

Transgender Women and HIV Prevention in New York City

A Needs Assessment

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Transgender women and HIV

- Transgender women: born male, living as women
- At high risk of infection with HIV, other STIs and hepatitis C
- But largely absent from public health campaigns
- Population estimates: >10,000 in New York City

Needs Assessment

- Aim: Beyond risk behaviors – to broadly understand the lives of transgender women and the contexts of HIV risk
- To inform the design of prevention programs
- 45 open-ended interviews → qualitative/quantitative data
- Recruitment: support groups, youth shelters, endocrinologist, Housing Works, Jackson Heights sex “stroll”
- Non-representative sample: 43 participants of African descent origin or Latin American origin
- 17 born outside United States
- Only one participant had had sex-reassignment surgery

Motives for gender transformation

- (1) A long-standing, persistent identity as female or desire to live as a woman
- i.e. “I always knew”; “I was born cunt.”
- But also...
- (2) To make oneself more attractive to men
- (3) To make more money as a sex worker
- (4) In response to discrimination faced as a gay or effeminate male

Changing gender to fit an accepted heterosexual role

- I don't want the world to perceive me as being a gay person, a "faggot." It's tiring. Since I've lived my life like this the last couple of years, I've never had that issue. Ain't nothing smart being said because niggers look at me and be like, "Oh that's a man, but that bitch is pretty." Now if I was to be a boy and pump down the street: "Oh, fucking faggot, fucking da-da..." I can't. No. I just want to live my life as normal, as passable, to end that part... This suits me. This is who I am. This is who I grew to be, not who I thought I was, but who I grew to be... Because I was just nothing but a faggot walking around, switching, looking cunt, had my hair up in a pony tail with a shirt tied around my head. And I don't want to live like that. I want to be able to be out with my man, and walk around the street, like any normal person, not have to be in the closet. I'm tired of that. *(22 year old African-American from North Carolina)*

HIV, hepatitis C and syphilis prevalence in New York City

--This study: 34 percent reported being HIV+ (15 of 44)

--Transgender Project (NDRI), included testing (Nuttbrock et al. JAIDS, 2009)

Group	N	HIV+	Hepatitis C	Lifetime Syphilis Exposure	
Latina	246	49.6%	15.7%	21.6%	
African-American	121	48.1%	7.4%	14.7%	
White	152	3.5%	3.6%	1.4%	

HIV in New York City – trans women versus men who have sex with men

Race/ Ethnicity	Transgender Project (2004-2007) (N=539, convenience sampling)	National HIV Behavioral Survey 2008 (MSM) (n=458, venue-based)
Latina/ Latino	49.6%	25.7%
African- American	48.1%	43.1%
White	3.5%	19.7%

Sex work

- **Transgender women are both (1) socially disenfranchised and (2) sexually desirable**
- Only 7 percent of study sample with a formal job
- Over 90 percent had ever had sex as a way to make money, and 47 percent had done so in past year
- **Formal employment:** Limited education, employment discrimination, discomfort being in non-trans-friendly environments
- **Sex work:** being transgender is an advantage, lucrative, lots of autonomy, peers and clients understand you
- The high cost of living as a transgender women, the importance of passing, of looking good
- Just “Survival sex”? – Sex work also common among better-educated women → a community norm
- Validating and exciting and allows for a socially- and sexually-active life as a woman
- Encouraged into sex work by men’s views of transgender women as sex objects

Looking good, and self-esteem

- “A lot of these people work their asses off for \$500 for two weeks. That’s nothing. I demand to look good. I want to look nice... If you don’t have the money, in our case, you start to feel that you’re not worth anything.” (21, *Internet escort, African-American from Georgia, living in a homeless shelter*)

Excitement and validation through sex work

- “I liked how the clients treated me, the good life they showed me, taking me to restaurants, to buy me clothes, to go out drinking, to the dance clubs. I felt comfortable with all of that, I felt satisfied by it. I felt important. I felt like I was worth something because there was someone who was paying to go out with me. I liked all that. A life full of excitement and fantasy, and love.” (45, *Central American undocumented immigrant*)

Sex work as a way to socialize

- “I didn’t have to do street work. I just wanted to be part of the clique with the girls. And I wanted to show off, wearing a cute outfit and coming out that night and being the money-maker of the night... I wanted to give the girls that I was very feminine, the most feminine transgender in the world. It was kind of the thing to do. There were no trans [support] groups. That’s where we met... I did it more for like sport, like a hobby.” (*Puerto Rican from New York City*, 36)

Sexual objectification

- “An individual will approach me and call me, ‘Sexy, whatcha doin’ tonight?’ and not try get to know me. It’s disgusting.” (22, *Puerto Rican, the Bronx*)
- “When guys know, you go from being a female and being someone who maybe they could start a relationship with, to being something that they can fuck.” (*African-American, 22, from DC*)
- “They be thinking that all trannies like to do that [unprotected sex], or that all girls like to give head, or just fuck you just to be fucking you, and not know you. I ain’t down with it. I ain’t sucking your dick for money, or I’m not sucking your dick for one day, and I just met you for half a second.” (*African-American, 18, from Brooklyn*)

Transgender women and HIV risk

- Sex important for money-making, identity, and self-esteem
- In sex work, routinely offered more money for unprotected sex
- Forgoing condoms: when depressed, with good-looking men, with a man willing to have a relationship, to show affection
- A search for intimacy in primary partnerships → loneliness, “settling” for risky partners (Melendez and Pinto, 2007)
- Submissiveness can validate a female gender identity
- For some, substance use and mental health challenges (i.e. focused on making it through the day; depression leads to not caring about one’s health, one’s future)
- Partners at high risk
- Hormone and silicone injection practices (hepatitis C)

Social isolation and loneliness

- “The life we live is too fast, quick. And with me – a cute boy, and then it goes. We don’t think. We have to take more time to do our relations, because we’re so lonely. The majority of the transgendered are so lonely and we’re desperate for affection. A person that is lonely, that has been all his life struggling and battling with society, and with people and with neighbors, with family – if you meet a cute boy, and the boy do goo-goo eyes at you, there you go.” (50, *Puerto Rican, the Bronx*)

Submissiveness

- Transgender women “overdo everything stereotypically feminine” (*shelter director*)
- “A lot of the girls tend to put themselves out there, like, a whole lot. Whether it’s for money or no money. And if a boy tells them the right things they tend to do whatever the boy asks them to. The same thing with a lot of genetic females as well, but especially with young transgender girls.” (27, *multi-racial, from Connecticut*)

Substance use and mental health

- “There’s so much discrimination for transgender people. There are security issues. Unfortunately some of us don’t look as real as we want to look. And society—. There’s a lot of transphobia, a lot of homophobia. For me it was a way to escape.” (36, *Puerto Rican from New Jersey, HIV+ cocaine user in recovery*)
- Substance use a partial explanation: 55 percent of active sex workers have not used drugs before or during sex in the last year

Men who have sex with transgender women

- Also at risk of HIV infection
- Women in study report many men like to have transgender women anally penetrate them
- No surveillance category: having sex with a transgender women is not an “expanded behavior code”
- Do such men acknowledge the kinds of sex they have?
- Many identify as “straight” and have relationships with non-transgender women

Hormone, silicones and injection

- **DIY approach to hormones:** thriving black market, 76 percent of users have taken hormones without a doctor's care, irregular use, overdosing to speed up feminization
- Without "F" gender marker, hormones seldom covered by insurance (~\$200 a month)
- **Silicone:** from non-medical providers, but some with significant experience; still, toxic reactions and unsightly long-term effects
- Injection risks: Good syringe access; but sharing bottles even when syringes are not shared; not knowing if the syringe is sterile – often someone else injects you

Surveillance issue: “When getting tested for HIV,
how have you identified your sex or gender?”

(New York City DOHMH, Transgender Women and HIV Prevention Needs Assessment)

	N	Percent
Transgender/ transgender female	21	47%
Female	20	44%
Male	6	13%
“They don’t ask”	1	2%

Possible interventions

- **Individual versus social structural interventions**
- **Improve surveillance** : two-step question on birth sex and gender identity; recognizing men who have sex with transgender women
- **Transgender-specific prevention literature: updated** resource directory; healthy body guide (address risks of hormone and silicone injection, sexual objectification and intimacy and self-esteem issues, condom negotiation, desire for fast feminization, prostate health); safer sex work guide; HIV-related myths
- **Include transgender women and couples in HIV prevention campaigns:** in text, images (will help de-stigmatize population?)
- **Subsidize hormone treatment:** To encourage professional medical care, to discourage sex work
- **Capacity building:** For medical and social service providers, law enforcement
- **Use strong transgender social networks:** Peer outreach for safer sex education, HIV testing
- **Community center:** An alternative space for transgender socializing
- **Prevention with HIV+ transgender women:** Peer navigation for initiation and adherence to care, assistance with partner notification
- **Social support for transgender women:** GED, job preparedness, alternatives to sex work, legal support and name change, support groups

A safer transgender community today?

- Possibly declining rates of dependent substance use
- Widespread condom awareness, regular HIV testing
- Growing network of services
- Reduced stigma? (Presence in popular culture)
- Safer on the streets?
- But HIV seen as a means to economic and housing stability