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## H.I.V./ AIDS

### Some Issues for F.T.M.s

by Ms. Viviane K. Namaste PhD.

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It is considered common knowledge that H.I.V./ AIDS. can affect everyone. But we know very little about its impact on transgendered people, and even less about F.T.M. transsexual and transgender people. As part of a needs assessment on transgendered people in the province of Québec, Canada, funded by the Centre Quebécois de Coordination sur le sida, I set out to ask F.T.M. people about their relations to H.I.V./ AIDS..

This research was an initiative of 'Cactus' Montreal, a needle exchange program located in downtown Montreal. The research on F.T.M.s was only one part of a much larger project: the needs assessment was based on the cities of Montreal and Hull, Québec, Canada. Other areas of inquiry in addition to F.T.M. transsexuals and transgendered people include: access to hormones, gender identity clinics, identification papers and civil status, addictions, prisons, ethno-cultural communities, and H.I.V./ AIDS services.

In terms of F.T.M.s, I wanted to learn what F.T.M.s thought about the topic of H.I.V./AIDS.; the issues they identified as important; and the kinds of services and resources which they said they need.

This information was gathered in two ways: individual interview with F.T.M.s in Québec; and a discussion group with F.T.M.s, social service providers, and researchers at the Hero's Journey F.T.M. Conference in Boston in August of 1997. The most significant findings of this research are discussed below.

- Many F.T.M.s did not consider themselves at risk for H.I.V./ AIDS. Amongst the individual interviewees conducted in Québec (five F.T.M. people), several participants situate H.I.V. as an issue that affects prostitutes, street people and drug users.
- The discussion group at the Hero's Journey conference in Boston revealed that in the context of the United States, access to sterile needles and infection equipment remains difficult. F.T.M.s stated that given the difficulties in finding a physician to prescribe hormones, some people buy them on an underground market. F.T.M.s living near the Mexican border can buy them without a prescription in Mexico, but this raises the problem of potential legal difficulties upon their return to the United States. Judicial problems can result for F.T.M.s if it is discovered that they are importing these materials. Moreover, F.T.M.s reported that many individuals use needs of two difficult sizes to inject - a large-gauge needle to withdraw the thick oily fluid from its container, and a smaller needle to actually inject the hormones into the body. Participants declared that the criminalization of drug use in the United States made it increasingly difficult for people to access clean needles. Hormone needles are available through some needle exchange programs in the United States, although some F.T.M.s maintained that there were often tremendous difficulties in accessing them. In Québec, needles for intramuscular injection are available through some needle exchange programs and can also be purchased at pharmacies.
- There is a lack of education and prevention materials which address F.T.M. bodies. F.T.M.s interested in H.I.V./ AIDS. issues stated that there was a dearth of information, resources and education materials which addresses F.T.M. bodies, cultures and sexual relations. For instance, participants in the discussion group said that although it is known that many F.T.M.s enjoy and practise vaginal sex, little is known about the risk factors involved: do male hormones dry out the vagina of an F.T.M., thus requiring that an F.T.M. who has penile-vaginal sexual relations use not only a latex condom, but water-based lubricant as well?
- There may be a strong link between unsafe sex and self-esteem for transgendered people, according to participants. Interviewees stated that F.T.M. transgendered people may experience difficulties in finding sexual partners. Given these difficulties, F.T.M.s may not protect themselves and/or their partners during sexual intercourse, for fear of rejection. F.T.M.s who identified as gay and/or bisexual men stated that some F.T.M.s only offer oral sex to other men, so as not to reveal their own transgender/transsexual status. Due to the threat of ridicule, harassment, physical violence, or sexual assault upon discovery or disclosure of one's transgendered status, an individual might not disclose this status. F.T.M.s also remarked that some of them have 'no touching' zones on the body: a criterion to which many gay men are not accustomed in their sexual relations. Other F.T.M.s said that they enjoyed penile-vaginal intercourse,

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but that they generally could not broach this subject within a gay male context, such as a discussion group. All F.T.M. transgendered people experience difficulties negotiating sexuality and fear rejection, in the view of F.T.M. participants in the discussion group at the Boston conference. In the words of one participant, this creates a global situation in which F.T.M. transgendered people may have to ask themselves, "What are you willing to give up to have sex"?

- Interviewees and discussion group participants contended that the administration of social services excludes transgendered people. M.T.F. transsexuals who have sex with men for instance, are often classified as 'men who have sex with men'. Likewise, F.T.M.s are often classified as women. Gender exclusive forms or counselling practices are different examples of how transgendered people must categorise themselves as 'men' or 'women' and thus deny the complexity of their bodies, identities and histories. The issues of perceived risk, lack of access to sterile needles and injection equipment, lack of F.T.M. specific educational materials, self-esteem, and the exclusion of transgendered people in the administration of social services are among the most salient findings of my research. It is hoped that this information can be used in the development of appropriate resources and services for F.T.M. transsexual and transgender people with regards to H.I.V./AIDS.

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