

HIV-related risk behaviors and protective strategies of transgender men who have sex with non-transgender men

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Background

- Low HIV prevalence rates previously reported among transgender men (1 - 3%).
- Previous studies:
 - have not specified the gender of their sample's sexual partners, and/or
 - have predominately included men that identify as heterosexual (TMSW)
- Very little data available on transmen and sexual risk
- Demonstrated need for services and information



Introduction

- Language:
 - FTM ~ transgender man ~ transman
 - Trans MSM or TMSM ~ transgender men who have sex with men (trans or non-trans)

- Focus of this study:
 - Transgender men who have sex with non-transgender men



Anecdotal evidence of risk

- Increase in sex drive with testosterone use
- Increase in interest in sex with non-trans men
- Seek non-trans male sex partners on the internet, in gay male sex clubs, bathhouses, and bars
- High-risk sex, including sex work, with non-trans men plus high rates of HIV among non-trans MSM, esp. in urban areas (17 - 40% in San Francisco), means increased exposure for TMSM



Specific aims

- Test the feasibility of defining, recruiting, and interviewing a sample of trans MSM
- Describe HIV/STI risk behaviors and protective strategies of trans MSM
- Describe trans MSM's perceptions of the impact of their gender identity and expression on sexual decision-making with non-trans MSM



Methods

- Phase One (N = 45)
 - Quantitative survey, 20 – 30 minutes

- Phase Two (N = 15; subset of Phase One)
 - Qualitative interview, 60 – 90 minutes
 - Participants chosen from quantitative sample based on level of experience with the variables of interest and demographic characteristics in order to achieve a diverse and balanced sample for the qualitative interviews.
 - Digitally recorded for detailed analysis of:
 - sexual risk behaviors
 - access to services
 - perceptions of the impact of transgender identity and presentation on their sexual decision-making and negotiation of safer sex with non-transgender men



Recruitment

- ❑ Conferences (Forge, Gender Odyssey)
- ❑ Flyering in San Francisco at trans-related events (LGBT Center, transgender community events)
- ❑ Word of mouth, referrals by staff of transgender service organizations and trans-friendly spaces across the US
- ❑ Websites and listservs



Participants

- Age range: 20 – 59, Mean: 32
- Race (18% chose more than one option):
 - 84% White
 - 20% Latino
 - 7% Multiracial
 - 4% Native American
 - 2% African American
- Education: 31 (76%) were college graduates or had some postgraduate education
- 6 (13%) reported having ever been incarcerated.
- 34 (76%) reported currently having health insurance.

Income sources, past year

Income Source	N (%)
Employed full-time	31 (69)
Employed part-time	16 (36)
Employed sometimes	10 (22)
School loans/Scholarships	11 (24)
Sex for pay	8 (18)
Partner/Spouse	8 (18)
Family/Friends	7 (16)
Selling drugs	3 (7)
Social Security	2 (4)
Unemployment	2 (4)
Disability	3 (7)
Alimony/Child support	1 (2)
Other	9 (20)



Geographic location

Region	N (%)
San Francisco Metro Area	9 (22)
New York City Metro Area	6 (15)
Seattle Metro Area	5 (12)
Philadelphia Metro Area	5 (12)
Washington DC Metro Area	4 (10)
Non-metro area *	12 (27)

* 'Non-metro areas' include towns in CA, OH, OR, MA, ND, and WI.



“What is your gender identity?”

- 20 (49%) gave more than one response

Gender Identity	N (%)
Male/Masculine	27 (60)
FTM/FTM transgender	12 (29)
Transman/Transmale/Transgender man/Trans	10 (24)
Genderqueer	5 (12)
Man of transsexual experience	2 (5)
Androgyne	1 (2)
Butch queen	1 (2)
Feminine man	1 (2)

“What is your sexual orientation?”

- 6 (14%) gave more than one response

Sexual Orientation	N (%)
Queer	24 (59)
Gay (includes Really gay leaning/ Bigay homo/ Essentially gay but not exclusively/ Mostly gay/ Fag/ Big faggot)	18 (40)
Bisexual/Bi	6 (15)
Fluid	1 (2)
Straight	1 (2)
Don't know	1 (2)

Gender confirmation procedures

- Only 1 participant had never used hormones. All other participants were currently using hormones.
- 32 participants (71%) reported having had some form of gender confirmation surgery.

Type of surgery	N (%)
Bilateral mastectomy	24 (53)
Hysterectomy	13 (29)
Key hole mastectomy	5 (11)
Metoidioplasty	2 (4)
Oophorectomy	4 (9)
Testicular implants	1 (2)



Alcohol and Drug Use

Alcohol (> 5 drinks in single day, past month)	18 (40)
Drug use, ever	43 (96)
Drug use, past year	31 (69)
Injection drug use, ever	7 (16)
Injection drug use, past year	1 (2)

Drug Use, past year

Drug use, past year	31 (69)
- Marijuana	24 (53)
- Ecstasy	9 (22)
- Hallucinogens	7 (16)
- Poppers	8 (18)
- Pain medication (OxyContin, percocet, etc.)	7 (17)
- Cocaine	7 (16)
- Downers	5 (11)
- Amphetamines	3 (7)
- Crack	2 (5)
- Ketamine	1 (2)
Injection drug use, ever	7 (16)
Injection drug use, past year (speed)	1 (2)

* No GHB or heroin use. 2 participants had used Viagra.



HIV

HIV test ever	43 (96)
HIV positive	1 (2)
Perceived at-risk for HIV	28 (62)

STIs

STI test ever	41 (91)
STI diagnosis ever	21 (47)
- HPV	11 (24)
- Gonorrhea	3 (7)
- Chlamydia	5 (11)
- Herpes	5 (11)
- Trichomoniasis	3 (7)
- Bacterial vaginosis	4 (9)
- Hepatitis C	1 (2)
- Pelvic inflammatory disease	2 (4)
- Pubic lice (crabs)	1 (2)

Sexual behaviors (receptive): Oral sex

Oral sex, ever	44 (98)
Oral sex, past year	38 (84)
Oral sex, frequency of condom use	
- Never	19 (42)
- Less than half the time	14 (31)
- About half the time	4 (9)
- More than half the time	4 (9)
- Always	4 (9)

Sexual behaviors (receptive): Front sex

Front (vaginal) sex, ever	37 (82)
Front (vaginal) sex, past year	31 (69)
Front (vaginal) sex, frequency of condom use	
- Never	2 (4)
- Less than half the time	8 (18)
- About half the time	5 (11)
- More than half the time	8 (18)
- Always	14 (31)

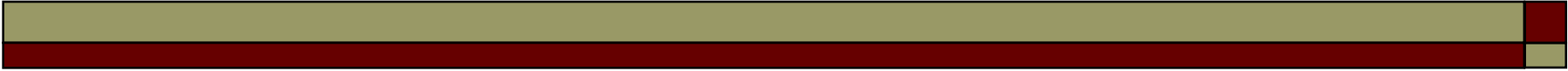
Sexual behaviors (receptive): Anal sex

Anal sex, ever	32 (71)
Anal sex, past year	27 (60)
Anal sex, frequency of condom use	
- Never	2 (4)
- Less than half the time	4 (9)
- About half the time	2 (4)
- More than half the time	6 (13)
- Always	18 (40)



Meeting non-trans male sexual partners

- Online
- Bars/clubs
- Conferences
- Through mutual friends
- Bear communities
- Leather communities



Disclosure of trans status: “Need-to-know” basis

- “In general, if I’m gonna just suck dick I don’t disclose.”
- “I hook up and so I’ll very often tie a guy up and not disclose. I kind of jerk them off or something like that. And so I think sometimes they think it odd that I’m not like whipping out my dick and jerking off or something but mostly they’re too busy. They’re having a good time.”



Disclosure of trans status: Identity and language

- “There was a period of time when I used to say that I was born female. And I noticed when I used those words it brought up a lot of stuff for them. Their [sexual orientation] was now in question. They came on to me and if I was born female what did that mean? Were they gay? Were they bi? What did my body look like? How was this gonna work? It got complicated very quickly whereas if I use the words ‘I wasn’t born male’ there’s no assumption to wrap their head around.”



Situational use of gendered terms

- “If I am in gay male sexual space the words that I will use to describe myself are more appropriate to that space. So in those situations I may identify as queer; in some of those situations I will probably more than likely identify as gay. If I am doing disclosure or I am in trans space the words that I use to describe myself are trans man or FTM. My ID says man. To me that’s a legal definition; it’s not my identity. So I tend to avoid those in terms of conversation cause they don’t have – they don’t have a cultural context. If I’m not disclosing at all, I say nothing and let people assume what they want to assume. If I’m going to a doctor I don’t check the box. I let them think that I neglected to check the box and let them do it.”



Gender and sexual orientation

- “In the back of my head or subconsciously I think I always realized that I would be a fag. It was like I couldn’t think about it or recognize it while I was getting there cause it was too threatening or there was too much fear around like how people would react to me. So it was like okay I have to get this stuff [related to transition] first before I can even think about that and that’s kind of what I did.”



Gender and sexual orientation

- “In my experience as far as like visceral gut attraction it really did seem to start shifting when I started taking testosterone.”
- “There’s a lot of stuff that I’ve heard about guys going on T and suddenly their sexual orientation shifting. I mean sort of anecdotal stuff. For me like I actually had a pretty major shift in like who I was attracted to or who I was dating when I originally came out as trans. It wasn’t at all related to medical or hormonal stuff but just being comfortable in my body.”



Disclosure of trans status: Power dynamics

- “It gets tricky because as soon as you are negotiating with a potential sex partner and they start asking all the questions it puts you in a one-down power dynamic where you feel like you are being interviewed. I’m getting better about turning it around on people and being like ‘Actually I’m not going to be in a situation where this is about me giving information and waiting for you to either reject or accept me’.”



Disclosure of trans status: Power dynamics

- “I always put [in my online ads] in big bold you know ‘you better respect my identity. I am a boy. I expect you to treat me that way.’ I look like a boy; if you’re not into boys you’re probably not going to be into me. And I don’t want to be an experiment. I specifically try to find bisexual and gay boys. Like ‘if you’re curious we might be able to talk and negotiate something but I want to be sleeping with men who are attracted to men because that’s the dynamic’.”



Negotiation of safer sex/condom use: Misinformation

- “Sometimes the guys will be like ‘Oh I only have safe sex’ and what they mean is safe sex for anal sex. And then they start going in the front door with no condom and you’re like ‘Hello! Excuse me!’ And they must have thought either because its not messy or because they associate HIV with butt sex or they think you can’t get pregnant.”



Negotiation of safer sex/condom use: Partner resistance

- “Often there will be situations where you want the person to wear a condom, but they’re not going to wear a condom and they don’t. But I definitely do try really hard to get people to wear a condoms... but you know it happens often enough that it’s really a risk.”



Sex work

- “I’ll have sex with guys to get drugs from them and I’ll have sex to get some extra money. So yeah I do have sex outside of the relationships. And some of them wouldn’t be okay with that so I wouldn’t tell them.”



Sex work

- “Working in the sex industry always has been to me like a no-brainer. Safe sex is work sex. And somehow leisure sex has always been unsafe sex.”



Gay men's community

- “I’m interested in a men’s community where the length of your dick does not determine your value.”
- “It’s very interesting to still be excluded from some spaces because I was not born with a penis.”
- “Generally I find general like mainstream gay male culture seen in the world in bars and stuff to be really, really not trans friendly. Although if I’m there and I’m passing as a non trans guy I totally feel accepted and validated.”



Conclusions

- HIV prevalence among trans MSM may be low (relative to non-trans MSM and transgender women), but current risk behaviors could lead to a rise in the near future.



Conclusions

- HIV prevention programs must tailor messages to include issues unique to trans MSM and their non-trans male partners.



Limitations

- ❑ Participants were predominantly white, had health insurance, and were employed
- ❑ Small sample size
- ❑ Convenience sample



Future directions

- More research is needed with
 - Larger sample sizes of TMSM
 - Transmen of color
 - Harder to reach transmen
 - Probability samples
 - Respondent driven sampling (RDS)



Resources

- Gay/Bi/Queer Transmen Working Group, of the Ontario Gay Men's HIV Prevention Strategy:
www.queertransmen.org
 - *Primed: The Back Pocket Guide for Transmen and the Men Who Dig Them*

- Hudson's Guide, FTM-related links:
www.ftmguide.org/links.html

- Center of Excellence for Transgender HIV Prevention: www.transhealth.ucsf.edu



Discussion

- Approaches to increasing services for transmen
 - HIV prevention services
 - Funding issues
 - Inclusion in programs serving non-trans MSM and/or programs serving transgender women
 - Primary health care
 - Access to hormones
 - Gynecological care and treatment of STIs



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