

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,
AND UNIVERSITY OF KENTUCKY

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly.

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Some transgendered women experience barriers to practicing safer sex

HIV incidence among transgendered women (biological males who have adopted the gender-role identity of a woman) has been reported to be high. For example, one study of about 400 transgendered women found the overall prevalence of HIV to be 35%, with HIV six times more prevalent in African American women than white women.

Transgendered women in the United States are a marginalized population associated with stigma and loss of economic opportunity.

The goal of this study was to qualitatively explore potential reasons why transgendered women may engage in HIV-related sexual risk behavior.

Methodology

In 2004 and 2005, 17 transgendered women were interviewed by a trained researcher who is openly identified as a transgendered woman. All interviews occurred in a private area and were recorded on audiotape and subsequently transcribed.

Questions concerning demographics and HIV-related sexual risk behaviors were asked. They were also asked to indicate whether they self-identify as transgendered

and straight (biological male adopting gender-role identify as a woman and has sex with men) or transgendered and gay (biological male adopting gender-identity as a woman and has sex with women).

Outcomes of the Study

Fourteen of the 17 women were taking hormones. Fourteen identified as Black/African American. Four were in a steady relationship with a man and one with a woman. Only a few earned more than \$20,000 per year. Eight were involved in commercial sex work. Major findings include:

- Women commonly reported that they strongly needed/desired to be loved by a man. Many of these women noted that they had and would engage in unprotected sex to obtain and preserve such a relationship.
- Nine of the 14 who taking hormones reported that they obtained the hormones through nonmedical means, such as the Internet, other transgendered women, and street vendors. Often these women shared needles and syringes.
- Even women who had not participated in prostitution (street sex) indicated that this behavior is

a part of the life of a transgendered woman.

- The women participating in street sex reported that they earned more money when condoms were not used. Many noted that drug use was associated with street sex.
- Women selling sex and not using condoms were very aware of their elevated risk of HIV.
- Many reported that their HIV risk is tied to social discrimination and transphobia.

Implications for Prevention

This interview study suggested that some transgendered women may encounter substantial barriers to practicing safe sex. Their HIV risk may be magnified via hormone injection through use of contaminated needles and syringes.

The barriers may be related to marginalization by the society, including the gay community, and the need for love and acceptance (as a female) from men.

SOURCE:

Crosby, R. A., & Pitts, N. L. (2007). Caught between different words: How transgendered women may be "forced" into risky sex. *Journal of Sex Research*, 44, 43-48.

NEP users engaged in less HIV-related injection risk

Injection drug use is the second most common means of HIV infection in the United States for both men and women. Needle exchange programs (NEP) are designed to reduce HIV risk by providing new sterile needles in place of return of used needles.

This study examined whether a needle exchange program used by injecting drugs users (IDUs) affects injection risk behaviors over time. Between 1997 and 2000, 901 IDUs in the Chicago area were recruited from a multisite NEP and an area with no NEP.

NEP use was significantly associated with reduced odds of greater than 60% for receptive needle sharing, 45% for lending used needles, and 30% for sharing other injection paraphernalia and a 2-fold increase in the odds of always bleaching used needles.

The study demonstrated that compared with nonusers, NEP users engaged in less HIV-related injection risk, a difference that persisted over time.

SOURCE: Huo, D., & Ouellet, L. J. (2007). Needle exchange and injection-related risk behaviors in Chicago: A longitudinal study. *Journal of Acquired Immune Deficiency Syndromes*, 45, 108-114.

Drug use was associated with poorer adherence to HAART

The impact of highly antiretroviral therapy (HAART) is compromised by nonadherence. This study examined the impact of drug use and abuse on medication adherence among 150 HIV-infected individuals, 102 who tested urinalysis for recent illicit drug use. Participants were from medical centers and community agencies in Los Angeles.

Over the 6-month study period, drug-positive participants demonstrated significantly worse medication adherence than did drug-negative participants (63% vs. 70%, respectively). Drug use was associated with over a fourfold greater risk of adherence failure. Adherence rates declined over time across the entire sample, regardless of drug use status. Stimulant users were at greatest risk for failure. Data raise the possibility that adherence to HAART may rebound with abstinence from active substance use.

Study results suggest that the acute effects of intoxication, rather than stable features of the drug-using population, account for the difficulties of medication adherence.

SOURCE: Hinkin, C. H., et al. (2007). Drug use and medication adherence among HIV-1 infected individuals. *AIDS Behavior*, 11, 185-194.

Microbicides with volume up to 35 mL acceptable

This study determine what volume of intrarectal gel would be acceptable to HIV-uninfected men who reported unprotected receptive anal intercourse. Up to 35 mL of gel with the physical properties of Femglide (transparent and odorless) was acceptable to the majority of participants. Different levels of viscosity may be needed. Participants reported high intentions to use microbicides when available.

SOURCE: Carballo-Diequez, A., et al. (2007). Rectal microbicide acceptability: Results of a volume escalation trial. *Sexually Transmitted Diseases*, 34, 224-229.

Hysterectomy more common

Reports of hysterectomy were collected from 3752 women. Hysterectomy was performed for 4.5% of HIV-infected women and 2.9% of HIV-negative women. Women with HIV were more likely than uninfected women to require a hysterectomy, most often from cervical neoplasia.

SOURCE: Massad, L. S. (2007). Hysterectomy among women with HIV: Indications and incidence. *Journal of Acquired Immune Deficiency Syndromes*, 44, 566-568.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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