

Substance Abuse and HIV Risk Behaviors among Transgender Women in the San Francisco Bay Area

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Background

- Male-to-female (MTF) transgenders are at high risk for HIV infection due to their unique social context (e.g., substance abuse, sex work, transphobia, and lack of access to health care and social services).
- Phase I of the study described substance use and HIV risk behaviors among transgender women of color in San Francisco based on qualitative and quantitative data (See Nemoto et al., 2004a; 2004b).
- Phase II, utilizing the same methodology, expanded the sample to include white transgender women in San Francisco and African American transgender women in Oakland.

Objectives

Phase II of the Study

1. Through recruitment of additional MTF transgender participants (whites in San Francisco and African Americans in Oakland), to expand analysis between and within racial/ethnic groups.
2. In collaboration with staff at AIDS service organizations in Oakland, to address HIV and other life issues among African American transgender women and stimulate future research and prevention efforts targeting high-risk African American transgender women in Oakland, where resources for HIV prevention programs are limited.

Methods

- Conducted mapping of the targeted African American MTF transgender community in Oakland and white MTF transgender community in San Francisco
- Recruited focus group participants using referrals from collaborating community-based organizations as well as direct outreach on the street
- Convened two focus groups for each racial group
- Each focus group consisted of 8 to 12 participants with the same racial background
- Each focus group met twice, two weeks consecutively, for 2½-hour meeting
- Focus group discussion was guided by the Project Director, who used a focus group discussion guide
- Topics in the focus groups included current life issues, substance use, sexual behaviors, sex work, social support, and access to care
- Focus group discussions were tape-recorded and transcribed verbatim
- Currently conducting data analysis, and preliminary results are presented in this poster
- In the future, we will integrate both data sets (Phase I and II) and analyze the data

Demographics: Focus Group, Phase II

	African American N = 22	White N = 22
Mean age	35 yrs old	41 yrs old
Education Level	33% Less than HS 29% HS/TECH/GED 5% Vocational 14% Some College 19% College and above	18% Less than HS 14% HS/TECH/GED 0% Vocational 50% Some College 18% College and above
Living Situation	14% Own house/apt 48% Rent apt 10% Single room hotel 19% Friends w/o rent 10% Other	4% Own house/apt 36% Rent apt 32% Single room hotel 14% Shelter 14% Other

Demographics: Study II

	African American N = 22	White N = 22
Gender Identity	62% Transgender 14% Female 14% Transsexual (pre-op) 5% Transsexual (post-op) 5% Other	18% Transgender 18% Female 55% Transsexual (pre-op) 9% Other
Sexual Orientation	29% Heterosexual 48% Gay/Homosexual 5% Bisexual 10% Asexual 8% Other	23% Heterosexual 5% Gay/Homosexual 64% Bisexual 4% Asexual 4% Other
Sex Work for Drugs	81% Yes 19% No	86% Yes 14% No

HIV Risk Behavior

1. Inconsistent condom use with customers

Economic-related reasons were cited by both groups.

“I tended to be lax about it and not really enforce it. Or, they would want to pay more money for not, for no condoms.”

–White participant

“...if you paid for not usin’ a condom, you paid for not usin’ a condom, you know? When you hoin’, you really have no limits.”

–African American participant

2. Inconsistent condom use with private partners

Both groups talked about the desire for intimacy.

“Safe sex...the problem is, it’s all about love. Because he made love to me, baby, and that’s what I need.”

–African American participant

“I asked him [participant’s husband] if he wanted me to put a condom on it, and he said, ‘No, for what?’ I says, ‘Because I don’t want you to become HIV positive.’ And he said, ‘Well, let me worry about that.’”

– White participant

3. Illicit Drug Use and Sex Work

White participants perceived sex work as necessary to support their addiction.

“I could do coke, I could do ecstasy, acid, and I never paid. I gave the DJ a blowjob, got whatever I wanted.”

–White participant

African American participants perceived a need to use drugs to engage in sex work.

“Whenever I got high, I would go get ready to go ho. I could clip real good when I’m high, I be like, ‘Hi baby, how you doing?’ I could all that real good.”

– African American participant

Discussion

- The preliminary data analysis on the focus groups of Phase II revealed differences in gender identity and sexual orientation between African American transgender women residing in Oakland and white transgender women residing in San Francisco.
- We will further analyze the qualitative data by focusing on the relationships between substance use and HIV risk behaviors based on combined focus group data of Phase I and Phase II.
- We will also analyze the combined survey data of Phase I and II and compare the results with those from qualitative analysis on the focus group data.
- We will further analyze the relationships among gender identity, sexual orientation, and HIV risk behaviors.