



Article of scientific and technological research

# Stigma and HIV prevention in transgender persons that engaging paid sexual activity in Bogotá

## Estigma y prevención del VIH en personas transgénero que realizan actividad sexual pagada en Bogotá

María Mercedes Lafaurie-Villamil <sup>1</sup>, Manuel Alfredo González-Mayorga <sup>2</sup>, William Andrés Doncel-Castellanos <sup>3</sup>

1. Universidad El Bosque. Bogotá, Colombia. Correo: lafauriemaria@unbosque.edu.co - <https://orcid.org/0000-0002-5993-740X>
2. Secretaría Distrital de Salud de Bogotá. Bogotá, Colombia. Correo: ma1gonzalez@saludcapital.gov.co - <https://orcid.org/0000-0002-0274-4949>
3. Subred Integrada de Servicios de Salud Sur. Bogotá, Colombia. Correo: andresdoncell@gmail.com - <https://orcid.org/0000-0002-9866-7473>

**How to cite this article:** Lafaurie-Villamil MM, González Mayorga MA, Doncel Castellanos WA. Estigma y prevención del VIH en personas transgénero que realizan actividad sexual pagada en Bogotá. Duazary. 2023; 20 (2): 84-93. <https://doi.org/10.21676/2389783X.5359>

Received on July 29, 2022  
Accepted on June 22, 2023  
Posted online June 30, 2023

### ABSTRACT

#### Palabras

**clave:** HIV Seroprevalence; Social stigma; Sexual discrimination; Transgender persons; Health personnel; Preventive health services.

**Introduction:** Stigmatization of specific populations in health services affects Human Immunodeficiency Virus (HIV) prevention. **Objective:** To identify how the stigma towards transgender people dedicated to paid sexual activity (PSA) is expressed in the public health services of Bogotá and how to reduce it in the HIV prevention, from the perspective of professionals from the public health network who are leaders in HIV and transgender activists and PSA. **Method:** Descriptive qualitative study based on six in-depth interviews with health professionals and two focus groups with eight transgender and PSA activists. Thematic analysis was supported by the Atlas-Ti 8 software. **Results:** The lack of access to gender recognition stands out among the expressions of stigma in services for transgender people performing PSA. In the field of HIV, it is proposed to strengthen the framework of rights, renew the vision of HIV, mentoring within the work teams and dialogue between health personnel and transgender users. **Conclusions:** It is necessary to break transphobic paradigms in health services, which is why a determined work is required, guided by a dialogic approach and social inclusion, with a gender and sexual diversity, rights, population and differential perspective.

### RESUMEN

#### Keywords:

seroprevalencia de VIH; estigma social; discriminación sexual; personas transgénero; personal de salud; servicios preventivos de salud.

**Introducción:** la estigmatización de poblaciones específicas en los servicios de salud afecta la prevención del Virus de la inmunodeficiencia humana (VIH). **Objetivo:** identificar cómo se expresa en los servicios públicos de salud de Bogotá el estigma hacia personas transgénero dedicadas a la actividad sexual pagada (ASP) y de qué modo reducirlo en la prevención del VIH, desde la mirada de profesionales de la red pública de salud, líderes en VIH, y de activistas transgénero y ASP. **Método:** estudio cualitativo-descriptivo basado en seis entrevistas a profundidad a profesionales y dos grupos focales con ocho activistas transgénero realizando ASP. El análisis temático contó con apoyo del software Atlas-Ti 8. **Resultados:** en los servicios, el desconocimiento a la identidad de género se destaca entre las expresiones del estigma a personas transgénero realizando ASP. Se propone fortalecer el marco de derechos, renovar la visión sobre el VIH, mentoría al interior de los equipos de trabajo y diálogo entre personal de salud y personas transgénero. **Conclusiones:** se requiere romper paradigmas transfóbicos en los servicios de salud, siendo necesario un trabajo de sensibilización orientado por un enfoque dialógico y de inclusión social, con perspectiva de género y diversidad sexual, de derechos, poblacional y diferencial.

## INTRODUCTION

The prevention of the Human Immunodeficiency Virus (HIV) is a significant public health issue closely associated with the need to break cultural paradigms. Discrimination and stigma affecting specific populations defeat the purpose of preventing infection. The lack of recognition of stigmatizing attitudes by health personnel negatively affects the quality of care and distances people from services<sup>1</sup>. Goffman<sup>2</sup> conceives *stigma* as "a process by which an individual or group of individuals has attributed a characteristic that discredits it in the eyes of others." HIV-related stigma is irrational; it is based on negative attitudes, behaviors, and judgments towards people living with HIV and key population groups, such as gay men, men who have sex with men, sex workers, transgender people, intravenous drug users, private individuals of freedom, and migrants<sup>3</sup>. Transgender people who perform PSA are nearly six times more likely to live with HIV than other members of this population (15.32%) and 25 times more likely than the general population<sup>4</sup>. When PSA is added to the transgender identity and the person lives with HIV, multiple stigma is caused, leading to severe vulnerability<sup>5</sup>.

In Latin America, the stigmatization of transgender people in HIV and AIDS prevention and care has been evident<sup>5-10</sup>. In Colombia, the lack of application of a differential approach generates healthcare barriers for this human group<sup>10</sup>. In Bogotá, a deficiency in the quality and provision of health services is reflected in dehumanized care, ignorance of the transgender identity, and lack of opportunity in HIV treatments. There is evidence of a lack of participation of transgender people in research on respect<sup>11</sup>. According to the Pan American Health Organization<sup>1</sup>, it is essential to link the health team members to processes of reflection on the stigma that weighs on people who perform paid sexual activity (PSA) in the processes of detection and prevention of HIV and AIDS.

Prevalence studies in key populations in Colombia show that the HIV epidemic is concentrated<sup>7</sup>. Among the populations most affected by HIV in the country are the so-called "key populations" for whom, according to data from the Ministry of Health and Social Protection<sup>8</sup> in 2019, the prevalence was as follows: in transgender women, 23.4%, in men who have sex with men (MSM), 20.4%, and in people

who inject drugs, 5.4%. Despite the recognition of stigma and discrimination against these human groups, few countries prioritize activities aimed at minimizing or eradicating them in their plans or programs on HIV and AIDS, which makes universal access difficult<sup>12</sup>.

In Bogotá, the "Public Policy for paid sexual activities 2020-2029"<sup>13</sup> highlights the stigmatization and discrimination of people who carry out PSA and the double situation of vulnerability of people from the LGTBI social sectors, which needs to be reduced. From January 1 to June 30, 2022, 2,373 confirmed cases of HIV and AIDS were reported in the city, with a preliminary incidence rate of 26.4 per 100,000 inhabitants<sup>14</sup>. Collective health actions aimed at preventing HIV and AIDS with people dedicated to PSA and other vulnerable groups in Bogotá are the responsibility of the District Health Secretariat (DHS)<sup>15</sup>. The diagnosis and timely treatment of HIV represents a health priority in the Development Plan of Bogotá DC 2020-2024 "A New Social and Environmental Contract for the Bogotá of the XXI Century." By 2024, it is a priority to increase care for differential populations by 33% (ethnic groups, LGBTI, street dwellers, careers, people who practice PSA) from public health management and collective actions<sup>16</sup>.

As already stated, stigma makes transgender people who do PSA particularly vulnerable to HIV<sup>4</sup>. Even though health services are one of the most significant sources of stigma towards this human group, research in this regard is limited<sup>17</sup>. In this order of ideas and to have new elements to strengthen the training strategies for health personnel to minimize the stigma of people from transgender groups that carry out PSA in the Capital District, especially in the field of HIV, a qualitative study has been carried out focused on knowing the perspective on this matter of professionals from the district public health network in Bogotá, in their capacity as leading experts on HIV and transgender and trans activists of non-binary identity.

## METHOD

### Type of study

The study carried out was of a qualitative descriptive type. A purposeful or judgmental sampling focused on the study's objectives was taken into account<sup>18</sup>.

## Participants

Six health professionals and eight transgender people participated. In the case of professionals, as an inclusion criterion, it was taken into account that they were linked to the HIV programs of the Health Subnetworks of Bogotá and exercised leadership in

raising awareness among health personnel, with a minimum of six months of experience in the field. Two doctors and four nurses linked to the four Integrated Subnetworks of ESE Health services in the South, South West, Central East, and North participated (Table 1).

**Table 1.** Characterization of the participating professionals with PSA.

Pseudonym	Gender	Profession	Postgraduate Field of Study
Carolina	F	Nurse	sexual and reproductive health
Santiago	m	Doctor	Public health and HIV
Tatiana	F	Nurse	
Matthew	m	Doctor	Epidemiology
Javier	m	Nurse	Health services quality management
Martha	F	Nurse	

In the case of transgender people, it was considered as inclusion criteria that they were activists in transgender issues and PSA. An online focus group was carried out with five trans women activists in PSA from the towns of San Cristóbal and Santafé and a face-to-face focus group with two trans women

PSA activists and a non-binary trans person PSA activist from the town of Ciudad Bolívar for three participants in total (Table 2).

**Table 2.** Characterizations of participating transgender activists.

Pseudonym	Locality(ies) of influence	self-perceived identity
Liliana	San Cristobal	transgender woman
Alexandra	San Cristobal/Santafé	transgender woman
Hilda	San Cristobal/ Santafé	transgender woman
Carmen	San Cristobal/Santafé	transgender woman
Lauren	San Cristobal	transgender woman
Paulette	Ciudad Bolivar	transgender woman
Angel	Ciudad Bolivar	nonbinary trans
purple	Ciudad Bolivar	transgender woman

## Instruments

Due to the COVID-19 pandemic, an in-depth online interview was conducted with health professionals in which two central topics were discussed, from which other topics emerged: a) their perspective on the forms that the stigma acquired presents in health settings that affect transgender people dedicated to PSA and b) their proposals to reduce stigma and improve HIV prevention and care with this human group. They lasted between 45 and 60 minutes.

In the case of transgender people, an online focus group and a second face-to-face focus group were held, lasting approximately 60 minutes. We wanted

to explore the following: a) how their experiences with health care have been in general, b) how they have seen health care for trans people with HIV, c) what aspects need to be improved to reduce the stigmatization of transgender people by carrying out PSA in health contexts and d) how to improve HIV prevention and care with transgender people who perform PSA.

## Procedure

With prior informed consent, the leading researcher conducted in-depth interviews with health professionals online through the Meet platform. With the support of the snowball technique<sup>18</sup>, these

professionals were recruited by telephone, where the object of the study was explained to them, agreeing on the date and time of the virtual meeting.

The first focus group was conducted by the principal investigator, via *Meet*, with the support of the director of a community organization of trans activists, to whom the object of the study was explained. Subsequently, she was contacted to find out the interest of other activists in participating, and the response being positive, the date and time of the meeting was agreed upon, which was held after signing the informed consent. The second focus group was carried out by a co-investigator, who recruited the participants in a meeting of activists from the Southern Integrated Health Subnet, agreeing with them on the date and time of the meeting in one of the Subnetwork centers, which was performed after signing the informed consent.

### Analysis of the information

The stories were recorded, transcribed, and coded with the support of the Atlas ti 8 software. A process of thematic analysis was developed based on the collected information reflected in opinions, perceptions, and experiences<sup>19</sup>, which implied creating initial categories and later regrouping and interconnecting said categories. To strengthen the reliability of the analysis, it was carried out by agreement between the three researchers; the narratives of the two participating groups were triangulated, and the results were compared with the scientific literature<sup>20</sup>.

### Declaration on ethical aspects

The study was approved by the Research Ethics Committee of Universidad El Bosque with the code PIS 016-2019. Written informed consent was implemented. Pseudonyms are used to preserve the privacy of the participants.

## RESULTS

The results have been ordered according to two broad categories: a) How stigma is presented in health services and b) How to reduce stigma and improve HIV prevention and care.

### How stigma is presented in health services

Health professionals agree that the stigma against transgender people dedicated to PSA continues to be palpable in health settings in Bogotá. The critical points exposed by the professionals -and corroborated by the participating trans activists- primarily revolve around the stigmatization related to gender identity. In addition, derogatory and exclusive treatment and discrimination in care are perceived.

#### *Lack of recognition of gender identity*

The stigma, associated with prejudices towards trans people because they are not subject to the sex/gender system<sup>22</sup> and which is often reflected in the ignorance of the identity name, is described by Tatiana, a nurse, as follows: “Only this issue of identifying with a different gender and is called by her first name, it is an assault, and it continues to be seen a lot.

Regarding this reality, Ángel, who identifies as a non-binary, trans person, recounts this experience:

*Once, I went to the emergency room, and a nurse told me: Why haven't you changed your documents? Furthermore, this is not an obligation, and she told me that until I changed my identity document, she would not respect my identity name.*

This is the intervention of Paulette, an activist from Ciudad Bolívar, about her experience:

*After I made all my changes, my life changed. With the document, they already respect me, but many times, when entering, the guard does not know how to treat you (...) even when you request authorizations at the EPS, they do not know how to treat a trans person.*

Regarding the impediment that still arises in health settings regarding the requirement of a document that validates the identification name in trans people, Santiago, a doctor, states the following:

*You do not need to change the name on the document to recognize a person's identifying name. For example, the subnet's health history has a field asking what you want to be called; that is progress. It is necessary to work with the first contact personnel.*

### **Derogatory and exclusive treatment**

Carolina, a nurse, refers to the derogatory treatment given to trans people dedicated to PSA by health team members: "Many people who work with me are derogatory, and that causes them not to want to go to health services." Martha expresses this: "I have found homophobic colleagues who do not support or respect them."

This was the intervention by Violet, an activist from Ciudad Bolívar: "It happened to me when I went through the whole endocrine issue. I had a doctor who told me that I was a man: *that you dress as a woman is up to you*. I remember so much, and he treated me horribly. This is how Liliana, an activist from San Cristóbal, sees the situation: "I think that, primarily, we have to speak concerning appropriate language when dealing with trans people; You feel discriminated against from the moment you enter until *you* leave. Lauren complements her partner's idea: "It is that they have transphobia, apart from the annoyance that it gives them to care for people. They do not have the respective education to treat trans people."

Hilda, also an activist from San Cristóbal, expresses the following: "Whether gay, trans, bisexual or diverse, in all hospitals, we are always discriminated against. Thank God they have treated me because I confront the doctors. After all, one has the right to be treated regardless of gender". his partner, Carmen, exposes his discontent: "Whenever you go, they do not want to take care of you. Once, a doctor did not want to treat me, and I told her, and she answered, " *I do not treat people like you.*"

The immediate association of the trans identity with HIV is an aspect that arises among the claims made by Ángel:

*It has happened to me that I have gone to the emergency room three times, and they have done an HIV test, which has nothing to do with that. I think that when doctors feel that their masculinity is at stake when they approach us, they touch us hard, make us feel insecure, their treatment hostile, and they are horrible, demeaning words.*

Regarding the adverse effects of stigma and discrimination on the transgender population carried

out by PSA on HIV prevention, Mateo, a doctor, exposes the following:

*Undoubtedly, stigma creates an impressive barrier since prevention is the mainstay. If we put up the barriers, it is not easy, and the affectation will be impressive. They will not accept the screening because they will be rejected, the population viral load will be impressive, and the transmission is undoubtedly very significant.*

### **Discrimination in care for trans people with HIV**

When it comes to transgender people with HIV, discrimination in the fields of health is palpable, as described by Nurse Carolina:

*Moreover, they put it in the story "HIV +." I tell them: "No, put B24X on it, and that is it" We all know that greater caution should be taken when taking a blood sample, but people do not see it that way (...) They put on up to three pairs of gloves, it is absurd, and the patient also feels ugly.*

This is Lauren's intervention when talking about people in her community living with HIV and the effects of discrimination on them: "It is a silent pandemic so that they realize the problems that trans women have: due to all the discrimination that there is between us, many do not approach for their medicines."

### **How to reduce stigma and improve HIV prevention and care**

Among the alternatives to the described state of affairs, the inclusion of a rights perspective stands out, in addition to activism and multiplying action, the humanization of care, the comprehensiveness of the approach, the change in the way of addressing HIV, and the recognition of the specific needs of each identity group.

### **Inclusion of a rights perspective**

A central aspect in which the professionals agree is that the rights perspective needs to be the framework for action in health and the prevention of HIV and AIDS with transgender people who perform PSA, so it is essential to train health personnel to understand and assume it. This is the intervention of Javier, a nurse:

*Let the people on the health team know that there is a framework of rights that are already regulated and that it is not because that situation seems or not. It is not about being kind; it is about dignifying that person and respecting their decisions, reminding them or making them aware of the established legislation, and that, as members of the health team, we are obliged to comply with these regulations.*

Let us see how Santiago's intervention complements this idea:

*I speak from my experience, my knowledge as a health professional, and the awareness that I have had when recognizing that we are all equal. When you work on the issue of rights, you learn that it does not matter where you were born, your color, or your height; all people are the same (...) Talking about rights and internalizing them, seeing your patients with different eyes, with more respect, can improve the relationship between doctor and patient or nurse and patient and offer a better education.*

From her perspective, Liliana, an activist, expresses the following about what she believes is necessary to change the situation and reduce the stigma towards her community by health personnel:

*We are all human beings; we should be treated with respect. Let them learn that we are citizens with rights. Through education, one enters the mind of many people; they will understand that we are different people, but we deserve the same treatment and respect.*

### **Activism and multiplying action**

Understanding their work in the context of HIV as a form of activism, acting as multipliers and raising awareness among the members of the health team, is another proposal by Javier, which arises from his experience:

*We must all be activists. If we are involved in this environment of HIV in health and have managed to internalize the concepts, we have the responsibility of supporting colleagues to manage the information in the best way. Ideally, it should be one-on-one, calling the partner, saying the implications of things, showing the context and difficulties of many of the patients, never getting tired of always supporting*

*them, and generating education (...) With time it is not just me anymore; now, we are a whole group. We are a team.*

The clarification of concepts through contextual dialogue is another aspect that Javier proposes to sensitize the personnel linked to the fields of health:

*The billers had a hostile treatment with the person and, apart from that, little confidentiality regarding the diagnosis; So, I went to a training with them, and I asked them basic things about HIV, and after putting them in context and that there are specific imaginaries associated with said diagnosis, they gradually became more sensitive, putting the concepts on the table.*

Santiago, in agreement with Javier's position, sees the importance of mentoring and the use of technology as strategies:

*A good strategy would be "mentoring." So, someone who knows a lot about the subject goes and talks with their colleagues about how they do things, it is not a class, but it is transmitting knowledge. You must also get the most out of social networks and use all those technological tools. You watch a video and have more information left than reading an article.*

### **Humanization of care**

Carolina suggests favoring interaction and dialogue with transgender people who perform PSA and come to be assisted to learn about their circumstances, strengthening the humanization of services: "When one learns about the experience, one puts oneself in the other's place. After you get to know each other, you change your thinking and say: *I put myself in the other's shoes, and it is hard; to humanize care.*

This is how Liliana sees it, from her point of view as an activist who agrees on the importance of dialogue and the meeting between the trans population and health personnel:

*I would love, for example, government support for one to hold workshops on how we should be treated, then they will see an image of someone who is not vulgar; I want to show that we are worthy as people and that we want respect and to be able to work.*

Leading the health team to recognize the circumstances of the people with whom they interact is something that Javier also proposes:

*Raise awareness and make it known that living is not easy and that we are human beings. We must not think individually, and that implies thinking about the needs of others and their living conditions; awareness would go that way.*

Mateo highlights the importance of institutional protocols on respect for the identity of people within the processes of humanization of care: "In the institution, it is standardized that we always call them by their identity name, and they are hospitalized in a women's bed. That helps lower barriers."

For Martha, it is necessary "to show them that they can continue with their dreams, and support them in the continuity of their lives, that they have a life project and can continue with it."

### **Comprehensive approach**

According to Santiago's vision, an integral approach is essential, which implies managing regulations as well as recognizing the current therapeutic forms for HIV:

*I think it is essential to know the regulations because, in Colombia, we have the right that if we have a high-risk sexual relationship, we can go to the emergency room and receive the appropriate guidance, and from that, it is known whether or not the use of post-exposure prophylaxis is required. Combined prevention tells us about comprehensive strategies, and, in the case of people at higher risk, there is a range of possibilities that go beyond condoms as the only prevention method. It is to be comprehensive in care as professionals.*

Ángel mentions comprehensive care as a way to reduce stigma in health contexts: "I think they focus beyond a body, on what one is doing there, the doctor focuses on what one is doing, give an integral treatment, that they approach one, that they look at it, that they examine it."

Alexandra, an activist, sees comprehensiveness at the level of intervention programs, in addition to highlighting the importance of continuity in the processes, given the high turnover of health personnel:

*There must be complete programs, just as they want to diagnose; they must have all the elements: nutrition, a general practitioner, and a team. Take retroviral but without food? Furthermore, what if you live on the street or consume psychoactive substances? Educate a group because, in health, it happens that they are floating populations; there needs to be continuity in the programs.*

### **Change in approach to HIV**

Leading to the understanding of HIV, beyond a fatalistic vision and condom use, is Ángel's proposal: "HIV must not be seen as a death sentence (...) it must be seen beyond using or not a condom, understand the consequences."

The breaking of paradigms based on the reflection on their own experience by the members of the health team to generate an impact on prevention is Santiago's proposal:

*Speak without fear (...) Sexuality is fundamental; everyone lives and expresses it in their own way; there is no standard or unique model. If we ask ourselves, "When was the last time I took an HIV test?" if we have had a safe sexual life or not if we recognize it, we must do it in the other. If the idea is to impact prevention and education, we have to change the chip. Another thing is: not to normalize HIV; you have to be able to transmit peace of mind to people and offer the best treatment information, but if we normalize it, interest is lost.*

### **Recognition of the specific needs of each identity group**

The recognition of diverse identities and their particular needs is an aspect that stands out among trans people. Alexandra expresses that "trans women have very different needs." Ángel, for his part, explains the following:

*Non-binary trans people have particular needs, such as the gender component not stated in the identity document. The LGBTI collective has been put in a bag, and no, we have different needs for each of us.*

## **DISCUSSION**

Not being stigmatized or stigmatized due to sexual orientation, gender identity, or socioeconomic status

or for the exercise of PSA or for living with HIV refers to the rights related to non-discrimination and due respect for recognized differences in Colombia<sup>23</sup>. Despite this, the findings of this study show that ignorance of the gender identity of transgender people who perform PSA in Bogotá is still present in health services, constituting the most relevant form of stigmatization described by transgender activists and health professionals. Added to this are the prejudices that the immediate association of the trans identity with HIV entails and the derogatory and exclusive treatment of transgender people that can go as far as denying care. The exclusion experienced inhibits those living with HIV from even claiming their medication. Harmful differential health care is frequently perceived by LGBT people<sup>24</sup>. The lack of humanization in the attention to the transgender population in Bogotá, initiated by the ignorance of sexual diversity, has been reported by the District Health Secretariat<sup>11</sup>. As has been exposed, the exclusive attitudes of health personnel negatively affect HIV prevention<sup>6,9,17</sup>. Stigma for reasons of sexual identity leads to worse consequences and more difficulty coping by people when HIV stigma is added; like discrimination, violence, and transphobia, it has been identified as a structuring element of vulnerability to HIV and AIDS among transgender women<sup>25</sup>.

Now, how to play in favor of the health services, starting from this state of affairs? Including a rights perspective marks the path proposed by those participating in the process. In the reports, it is evident that in the health services, the national and district regulations on rights are accepted, which shows significant advances that are taking place. However, work is required from within the teams where reflexivity is accommodated, coupled with formative and dialogical processes that allow prejudices to be broken and give rise to new forms of relationship in which transgender people who carry out PSA are welcomed, recognized and treated respectfully and comprehensively based on their particular needs. As stated by Saucedo *et al*<sup>26</sup>, in primary health care, the health team members require spaces for self-knowledge and reflection about their values, beliefs, and culture, seeking that these do not interfere negatively with carrying out their actions.

The breaking of transphobic paradigms takes precedence over other needs, given the results of this study, so focusing efforts on training health personnel to generate changes at this level is

imperative. UNFPA<sup>23</sup> proposes, from the differential, gender, and non-discrimination approach for LGBTI people, to advance hand in hand with health personnel in humanized care processes that guarantee the comprehensive right to health for these human groups.

The professionals participating in this research suggest the implementation of educational strategies that update the new therapeutic forms applicable to HIV prevention and care, supported by the multiplying activity of expert professionals in the development of training and awareness actions, taking advantage of technology. In the field of HIV, mentoring in the workplace is a powerful tool that increases confidence and self-esteem, reduces stress and conflict, and improves satisfaction with work life. Beyond scientific and technical knowledge, psychosocial support among peers has been recognized as a critical aspect of mentoring relationships within the work team within the context of HIV<sup>27</sup>.

Another proposal is related to the possibility of dialogue and exchange between health personnel and transgender people who perform PSA. Bringing health workers and service users together is one of the strategies with the greatest potential to help reduce stigma in HIV care contexts, according to Nyblade *et al*<sup>28</sup>. Users' participation is essential in awareness-raising through discussion panels, as trainers, or in joint workshops with providers.

An additional element that is identified is the need to expand promotional and preventive actions around HIV to renew the vision of health teams, distance themselves from condoms as the initial and sole purpose of STI prevention and recognize the broad nature of sexuality as a resource for the comprehensive approach to transgender people. It is worth noting that combined HIV prevention proposes a synergy between biomedical, behavioral, and structural interventions, mediated by people's rights and designed to meet the HIV infection prevention needs of people, communities, and specific populations<sup>29</sup>.

## LIMITATIONS OF THE STUDY

This study only presents the perspective of leading professionals who are sensitized to HIV and the stigma towards the specific populations most affected, which does not allow us to approach first-hand the prejudices and logic that lead health

personnel to stigmatize transgender people who perform PSA.

### CONCLUSION

It is necessary to break transphobic paradigms in health services, requiring awareness-raising work oriented by a dialogical approach and social inclusion, with a perspective of gender and sexual diversity, rights, population, and differential.

### DECLARATION ON CONFLICTS OF INTEREST

The authors declare they have no conflicts of interest.

### AUTHORS' CONTRIBUTION

**First author:** Conception of the research, fieldwork, information analysis, writing, approval of the final version.

**Second author:** Co-construction of the protocol, data analysis, writing, and approval of the final version.

**Third author:** Fieldwork, information analysis, writing, approval of the final version.

### REFERENCES

1. Organización Panamericana de la Salud. Manual de actividades para la reducción de estigma y discriminación relacionados a ITS, VIH y sida. Guatemala: Organización Panamericana de la Salud; 2013.
2. Goffman E. Estigma: la identidad deteriorada. Buenos Aires: Amorrortu Editores, 2006.
3. ONUSIDA. Alianza mundial de acciones tendientes a eliminar todas las formas de estigma y discriminación relacionados con el VIH. Ginebra: ONUSIDA, 2018.
4. The Center for HIV Law and Policy. The Intersection of Sex Work and HIV Criminalization: An Advocate's Toolkit. NY: The Center for HIV Law and Policy 2017.
5. Magno L, Silva A, Veras A, Pereira M, Dourado I. Estigma e discriminação relacionados à identidade de gênero e à vulnerabilidade ao HIV/aids entre mulheres transgênero: revisão sistemática. *Cad Saúde Pública*. 2019; 35 (4): e00112718. <http://dx.doi.org/10.1590/0102-311x00112718>.
6. Infante C, Zarco A, Cuadra SM, Morrison K, Caballero M, Bronfman M, et al. El estigma asociado al VIH/SIDA: el caso de los prestadores de servicios de salud en México. *Salud Publ Mex*. 2006; 48(2):141-150. <https://doi.org/10.1590/S0036-36342006000200007>
7. Ministerio de Salud y Protección social. Plan nacional de respuesta ante las ITS, el VIH, la coinfección TB/VIH, Las hepatitis B y C, Colombia, 2018-2021. Bogotá: Ministerio de Salud y Protección Social; 2018.
8. Ministerio de Salud y Protección Social. Guía de Práctica Clínica (GPC) basada en la evidencia científica para la atención de la infección por VIH/SIDA en personas adultas, gestantes y adolescentes. Guía para profesionales de la salud. Bogotá: Ministerio de Salud y Protección Social; 2021.
9. Scher A. Estigma y discriminación hacia hombres que tienen sexo con otros hombres (HSH) y mujeres trans: el impacto en la vulnerabilidad y riesgo frente al VIH/ SIDA. Londres: Independent Study Project (ISP) Digital Collections; 2016.
10. Profamilia ¿Cómo adaptar los servicios de salud sexual y reproductiva a las necesidades y circunstancias de las personas con experiencia de vida trans? Bogotá: Profamilia; 2019.
11. Secretaría Distrital de Salud de Bogotá. Atención integral en salud para personas trans y no binarias. Bogotá: Secretaría Distrital de salud de Bogotá; 2021.
12. ONUSIDA. Reducir el estigma y la discriminación por el VIH: una parte fundamental de los programas nacionales del sida. Ginebra: ONUSIDA; 2008.
13. Consejo Distrital de Política Económica y Social del Distrito Capital. Política Pública de actividades sexuales pagadas 2020 – 2029. Bogotá: Alcaldía mayor de Bogotá; 2020.

14. Secretaría Distrital de Salud. Datos de Salud. Tasa de notificación VIH-SIDA y tasa asociada a SIDA en Bogotá. Bogotá: Secretaría Distrital de Salud; 2021.
15. Secretaria Distrital de Salud. Plan Territorial de Salud Bogotá D.C. 2020 – 2024. Bogotá: Secretaria Distrital de Salud; 2022. <https://doi.org/10.56085/20277970.8>
16. Secretaría Distrital de Salud. Plan de Desarrollo de Bogotá D.C. 2020-2024 “Un Nuevo Contrato Social y Ambiental para la Bogotá del Siglo XX. Bogotá: Secretaría Distrital de Salud; 2020. <https://doi.org/10.56085/20277970.8>
17. Stringer K, Turan B, McCormick L, Durojaiye M, Nyblade L, Kempf MC. HIV-Related Stigma among Healthcare Providers in the Deep South. *AIDS Behav.* 2016; 20(19): 115-125. <http://dx.doi.org/10.1007/s10461-015-1256-y>
18. Martínez-Salgado C. El muestreo en investigación cualitativa. Principios básicos y algunas controversias. *Cienc Saude Colect.* 2012; 17 (3): 613-619. <http://dx.doi.org/10.1590/S1413-81232012000300006>
19. Mieles Barrera MD, Tonon MG, Alvarado SV. Investigación cualitativa: el análisis temático para el tratamiento de la información desde el enfoque de la fenomenología social. *Universitas Humanística.* 2012; (74): 195- 225.
20. Noreña AL, Alcaraz-Moreno N, Rojas JG, Rebolledo-Malpica N. Aplicabilidad de los criterios de rigor y éticos en la investigación cualitativa. *Aquichan.*2012; 12(3): 263–274. <https://doi.org/10.5294/aqui.2012.12.3.5>
21. Asociación Médica Mundial. Declaración de Helsinki; 2013.
22. Lafaurie MM. Género y salud sexual y reproductiva: una intersección irrenunciable. En Sánchez M, Lafaurie MM. *Salud Sexual y Reproductiva: Nuevas tendencias.* Bogotá: Editorial Universidad El Bosque; 2015.
23. UNFPA. Lineamientos de atención en los servicios de salud que consideran el enfoque diferencial, de género y no discriminación para personas LGBT. Bogotá: UNFPA; 2019.
24. Campo-Arias A, Oviedo H, Herazo E. Estigma y discriminación a profesional de la salud transgénero. *Rev Fac Med.* 62(1):41-45. <https://doi.org/10.15446/revfacmed.v62n1.43693>
25. Pantoja A, Estrada JH. Discriminación y estigmatización de las personas viviendo con VIH/SIDA: revisión de la literatura. *Acta Odontol Colomb.* 2014; 4 (1): 57-80. <https://doi.org/10.15446/aoc>
26. Saucedo PG, Huerta BMI, Alcántar ZML, Ruiz RMJ, Jiménez AV, Ávila CL. Estigmatización a personas con VIH-SIDA en la atención primaria como barrera de apego al tratamiento. *RESPYN.* 2018; 25(3): 26-33. <https://doi.org/10.29105/respyn17.3-4>
27. Jobson G, Mabitsi M, Railton J, Grobbelaar CJ, McIntyre JA, Struthers HE, Peters RPH. Targeted mentoring for human immunodeficiency virus programme support in South Africa. *South Afr J HIV Med.* 2019; 14;20(1):873. <http://dx.doi.org/10.4102/sajhivmed.v20i1.873>.
28. Nyblade L, Stockton MA, Giger K, Bond V, Ekstrand ML, Lean RM, et al. Stigma in health facilities: why it matters and how we can change it. *BMC Med.* 2019; 17(1): 1-15. <http://dx.doi.org/10.1186/s12916-019-1256-2>
29. ONUSIDA. Acción Acelerada para la prevención Combinada. Ginebra; 2015.