrivé qu'un.e client.e utilise la force physique pour avoir des relations sexuelles avec vous ou qu'il vous impose des gestes sexuels que vous refusiez ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

171. Concernant votre travail du sexe

- ☐ Vous êtes à votre propre compte et travaillez seule
- ☐ Vous êtes à votre compte mais vous payez d'autres personnes pour votre sécurité et/ou déplacements
- ☐ Vous devez rendre des comptes à une autre personne
- ☐ Vous travaillez en communauté et partagez les frais et les rentrées avec d'autres

172. Sur une échelle allant de 1 à 6, le travail du sexe est pour vous quelque chose d'occasionnel (1) à régulier (6) le chiffre le plus proche de ce que vous pensez. Le plus petit chiffre à gauche correspond à « quelque chose d'occasionnel » et le plus grand chiffre à droite à « quelque chose de régulier ». *[Entourer le chiffre indiqué par la personne]*

- ☐ 1. D'occasionnel
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6. De régulier

173. Au cours de la période de confinement lors de l'épidémie de Covid-19, avez-vous eu

- ☐ Autant de relations sexuelles avec des clients que d'habitude
- ☐ Un peu moins de relations sexuelles avec des clients que d'habitude
- ☐ Beaucoup moins de relations sexuelles avec des clients que d'habitude
- ☐ Plus aucune relations sexuelles avec des clients

PARTENAIRES RECREATIFS

Je vais vous poser quelques questions sur les partenaires sexuels que vous voyez de manière récréative, si vous en avez, et en dehors des éventuelles relations tarifées.

174. Au cours des 3 derniers mois, combien de relations sexuelles avez-vous eues avec un/des partenaire(s) récréatif(s) ?

- ☐ Aucun → *Q177*
- ☐ 1 à 4 rapports sexuels
- ☐ 5 à 8 rapports sexuels
- ☐ 9 à 12 rapports sexuels
- ☐ 13 à 16 rapports sexuels
- ☐ Plus de 16 rapports sexuels

175. Au cours des 3 derniers mois, concernant vos relations sexuelles, avec vos partenaires récréatifs :

	Jamais	Rarement	Souvent	Toujours
Avez-vous été pénétrée par votre (vos) partenaire(s) occasionnel(s)	☐	☐	☐	☐
Avez-vous pénétré votre (vos) partenaire(s) occasionnel(s)	☐	☐	☐	☐

176. Au cours des 3 derniers mois, lors de ces relations sexuelles récréatives avez-vous utilisé :

	Jamais	Rarement	Souvent	Presque toujours	Toujours
Le préservatif	☐	☐	☐	☐	☐
Le gel lubrifiant	☐	☐	☐	☐	☐

177. Est-il déjà arrivé qu'un partenaire récréatif vous menace ou exerce une pression psychologique sur vous, pour avoir des relations sexuelles avec vous ou qu'il vous impose des gestes sexuels que vous refusiez ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

178. Est-il déjà arrivé qu'un.e partenaire récréatif utilise la force physique pour avoir des relations sexuelles avec vous ou qu'il vous impose des gestes sexuels que vous refusiez ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

PARTENAIRE AMOUREUX

Nous allons à présent parler des partenaires amoureux que vous avez pu avoir au cours de votre vie. Il s'agit des relations qui ont compté pour vous.

179. Nous allons noter sur la grille les différents partenaires amoureux que vous avez pu avoir.

180. Actuellement, avez-vous un partenaire que vous considérez comme votre partenaire principal.e, que vous ayez eu des rapports sexuels ou non ?

- ☐ Oui
- ☐ Non → *Fin du questionnaire*

181. *[Si oui]* **C'est :**

- ☐ Un homme cis
- ☐ Un homme trans
- ☐ Une femme cis
- ☐ Une femme trans

182. Depuis quand êtes-vous ensemble ?

_____/_____ (mois/année)

183. Vivez-vous ensemble sous le même toit ?

- ☐ Oui
- ☐ Non

184. Connaissez-vous le statut VIH de votre partenaire principal.e?

- ☐ Oui, il/elle est séropositif.ve avec une chage virale indétectable
- ☐ Oui, il/elle est séropositif.ve avec une chage virale détectable
- ☐ Oui, il/elle est séronégatif.ve
- ☐ Non, vous ne connaissez pas son statut sérologique

185. Et votre partenaire principal.e, connait-il/elle votre statut VIH ?

- ☐ Oui, il/elle sait que vous êtes séropositive
- ☐ Non, il/elle ne le connait pas
- ☐ Vous ne savez pas s'il/elle connait votre statut

186. Au cours des 3 derniers mois, avez-vous eu des rapports sexuels avec votre partenaire principal.e ?

- ☐ Oui
- ☐ Non

187. Au cours des 3 dernier mois, combien de relations sexuelles avez-vous eues avec votre partenaire principal ?

- ☐ Aucun
- ☐ 1 à 4 rapports sexuels
- ☐ 5 à 8 rapports sexuels
- ☐ 9 à 12 rapports sexuels
- ☐ 13 à 16 rapports sexuels
- ☐ Plus de 16 rapports sexuels

188. Au cours des 3 derniers mois, concernant vos relations sexuelles :

	Jamais	Rarement	Souvent	Toujours
Avez-vous été pénétrée par votre partenaire	☐	☐	☐	☐
Avez-vous pénétré votre partenaire	☐	☐	☐	☐

189. Au cours des 3 derniers mois, lors de ces relations sexuelles avez-vous utilisé :

	Jamais	Rarement	Souvent	Presque toujours	Toujours
Le préservatif	☐	☐	☐	☐	☐
Le gel lubrifiant	☐	☐	☐	☐	☐

190. Est-il déjà arrivé qu'il/elle vous menace ou exerce une pression psychologique sur vous pour avoir des relations sexuelles ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

191. Est-il déjà arrivé que votre partenaire principal.e utilise la force physique pour avoir des relations sexuelles avec vous ou qu'il/elle vous impose des gestes sexuels que vous refusiez ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

192. Est-il déjà arrivé que vous menaciez ou exerciez une pression psychologique sur votre partenaire principal.e, pour avoir des relations sexuelles ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

193. Est-il déjà arrivé que vous utilisiez la force physique pour avoir des relations sexuelles avec votre partenaire principal.e ou que vous lui imposiez des gestes sexuels qu'il/elle refusait ?

- ☐ C'est arrivé dans les 12 derniers mois
- ☐ C'est arrivé il y a plus de 12 mois
- ☐ Non, jamais

Le questionnaire est à présent terminé.

Est-ce que vous souhaitez ajouter quelque chose, un événement important de votre vie que nous n'aurions pas noté ? ***[Si oui ajouter dans la grille]***

Nous vous remercions pour le temps que vous nous avez accordé.

Années	AGE	Historique résidentiel et administratif			Emploi et conditions de vie		Dépistage et histoire avec le VIH		Parcours de transition				Sante mentale	Expérience carcérale	Violences subies	Histoire des relations		Autres événements marquants	Années
		Pays	**Nationalité**	**Titres de séjour** (*France*) 1 : Visa 2: pas de visa 3:Pas besoin de visa 4: TS<1an 5: TS entre 1-3 ans 6:TS 10 ans 7: Pas besoin de TS	**Activités Prof.** 1.Etudiant 2 Emploi déclaré 3.Emploi non déclaré 4.Sans emploi 5.Demandeur d'emploi 6.Retraité **IP Instabilité Professionnelle**	**Logement** 1. Propre 2. Hébergé par la famille 3.Hébergé par autre 4. Hébergé par une structure collective 5.Squat/rue 6.Hotel **IR: instabilité résidentielle**	**Dépistages VIH réalisés** 1. T - 2. T +	**Année du diagnostic et mise sous traitement** 1. D. Diagniostic 2. TTT. traitement	**Année où vous vous êtes identifiées en tant que femme trans ?**	**Injections** 1 silicone 2. autre	**Hormones**	**Opérations chirurgicales** 1. Visage 2. Seins 3. Génital 4. Pomme d'adam 5. Fesses	1. Projets de suicide 2.Tentatives de Suicide	1. Garde à vue 2. CRA 3. Prison	1. Psychologique 2. Physique 3. Sexuelles	**Relations tarifées** 1. argent 2. services ou autre	**Relations amoureuses** 1. P1 2. P2 3. P3 …	Mariage; Divorce; naissance d'enfants hospitalisations; décès d'un proche…	
2021																			2021
2020																			2020
2019																			2019
2018																			2018
2017																			2017
2016																			2016
2015																			2015
2014																			2014
2013																			2013
2012																			2012
2011																			2011
2010																			2010
2009																			2009
2008																			2008
2007																			2007
2006																			2006
2005																			2005
2004																			2004
2003																			2003
2002																			2002
2001																			2001
2000																			2000
1999																			1999
1998																			1998
1997																			1997
1996																			1996
1995																			1995
1994																			1994
1993																			1993
1992																			1992
1991																			1991
1990																			1990
1989																			1989
1988																			1988
1987																			1987
1986																			1986
1985																			1985
1984																			1984
1983																			1983
1982																			1982
1981																			1981
1980																			1980
1979																			1979
1978																			1978
1977																			1977
1976																			1976
1975																			1975
1974																			1974
1973																			1973
1972																			1972
1971																			1971
1970																			1970
1969																			1969
1968																			1968
1967																			1967
1966																			1966
1965																			1965
1964																			1964

1963																		1963
1962																		1962
1961																		1961
1960																		1960
1959																		1959
1958																		1958
1957																		1957
1956																		1956
1955																		1955
1954																		1954
1953																		1953
1952																		1952
1951																		1951
1950																		1950

Date : /___/___/ /___/___/ /___/___/___/___/

Fiche médicale

N° Identifiant Trans&VIH : |___|___|___| |___|___|___|

1. **Année de naissance :** /___/___/___/___/
2. **Poids** : /___/___/___/ kg
3. **Taille** : /___/___/___/ cm

TRANSITION

1. Sexe de naissance : ☐1 Homme ☐2 Femme

2. Genre enregistré dans le dossier médical : ☐1 Masculin ☐2 Féminin *Non renseigné* ☐99

3. L'état civil dans le dossier administratif est-il en adéquation avec le genre vécu :
☐ 1 Oui
☐ 2 Non
☐ 3 Non concerné

4. Chirurgie de féminisation
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/

5. Chirurgie de masculinisation
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/

6. Chirurgie de réassignation sexuelle
☐ 1 Oui, préciser lesquelles :
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/
- ..... → Mois : /___/___/ Année : /___/___/___/___/

7. Complications post chirurgicale de réassignation
☐ 1 Oui ☐ 2 Non *Non renseigné* ☐99
- **Si oui, préciser** : .....
  .....
  .....

8. Pathologies secondaires liées aux interventions de féminisation/ masculinisation

☐ 1 Oui → Mois : /___/___/ Année : /___/___/___/___/ ☐ 2 Non *Non renseigné* ☐99

- **Si oui, préciser** : .....
  .....
  .....

9. Injection de silicone, huiles…

☐ 1 Oui → Mois : /___/___/ Année : /___/___/___/___/ ☐ 2 Non *Non renseigné* ☐99

10. Pathologies/problèmes ? en lien avec les injections de silicone, huiles…
☐ 1 Oui ☐ 2 Non *Non renseigné* ☐99
- **Si oui, préciser** : .....

CARACTERISTIQUES DE LA MALADIE VIH

11. Date de diagnostic VIH Mois : /___/___/ Année : /___/___/___/___/

12. Mode de contamination

☐ 1 - Rapports homo/bisexuels
☐ 2 - Usage de drogues injectables
☐ 3 - 1+2
☐ 4 - Rapports hétérosexuels
☐ 5 - Transfusion ou injection de produits anti-hémophiliques
☐ 6 - Autre (dont AES)
☐ 7 - Indéterminé après enquête ou mode de transmission inconnu

13. CD4 lors du premier bilan connu Mois : /___/___/ Année : /___/___/___/___/

CD4 (en nombre absolu / mm^3) : ..... *Non renseigné* ☐99

14. Année du 1er traitement antirétroviral (y compris AZT monothérapie) /___/___/___/___/

☐ 1 Patient.e jamais traité.e

15. Antécédents d'infection opportuniste et/ou de pathologie classante Sida

☐ 1 Oui TB
↳ **Si oui, année du premier événement classant Sida :** /___/___/___/___/
☐ 2 Oui autre
↳ **Si oui, année du premier événement classant Sida :** /___/___/___/___/

☐ 2 Non

16. CD4 lors de la mise sous HAART Mois : /___/___/ Année : /___/___/___/___/

CD4 (en nombre absolu / mm^3) : ..... *Non renseigné* ☐99

17. Charge virale VIH lors du dernier bilan connu Mois : /___/___/ Année : /___/___/___/___/

☐1 Indétectable → Seuil de détection : < à.....
☐2 Détectable → Valeur (en copies/ml) : .....

Non renseigné ☐99

18. CD4 lors du dernier bilan connu Mois : /___/___/ Année : /___/___/___/___/

CD4 (en nombre absolu / mm^3) :.....

Non renseigné ☐99

19. Date de la dernière charge virale détectable Mois : /___/___/ Année : /___/___/___/___/

Seuil de détection de la technique utilisée : .....

Non renseigné ☐99

COMORBIDITES ACTUELLES OU PASSEES

20. Diabète (traité ou non)

(Défini par une glycémie à jeun ≥1,26g/l (7 mmol/l) ou une glycémie >2g/l (11,1 mmol/l) à n'importe quel moment de la journée ou à 2h d'une HGPO)

☐ 1 Oui → Année de diagnostic : /___/___/___/___/ ☐ 2 Non Non renseigné ☐99

21. Syndrome dyslipidémie

☐ 1 Oui → Année de diagnostic : /___/___/___/___/ ☐ 2 Non Non renseigné ☐99

22. Ostéoporose (traitée ou non)

☐ 1 Oui → Année de diagnostic : /___/___/___/___/ ☐ 2 Non Non renseigné ☐99

23. Hypertension artérielle (traitée ou non)

☐ 1 Oui → Année de diagnostic : /___/___/___/___/ ☐ 2 Non Non renseigné ☐99

24. Pathologie cardiovasculaire

(incluant : infarctus du myocarde, angor stable ou instable, artérite des membres inférieurs, thrombophlébite, accident ischémique transitoire, accident vasculaire cérébral, intervention chirurgicale artérielle)

☐ 1 Oui → Année de survenue du 1er événement cardiovasculaire : /___/___/___/___/
☐ 2 Non
☐ 99 Non renseigné

25. Cancer (classant Sida ou non)

☐ 1 Oui → Année de diagnostic : /___/___/___/___/ ☐ 2 Non Non renseigné ☐99

26. Hépatite B

☐ 1 Oui ☐ 2 Non
↳ Année de diagnostic : /___/___/___/___/ Non renseigné ☐99
↳ S'agit-il d'une hépatite B chronique ? ☐ 1 Oui ☐ 2 Non Non renseigné ☐99

27. Immunisation VHB

☐ 3 Ac anti HBs Ac Anti HBc
☐ 4 Ac Anti HBc
Non renseigné ☐99

28. Hépatite C

☐ 1 Guérie spontanément
☐ 2 traitée Guérie
☐ 3 Traitement en cours
☐ 4 En échec
☐ 5 Pas de traitement Non renseigné ☐99

29. Antécédents Syphilis (traitée ou non) ☐ 1 Oui ☐ 2 Non Non renseigné ☐99

30. Antécédents Chlamydia (traité ou non) ☐ 1 Oui ☐ 2 Non Non renseigné ☐99

31. Antécédents blennorragie gonococcique (traitée ou non)

☐ 1 Oui ☐ 2 Non Non renseigné ☐99

32. Antécédents HPV ☐ 1 Oui ☐ 2 Non Non renseigné ☐99

33. Problèmes de santé mentale ☐ 1 Oui ☐ 2 Non Non renseigné ☐99

Si oui ↳ Etat anxio-dépressif ☐ 1 Oui ☐ 2 Non
↳ Dépression ☐ 1 Oui ☐ 2 Non
↳ Psychose ☐ 1 Oui ☐ 2 Non
↳ Autres, préciser :……..

……..

34. Problèmes actuels d'addiction

☐ 1 Tabac,
☐ 2 Alcool
☐ 3 Cannabis
☐ 4 Médicaments
☐ 5 Autre _____

35. Autres antécédents d'intérêt particulier

☐ 1 Oui ☐ 2 Non

↳ **Si oui, préciser** : .....
.....
.....

TRAITEMENTS

36. Traitement antirétroviral pour le VIH à la dernière prescription (y compris ce jour)

☐ 1 Patient.e non traité.e
☐ 2 Patient.e naif.ve de tout traitement
☐ 3 Patient.e pré-traité.e en rupture de traitement
☐ 4 Patient.e traité.e actuellement

37. Liste des médicaments actuellement prescrits

Antirétroviraux	Nom	Nb de comprimé(s) par prise	Nb de prises par jour

Hormonothérapie	Nom
Hypoglycémiants	**Nom**
Hypolipémiants	**Nom**
Antihypertenseurs	**Nom**
Psychotropes	**Nom**
Autres traitements	**Nom**

Guide d'entretien TRANS&VIH

1.- Introduction :

Dans le cadre du projet Trans&VIH, le volet qualitatif a pour objectif de « recueillir des informations fines auprès des quelques hommes trans séropositifs identifiés dans ces mêmes services (hospitaliers), à travers des entretiens individuels… La grille d'entretien permettra de structurer l'interview et d'aborder les questions autour des conditions de vie, parcours de migration, de transition, d'acquisition du VIH et du suivi médical. »[1]

2.- Questions :

Question d'ouverture : Entamer une transition identitaire constitue un moment important de votre vie. Pourriez-vous me parler de votre expérience personnelle ?

SUJETS	QUESTIONS OUVERTES
Parcours de transitions	Par quels moyens êtes-vous parvenu à affirmer et visibiliser votre identité de genre ? - Prise de testostérone ? - Opération chirurgicale ? - Quelles difficultés avez-vous rencontré ? Etes-vous satisfait de la qualité de la prise en charge médicale lors de votre parcours de transition. - Quelles difficultés rencontrées ? - Discriminations ?
Identité de genre	Viviez- vous au quotidien en harmonie avec votre genre souhaité ? - Avez-vous modifié vos documents d'identité ? - Si oui, comment jugeriez-vous la procédure de rectification des documents d'identité ? Est-elle respectée ? - Avez-vous rencontré des difficultés ?
Dépistage et Histoire avec le VIH	A quel moment avez-vous appris votre séropositivité au VIH ? - A quel(s) moment(s) de votre vie avez-vous l'impression d'avoir couru le plus des risques de transmission du VIH ? - Comment gérez-vous ces situations aujourd'hui ? - Au niveau physique et psychologique, pourriez-vous me parler des interactions que vous avez pu observer sur votre

[1] Protocole ANRS TRANS&VIH, p.15

	métabolisme entre le traitement contre le VIH et la testostérone ? Cela vous a-t-il mené à interrompre l'un des deux voire les deux ? - Aujourd'hui, pouvez-vous dire que vous êtes satisfait de votre suivi médical ?
Orientation et vie sexuelle	Etes-vous satisfait de votre vie sexuelle ? - Comment décririez-vous votre vie sexuelle ? - Impact des effets secondaires de la testostérone sur la vie sexuelle - Y-a-t-il des évènements marquants dans votre vie sexuelle qu'ils soient positifs ou négatifs dont vous aimeriez évoquer ? - Avez-vous déjà eu des rapports sexuels en échanges d'argent ou de services
Conditions de vie actuelle	Que pouvez-vous dire quant à vos conditions de vie actuelle (emploi, logement etc? - Avez-vous déjà rencontré des situations de précarité. - Comment vous faites lorsque vous êtez confronté à une situation de précarité ? - Avez-vous déjà vécu des situations de discrimination ?
Estime de soi et santé mentale	Comment vous-vous sentez dans la vie de tous les jours ? - Avez-vous déjà vécu des situations difficiles ? - Comment les avez-vous surmontées ? - Avez-vous eu des idées suicidaires au cours de votre vie ?
Consommation de drogues	Avez-vous déjà consommé des produits psychoactifs ?
Relations sociales, discriminations, et vie associative	Peut-on établir qu'être trans et séropositif fait l'objet davantage des discriminations ? - Quel type de discrimination avez-vous déjà vécu - Votre entourage vous soutient-il ? - Avez-vous déjà subi des violences ?
Projets parentaux	Parmi vos projets pour l'avenir, avez-vous considéré la possibilité de devenir père ? En avez-vous parlé à votre médecin et éventuellement à votre couple ? Etant donné qu'une personne indétectable ne transmet pas le virus du VIH à l'enfant, trouvez-vous du soutien dans votre entourage y compris vos médecins pour vous encourager dans votre projet de transpaternité ?

FICHE CENTRE

TRANS IDENTITÉ ET VIH

1. **Date :** /__/__/ /__/__/ /__/__/__/__/

2. **Nom du centre :** _____

3. **Ville ou arrondissement :** _____

4. **Spécialité du service :** _____

5. **Nom du chef de service :** _____

6. **Effectifs du service en 2019**

	Nombre de personnel permanent	Nombre de personnel vacataire	ETP total
a. Médecins spécialistes	I__II__I	I__II__I	I__II__I
b. Médecins généralistes	I__II__I	I__II__I	I__II__I
c. Infirmiers	I__II__I	I__II__I	I__II__I
d. Autres personnels soignants	I__II__I	I__II__I	I__II__I
e. Techniciens d'études clinique	I__II__I	I__II__I	I__II__I
f. Moniteurs d'études clinique	I__II__I	I__II__I	I__II__I
g. Assistant social	I__II__I	I__II__I	I__II__I
h. Psychologue	I__II__I	I__II__I	I__II__I
i. Pharmacien	I__II__I	I__II__I	I__II__I
j. Médiateur de santé de l'hôpital	I__II__I	I__II__I	I__II__I
k. Intervenant communautaire ou médiateur extérieur (salariés/bénévoles)	I__II__I	I__II__I	I__II__I
l. Autres	I__II__I	I__II__I	I__II__I
m. Personnel total	I__II__I	I__II__I	I__II__I

7. Jours et horaires des consultations :

Lundi De_____h_____à_____h_____ et de _____h_____à_____h_____

Mardi De_____h_____à_____h_____ et de _____h_____à_____h_____

Mercredi De_____h_____à_____h_____ et de _____h_____à_____h_____

Jeudi De_____h_____à_____h_____ et de _____h_____à_____h_____

Vendredi De_____h_____à_____h_____ et de _____h_____à_____h_____

Samedi De_____h_____à_____h_____ et de _____h_____à_____h_____

8. Le service est-il impliqué dans d'autres projets de recherche ?

- clinique : oui ☐ non ☐
- Autre : oui ☐ non ☐

Si oui préciser : _____

9. Les consultations suivantes sont-elles présentes dans le centre ?

	OUI DANS LE SERVICE	OUI DANS LE CENTRE	ADRESSE AUX PARTENAIRES
INFECTIOLOGIE	☐	☐	☐
HEPATOLOGIE	☐	☐	☐
DERMATOLOGIE/IST	☐	☐	☐
ENDOCRINOLOGIE/METABOLISME	☐	☐	☐
DIETETIQUE/NUTRITION	☐	☐	☐
CARDIOLOGIE	☐	☐	☐
GYNECOLOGIE	☐	☐	☐
PROCTOLOGIE	☐	☐	☐
NEUROLOGIE	☐	☐	☐
PSYCHIATRIE	☐	☐	☐
DOULEUR	☐	☐	☐
TABACOLOGIE	☐	☐	☐
PSYCHOLOGIE	☐	☐	☐
SOCIALE	☐	☐	☐
ALCOOLOGIE	☐	☐	☐
ADDICTION	☐	☐	☐
SEXOLOGIE	☐	☐	☐
CONTRACEPTION/PLANIFICATION	☐	☐	☐
AUTRES	☐	☐	☐

10. Est-ce que des associations ont des permanences dans votre service ?

☐ Oui

☐ Non

10.1 Si oui, lesquelles : _____

11. Est-ce que des associations de personnes trans ont des permanences dans votre service ?

☐ Oui

☐ Non

12. Y-a-t-il du matériel à disposition des usagers, dans le service ?

☐ Piluliers

☐ Préservatif externe (masculin)

☐ Préservatif interne (féminin)

☐ Gel lubrifiant

☐ Seringues/aiguilles

☐ Autre matériel de RDR (Roule-ta-paille, petit matériel d'injection etc.)

☐ Autres, précisez : _____

13. Des brochures spécifiques à destination des personnes trans sont-elles à disposition des usagers ?

☐ Oui

☐ Non

14. Des brochures spécifiques à destination des PVVIH sont-elles à disposition des usagers ?

☐ Oui

☐ Non

14.1 Si oui, à quelle fréquence sont-elles renouvelées ?

☐ Mensuelle

☐ Trimestrielle

☐ Annuelle

15. Existe-t-il des séances d'ETP (éducation thérapeutique à destination des patients) à destination des personnes vivant avec le VIH

☐ Oui → **MERCI DE COMPLETER LA SECTION SUIVANTE**

☐ Non → **FIN DU QUESTIONNAIRE**

Section sur l'Education Thérapeutique du Patient

16. Qui assure les séances ?

- ☐ Infirmiers
- ☐ Médecins
- ☐ Psychologues
- ☐ Acteurs associatifs
- ☐ Pharmaciens
- ☐ Autre

17. Combien de séances d'ETP sont réalisées par semaine ?

- ☐ Entre 1 et 3
- ☐ Entre 3 et 5
- ☐ Plus de 5

18. Les séances sont-elles individuelles ou collectives ? (Plusieurs réponses possibles)

- ☐ Individuelles
- ☐ Collectives

18.1 Quel est le nombre moyen de participants par session ?

- ☐ Entre 1 et 5
- ☐ Entre 5 et 10
- ☐ Entre 10 et 15
- ☐ Plus de 15

19. Les entretiens sont proposés de façon :

- ☐ Régulière
- ☐ A la demande

20. Les thèmes suivants sont-ils abordés durant les séances ?

	Oui	Non
Observance	☐	☐
Traitement	☐	☐
Schéma de prise	☐	☐
Confiance au médecin	☐	☐
Estime de soi	☐	☐
Qualité de vie	☐	☐
Environnement (famille, entourage, réseau relationnel, soutien social)	☐	☐
Vie sexuelle	☐	☐
Hygiène de vie	☐	☐
Conduites à risque	☐	☐
Tabac	☐	☐
Autres addictions/dépendances	☐	☐
Perception des risques (recherche de sensation, impulsivité, prise de risque)	☐	☐
Connaissance des modes de transmission et méthodes de prévention du VIH (préservatif, TasP, TPE, PreP)	☐	☐
Connaissance des symptômes et moyens de dépistage de primo infection VIH et autres IST	☐	☐
Prévention des IST	☐	☐
Troubles psychiatriques	☐	☐
Autre, précisez :	☐	☐

21. Qu'est-ce qui caractérise l'ETP, dans votre structure ?

	Oui	Non
Une salle/box spécifique	☐	☐
Une collation durant les séances	☐	☐
La possibilité de bénéficier d'un accompagnement en dehors des séances d'ETP	☐	☐

MERCI DE VOTRE COLLABORATION