# Gender as an Obstacle in HIV/AIDS Prevention: Considerations for the Development of HIV/AIDS Prevention Efforts for Male-to-Female Transgenders

Sheilla Rodríguez-Madera, PhD José Toro-Alfonso, PhD

**SUMMARY.** Social discourses regarding gender are responsible for molding people's cognitions, perceptions, behaviors, and interactions with others. Approaching and understanding gender socialization is an important strategy that must be included in the development of HIV/AIDS prevention intervention efforts targeting male-to-female (MTF) transgender people.

This paper represents an effort to identify the influence of gender construction among a group of MTF transgenders in Puerto Rico. Using combined methodology, authors examined results from a questionnaire and in-depth interviews with a convenience sample of MTF transgenders living in the San Juan metropolitan area.

Quantitative analysis demonstrated that this sample is composed of young, unemployed, and undereducated population. Many participated in the sex industry. Participants reported need for basic health and social services and alienation from social networks. Qualitative analysis confirmed their traditional social construction of the "feminine." Their discourse underlines their need to reinforce their identity by the construction of a female self which undermines their possibilities for negotiating safer sex, as happens to most females in Latino societies.

Social vulnerability, institutional exclusion, and gender construction issues are obstacles for the HIV prevention efforts among these communities. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <a href="http://www.HaworthPress.com">http://www.HaworthPress.com</a> © 2005 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Sex work, prostitution, HIV/AIDS, Latino, transgender, gender ideology

#### INTRODUCTION

The transgender label encompasses all individuals who defy traditional gender roles. This

variety of gender identities include drag queens, androgynous, transvestites, transformers, intersexuals, transsexuals, and even particular fashion statements (American Educational Gender

Sheilla Rodríguez-Madera, PhD, and José Toro-Alfonso, PhD, are both affiliated with the University Center for Psychological Research and Services, Department of Psychology, University of Puerto Rico, San Juan, PR.

Address correspondence to: Sheilla Rodríguez-Madera, PhD, CUSEP/UPR, P.O. Box 23174, San Juan, PR 00931-3174 (E-mail: sheillalrm@hotmail.com).

[Haworth co-indexing entry note]: "Gender as an Obstacle in HIV/AIDS Prevention: Considerations for the Development of HIV/AIDS Prevention Efforts for Male-to-Female Transgenders." Rodríguez-Madera, Sheilla, and José Toro-Alfonso. Co-published simultaneously in *International Journal of Transgenderism* (The Haworth Medical Press, an imprint of The Haworth Press, Inc.) Vol. 8, No. 2/3, 2005, pp. 113-122; and: *Transgender Health and HIV Prevention: Needs Assessment Studies from Transgender Communities Across the United States* (ed: Walter Bockting, and Eric Avery) The Haworth Medical Press, an imprint of The Haworth Press, Inc., 2005, pp. 113-122. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

Services, 2001; Bockting, Robinson, & Rosser, 1998; Lunievicz, 1996). Still, it is important to emphasize that this concept does not completely explain the complexity and heterogeneity of the gender spectrum due to the multiple possibilities that exist in sexualities and gender identifications.

Due in part to prejudice, transgenders constitute an invisible and forgotten group in general, and particularly among Latino communities. This situation has serious health implications given the fact that studies have identified a great number of transgenders who are infected with HIV/AIDS or who engage in high risk sexual behaviors (Clements-Nolle, Marx, Guzman, & Katz, 2001; Rodríguez-Madera & Toro-Alfonso, 2000; Sykes, 1999). The number of transgenders infected with HIV is increasing, as evidenced by the 3% to 8% augment in new reported cases per year in the United States (Center for AIDS Prevention Studies, 2001). Until recently, the impact of the HIV/AIDS epidemic on the transgender community has been largely ignored (Bockting & Kirk, 2001) due to the fact that epidemiologically, they are included within the statistics of men who have sex with men. This is clearly another testament to their social invisibility.

It is important to work towards the legitimization of transgender people by understanding the ways in which they define, construct, and manifest their gender identities and sexualities, the factors that make them socially vulnerable, and the attitudes and beliefs that place them at risk for HIV/AIDS infection.

Motivated by this challenge, we decided to focus on one of the most important factors that are related to HIV risk among transgenders: gender socialization. Gender is a social construction that influences many dimensions of human beings. Moreover, social discourses regarding gender are responsible for molding people's cognitions, perceptions, behaviors, and interactions with others. Approaching and understanding gender socialization is an extremely important strategy that must be included in the development of HIV/AIDS prevention efforts among male-to-female (MTF) transgenders.

In this study with 50 MTF Puerto Rican transgenders, we collected data using a mixed method approach (Tashakkori & Teddlie, 1998)

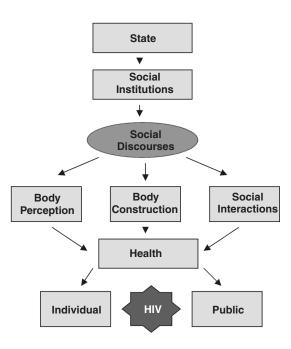
in order to identify some of the social discourses about the "feminine" that tend to render MTFs vulnerable to HIV infection. The study results support our thesis that MTF transgenders face disadvantages similar to those experienced by women due to the way the feminine gender is constructed in patriarchal societies, in addition to the other socio-structural barriers that transgenders find in their daily lives. These obstacles are mainly due to the fact that modern western society identifies the transgender identities as transgressive, in that it challenges normative discourses imposed by the gender binomial.

# The Social Construction of Gender and Its Implication for the HIV Epidemic

Our society promotes the development and perpetuation of dichotomous and exclusive categories (Wallach-Scott, 1999). Far from understanding that elasticity and fluidity characterize the development and transformation of identities, these are presented as rigid and static. Gender is one of the most important categories in society. Through it, the world is divided between the "feminine" and the "masculine." Indeed, gender identity is an organizing principle of unequal power relationships (Vance, 1999) which responds to the particular needs of social groups that use it as a means of social control. Traditionally, from the moment of birth a person's gender is determined by his/her sexual anatomy. Afterwards, people construct their gender identity in agreement with social discourses that establish what is appropriate for each gender (Wallach-Scott, 1999). Even sexual anatomy has been assumed as destiny. Gender and sexuality are expressions based on sexual differentiation which organized perception and interpretation (Nakano-Glenn, 1999). The sexed human subject can not be accounted for simply by categorizing people as male or female based on anatomical phenomena; this process is more complex (Collazo-Valentín, 1999).

Together, the State and society produce social discourses regarding gender and perpetuate them through social institutions like science, family, and religion. In the flowchart presented in Figure 1, we can see that these discourses influence a person's perception of his/

FIGURE 1. Social Discourses Flowchart



herself and the way he/she interacts with other people. This is relevant to the issue of HIV infection since these social discourses not only "construct" an individual with a weak perception of his/her abilities to negotiate safer sex practices, but they also have a great impact on the individual's social interactions. That is why in issues presented by the HIV/AIDS pandemic, gender socialization extends beyond the individual level, to the broader implications of public health (Varas Díaz & Toro-Alfonso, 2001).

Traditionally, in patriarchal societies, the male gender has been assumed to be powerful, controlling of the feminine, rational, strong, and sexually assertive (Butler, 1993). In direct contrast, the feminine gender has been characterized as weak, emotional, sensitive, dependent, and passive. Research has documented that, due to this dichotomous gender socialization, women face serious difficulties while engaging in negotiation of safer sexual practices (Ortiz-Torres, Serrano-García, & Torres-Burgos, 2000). This has direct implications on the dynamics of intimate sexual relations in the context of couples. This phenomenon, in part, could explain why women constitute the sec-

ond highest risk group for HIV infection in Puerto Rico (PASET, 2001).

Although feminist struggles have transformed widely held conceptions regarding the feminine gender, most MTF transgenders reproduce traditional patriarchal gender roles (Flecha Cruz, 2000; Kammerer, Mason, Connors, & Durkee, 2001). This is alarming, since the adoption of these roles presents the same disadvantages and difficulties that women face to engage in safer sexual practices. Understanding this issue is of vital importance, as studies have identified that sexual intercourse without a condom is one of the factors that places MTF transgenders at risk of HIV infection (Namaste, 2000; Rodríguez-Madera & Toro-Alfonso, 2000; Sykes, 1999). This is one of the reasons that gender construction must be addressed in preventive interventions with transgenders.

Other important issues related to condom use have to be considered as well. One such issue is that many transgenders work in the sex industry and there are clients who pay more money to have sexual intercourse without a condom. Considering that sex industry workers often have a precarious financial status it may be tempting to engage in such practices (Toro-Alfonso, 1995). In addition, Kammerer, Mason, Connors, and Durkee (2001) have identified the "conviction versus confusion debate," which entails two important perspectives. First, it might be difficult for clients to assume their responsibility about condom use when there is a denial of the other's penis as their object of desire. In other words, they are confused about their sexual identities and sexual orientation so they will not ask to use condoms because it can intensify their confusion. Second, the transgender will not suggest condom use in order to strengthen her gender identity. Using a condom would be a contradiction to their feminine imaginary. Not addressing the existence of their penis gives them a conviction of their gender. Both perspectives are important to explore and consider in preventive intervention designs.

It is obvious that in order to understand the transgender phenomenon we must account for factors that influence the development of gender identities. Thus, those who embody a paradigmatic shift regarding gender and question the established social order pay deeply. The

consequences are evidenced in their physical, psychological, social and sexual functioning (Ettner, 1999). Due to the fact that gender construction issues are so complex and relative from one culture to another, it is important to explore exactly how the process of becoming a "woman with a penis" can make transgenders vulnerable to HIV infection in particular contexts.

# HIV/AIDS and Transgenders in Puerto Rico: An Overview

The lives of the transgender people in the Puerto Rican context are characterized by experiences of oppression and discrimination. In a patriarchal society in which *machismo* rules, MTF transgenders represent a challenge to traditional masculinity due to their renouncing of the male position of social power. That is why MTF transgenders are more frequently targets of hate crimes and prejudice than are female-to-male transgenders.

The discrimination toward transgenders encompasses multiple levels. As in many other countries, these individuals are victims of: (1) rejection by their families, the community in general, and the gay community in particular, (2) lack of access to health services, (3) poverty, (4) substance use and abuse, and (5) physical and emotional abuse, among others (Bockting, Rosser, & Scheltema, 1999; Bockting, Robinson, & Rosser, 1998; Califia, 1999; Lunievics, 1996; Sykes, 1999; Toro-Alfonso, 1995; Xavier, 2000). Another example of discrimination is the enforcement of restrictive laws and policies which hinder their full enjoyment of rights and privileges, and limit their access to social services, marriage, parenting, and fair educational and employment opportunities, among other things (American Educational Gender Services, 2001; Harper & Schneider, 1999). In other words, their social vulnerability is directly related to their marginalization, prejudice, and lack of social and structural support.

In addition to these elements, the ignorance and *transphobia* that permeates society in general not only affect their quality of life but also influence how they are approached in prevention efforts. The scarcity of knowledge of this subject and the weak commitment to the trans-

gender community both account for the lack of appropriate HIV/AIDS and other sexually transmitted disease preventive interventions among transgenders (Bockting, Robinson & Rosser, 1998).

Intervention efforts directed to the transgender community must be based on knowledge of the social and cultural factors that affect them. This is particularly relevant in Latino communities, where socialization depends on traditional cultural characteristics and values, which are promoted by social institutions' discourses.

Previous Studies with Transgenders in Puerto Rico

There have been few efforts directed to transgenders in the Puerto Rican context. The first one took place in 1995, when the Puerto Rico AIDS Foundation carried out an HIV prevention program with transgenders (Toro-Alfonso, 1995). Its main objective was to develop a description of the transgender population and identify risk factors for HIV infection. This effort included a gatekeeper from the transgender community. Participants were 19 MTF transgenders who reported all of the following: high levels of alcohol and other drug use, high levels of stress associated with sex work, discrimination, marginalization, and financial dependence on welfare.

Four years later, we (Rodríguez-Madera & Toro-Alfonso, 2000) developed a study to identify risk factors for HIV infection with a larger sample (50 MTF). The method implemented for this study and some of the results follow.

#### **METHOD**

For the purpose of this study we used a mixed method approach; specifically, a two-phase design which included a quantitative phase followed by a qualitative one (Tashakkoti & Teddle, 1998). For the first phase, we developed a quantitative questionnaire in order to obtain uniformity in specific information and to have an overview. For the qualitative phase, we used an interview guide to more deeply explore social discourses regarding gender construction.

# **Participants**

Due to the sense of underground identities, it is hard to recruit willing participants from the transgender community. Therefore, we used a convenience sample. In exchange for a stipend, a gatekeeper (a MTF individual who has long been a leader and activist in the transgender community) agreed to help facilitate the recruitment process. After receiving training regarding the study's details, she informed participants about the nature of the research, what was expected of their participation, how to contact her or the principal investigator to obtain more information, and about participant financial incentive.

# Description

A total of 50 MTF Puerto Rican transgenders participated in the study. Two of them participated in the interviews. Participants lived in the metropolitan area of San Juan. The average age was 27 years. The majority of them (74%) identified themselves as transsexuals, and 67% presented their gender identity openly (24 hours/7 days a week). None had undergone a sex change surgery, due to its cost and that being a "woman with penis" is his/her main attraction to "tricks." This is important, considering that 74% worked in the sex industry.

Participants showed low levels of formal education: 35% did not finish high school and only 7% were able to go to college. They also informed a low income. Nearly half (41%) received less than 500 USD monthly. More than half (56%) showed high levels of alcohol and drug use.

#### **Instruments**

#### Quantitative Phase

We adapted an instrument developed by Corby & the State Office of AIDS (n.d.). The original version was in English and had been designed to be administered using a "face to face" format (Sykes, 1999). It included seven sections that asked about: (a) specific information regarding transgender population (Ex: sexual anatomy, gender identification), (b) sociodemographic data, (c) knowledge and attitude

toward HIV, (d) sexual practices with main partners, (e) sexual practices with other partners, including amount and kind of partners, and (f) substance use.

Later, we developed a self-administered questionnaire in Spanish (Rodríguez-Madera & Toro-Alfonso, 1999). This version was submitted to an expert evaluation and followed by a pilot study. The final battery included a total of six questionnaires

### Qualitative Phase

We used the same *Socio-demographic Questionnaire* of the previous phase and developed a *Semi-structured Interview Guide*, which was evaluated by three experts who work in the area of gender and sexuality, with transgender populations, and are experienced in qualitative methodology.

# Procedure and Analysis

We delivered the instruments, *Consent Information Form*, and the incentives (20 USD per participant) to the gatekeeper, who was in charge of the 50 participant recruitment. The administration of questionnaires spanned a threemonth period. Once we had the instruments completed, we analyzed the data and generated frequencies and percentages using the Statistical Package for Social Science (SPSS) software

After completing this process, we invited two participants for two-hour in-depth interviews, which were conducted the same week. We gave them a 50 USD incentive. Discourse analysis was made to the information gathered through interviews. For the purpose of this work, we focused our analysis on how gender discourses regarding the "feminine," specifically the ones related to aesthetic standards and sexual practices, can render MTF transgenders vulnerable to HIV infection.

#### RESULTS

#### Quantitative Phase

Most of the participants (92%) informed that they were born with a "masculine" sexual anat-

omy; the rest informed having an androgynous anatomy. Only 68% used the term "transgender" to describe themselves.

In terms of the HIV related information, 57% of the participants had knowledge of HIV modes of transmission but still engaged in high-risk sexual practices. They presented a low perception of risk for infection (59%). A total of 14% informed that they were HIV positive, 24% had never been tested for HIV, 62% of whom cited as their reason for not being tested that they felt sure of their seronegativity, and 18% have had another type of sexually transmitted disease (STD).

Almost half of the participants (45%) informed having made no behavioral change in order to protect themselves against HIV infection. Most of their unprotected sexual intercourse had been with primary partners, not with casual partners or "tricks." Figure 2 shows the amount of participants that had had sexual intercourse with primary partners, casual partners, and "tricks" during the last month; while Figure 3 presents the proportion of unprotected sex with these partners.

Many participants expressed being victims of all kinds of social barriers, such as prejudice and difficulties in accessing employment and social services, among others (Figure 4). Most felt that they had poor personal and institutional support networks. Specifically, 55% reported being victims of discrimination, 42% had difficulties obtaining government-based social services, and 60% showed an interest in gender counseling.

In terms of gender-related needs, we identified many instances in which these needs were imposed by social discourses regarding feminine gender roles, such as a woman's physical appearance. Participants' responses evidenced an aesthetic standard of the feminine, characterized by big breasts, wide hips, thinness, delicate facial features, and long hair, among others. Motivated by these social demands, 74% were using hormones from illegal markets, and 31% had undergone aesthetic surgeries in less expensive settings in South America. Most of them (89%) did not have medical follow up for hormone treatment or for surgeries.

## Qualitative Phase

Sense of Being a Woman and Aesthetic Demands of Feminine Gender

Participants preferred to be identified as women rather than of transgendered people, and liked to be called by their "feminine" names. In fact, having a feminine name is apparently an important step in the process of gender construction. After the name, comes the body. That is why the body has to be congruent with gender identity (Gagné & Tewksbury, 1998), because it is through the body that people present themselves to others. But, even when body transformation can be a tortuous process, the sense of being a woman transcends corporeal issues (Quote 1):

(1) I am a woman even if I have hair in my face... Even if I have a hairy body... Even if I have a penis. Even if I am sexually functional and I use my penis, I feel I am a woman.

This quote presents two important details regarding the "feminine." First, it is the assumption that feminine bodies are clean or hairless. This is a legacy of social discourses that establish rigid notions about how a woman's body should look. Second, it implies the "biological fact" that since women do not have a penis it is therefore not in their "sexual nature" to be sexually functional; meaning to penetrate their partner.

It is important to answer these questions. How are women's bodies? What is "natural" to women's bodies? What defines a "natural" woman's body? In patriarchal societies, and according to Derrida's conception of how opposites are defined in a binary system (Namaste,

FIGURE 2. Participants' Sexual Partners

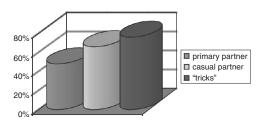


FIGURE 3. Unprotected Sex with Sexual Partners

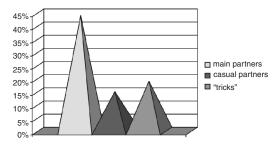
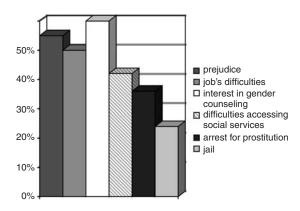


FIGURE 4. Social and Institutional Obstacles Identified by Participants



2000), a woman's body is the opposite of a man's. The answer to the above questions seems to be simply approached using sexual anatomy as the key factor. Thus, a woman's body is representative of motherhood and non-penetrative sexuality (Quote 2). This explains the emphasis on breasts and a vagina as the key elements of what it is to be a woman (Inciardi, Surrat, Telles, & Pok, 2001) (Quote 3).

- (2) When I interact with my partner; a man, it provokes me... the desire of being a mother. Even if I know that I can not have children by myself, still this is the most important part for me [of being a woman].
- (3) In scientific terms, we categorize the thing in two ways: female because it has a vagina or male because it has a penis. In this sense, it [vagina] is the only thing that I do not have feminine. Because, I have breasts not because they make me feel more feminine, but because they help

me to be accepted by the society. They help men to feel more comfortable for intimacy.

Interestingly, participants' discourses regarding the "feminine" evidenced another issue. They did place emphasis on breasts, but showed no interest in having a vagina. On the contrary, they cited the absence of a penis as "the characteristic" of the "feminine." This supports the assertion by some theorists that many MTF transgenders show repugnance for the vagina, and therefore find the sex change surgery unnecessary (Inciardi, Surrat, Telles, & Pok, 2001). This attitude may reflect a general devaluation of women, and specifically of the vagina as the symbol of women's biology, in this community. According to these authors, this issue suggests that MTF individuals tend to be socialized with the typical prejudice that men in patriarchal societies exhibit against women.

On the other hand, the "biological fact" that women do not have a penis seems to influence participants' perception of their own bodies. The negation of the penis are evident: "this part of me is like an arm, a leg... I have it, but I do not pay attention to it." This incongruence seems to be compensated by the overemphasis on the breasts, specifically because they symbolize womanhood and are a useful tool in catching a male's attention: "I move my breast when I want to get the attention of a man."

In many cases, the experience of being a MTF transgender requires an adjustment to gender binary demands. Thus, it turns into a fight to "pass" as a member of one gender or another without people noticing (Kammerer, Mason, Connors, & Durkee, 2001). The failure or success of "passing" not only depends on how a woman looks, but how women behave.

Women's Behavior: Social and Sexual Interaction

Other social discourses regarding the "feminine" that were present in participants' responses were related to the perpetuation of traditional gender roles, for example, the importance of motherhood, marriage, and specific characteristics socially attributed to women such as sensitivity, delicateness, emotional weakness, and passiveness, among others (Quote 4).

These characteristics are common, particularly within the context of patriarchal societies.

(4) To be a woman is being a sensitive person, spiritual and lovely. Even men can have some of these qualities, women have more.

It seems that the social construction of the "feminine" has a strong impact not only on how participants perceive and construct their own bodies, but also on their sexual behavior. Traditionally, social discourses regarding feminine gender put women in a receptive role during sexual intercourse based on what is "natural" to their bodies. This assumption influences transgenders' sexual practices (Quote 5). It is clear that women's receptive sexual role not only tends to limit their sexual experiences, it also places women who want to transcend these notions in a questionable space. As we may see in the following comment, the possibility of a woman penetrating her sexual partner seems to be relegated to sex as an interchange of merchandise. Moreover, a receptive sexual role alludes to heterosexuality (Quote 6).

- (5) I am always penetrated because I am a woman. There are people that make certain arrangements, but that is not my case. They do it for money. In the moment a man tries to approach me he knows what is going to happen in bed and he is not going to ask me something different because he knows that I am a woman!
- (6) I have sexual relationships from the perspective that I am a woman. I have breasts because it helps my partner to deal with my biological sex. Yes . . . The first thing that I show is a "tit." It is the hook. Sometimes they [partners] ask me: "Am I gay because I'm having sex with you?" And I ask: "Are you having sex with me because I have a penis or because I look like a woman? What did you see in me?" "You look like a woman." "Oh, so you can not say that you are gay because even if you are aware of my biological sex and enjoy that, you are with me because I look feminine. Because, if I had beard and look masculine . . . Will you do it? So, you are not gay."

Having seen through this research that the tendency among the transgender community is to perpetuate traditional gender roles, the inevitable question is then, "What are the implications for MTF transgenders who construct a gender identity that places them in a vulnerable situation, particularly for HIV infection?" It seems a safe assumption that the sexual experience of an MTF who manifests this traditional, binary gender construction, regardless of his/her actual sexual anatomy, will be subject to the same vulnerability as that of a "biological woman." In other words, a MTF will most likely face the same difficulties that "biological" women face in practicing safer sex conducts. This explains the high HIV prevalence among MTF transgenders (Clements-Nolle, Marx, Guzman, & Katz, 2001; Sykes, 1999). Therefore, gender construction is an evident obstacle for HIV prevention.

#### **DISCUSSION**

The data gathered through this study evidences that the assumption by MTF transgenders of traditional female gender roles has to be considered as a factor that increases their vulnerability for HIV infection. Other important factors to consider include the daily experiences of prejudice, stigma, marginalization, lack of social support, and physical and emotional violence.

The difficulties women face in their negotiation for the practice of safer sex is based on the socially constructed inequalities of gender, not on their biology. One example of this is the fact that women tend not to protect themselves with their partners due to the way they construct and experience romantic love. This is one of the most serious difficulties in HIV prevention work (Ortiz-Torres, Serrano-García, & Torres-Burgos, 2000). Our findings support this notion. Participants in this study reported that they protect themselves more with "tricks" and casual partners than they do with their primary partner, as a result of their "feminine" gender socialization. Women often base their partnership on the values of truth, love, and trust. According to these values, many "biological women" adhere to the philosophy that if you trust your partner, you do not have to protect yourself. The same may be true for MTF transgenders.

In summary, the reproduction of social discourses regarding the "feminine" influences MTF transgenders' perception and construction of their bodies, their sexual behavior, and their interactions with other people. In addition, these social discourses lead them to ignore the existence of their penis because it breaks the female imaginary, which can negatively influence safer sex practices, specifically condom use. Having a penis may be considered a luxury in the sex industry because it is a turn on to "look like a chick with a dick," but we can not deny the sexual risks involved in "not paying attention to this part of the body."

Taking gender construction issues into consideration for HIV prevention is an important step in developing adequate strategies for the transgender population. We emphasize the importance of: (1) addressing gender construction in HIV preventative intervention, considering the way that feminine gender identity can present difficulties in the practice of safer sex, (2) approaching the issue based on the social discourses that prevail in specific socio-demographical contexts, and (3) developing exploratory studies with transgenders to obtain adequate information about their gender construction and including this subject in intervention goals.

In conclusion, we can not overlook important elements related to social vulnerability among transgenders such as lack of social and institutional support, among others. Furthermore, greater attention should be given to gender construction issues and their role in HIV prevention efforts designed for the MTF transgender community.

#### NOTE

1. Refers to clients in the sex industry.

# **REFERENCES**

- American Educational Gender Services. (2001). *Transgénero, ¿qué significa?* Access on August 20, 2001 at, <a href="http://www.youthresource.com/espanol/librería/transgenero.htm">http://www.youthresource.com/espanol/librería/transgenero.htm</a>.
- Bockting, W.O., & Kirk, S. (2001). Preface. In W. Bockting & S. Kirk (Eds.), *Transgender and HIV: Risks, prevention, and care* (pp. xix-xxiii). New York, NY: The Haworth Press, Inc.

- Bockting, W., Rosser, B.R., & Scheltema, K. (1999). Transgender HIV prevention: Implementation and evaluation of a workshop. *Health Education Research: Theory and Practice*, *14*, 177-183.
- Bockting, W.O., Robinson, B.E., & Rosser, B.R. (1998). Transgender HIV prevention: A qualitative needs assessment. AIDS Care, 10, 505-26.
- Butler, J. (1993). Bodies that matter. In J. Price & M. Shildrick (Eds.), *Feminist theory and the body* (pp. 235-45). New York, NY: Routledge.
- Califia P. (1999). Love me gender. Access on July 12, 1999 at, http://www.thebody.com/poz/features/10\_99/html.
- Center for AIDS Prevention Studies. (2001). What are the HIV prevention needs of male-to-female transgender persons (male-to-female)? Access on September 9, 2001 at, http://www.caps.ucsf.edu.maletofemale.html.
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons in San Francisco: Implications for public health intervention. American Journal of Public Health, 91, 915-21.
- Collazo-Valentín, L.M. (1999). ¿Qué es la mujer? Revisión del signo mujer a través de las nociones sexo, género y rol. Unpublished Master Thesis, University of Puerto Rico. San Juan, PR.
- Corby, N., & The State Office of AIDS. (n.d.). Outreach Based HIV-Related Behavioral Surveillance. Long Beach, CA: California State University.
- Ettner, R. (1999). *Gender loving care*. New York, NY: W.W. Norton & Company.
- Flecha, A. (2000). Cuerpos en las fronteras: Violaciones feministas y visita a lo pornográfico. Unpublished Master Thesis, University of Puerto Rico. San Juan, PR.
- Gagné, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 45, 80-101.
- Harper, G., & Schneider, M. (1999). Giving lesbian, gay, bisexual, and transgendered people and communities a voice in community research action. *The Community Psychologist*, 32, 41-43.
- Inciardi, J., Surrat, H., Telles, P., & Pok, B. (2001). Sex, drugs, and the culture of travestismo in Rio de Janeiro. In W. Bockting, & S. Kirk (Eds.), *Transgender and HIV: Risks, prevention, and care* (pp. 1-12). New York, NY.: The Haworth Press, Inc.
- Kammerer, N., Mason, T., Connors, M., & Durkee, R. (2001). Transgender health and social service needs in the context of HIV risk. In *Transgender and HIV: Risks, prevention, and care* (pp. 39-57). New York, NY: The Haworth Press, Inc.
- Lunievicz, J. (1996). Transgender positive. *Body positive, IX*. Access on August 20, 2001 at, http://www.thebody.com/bp/nov96/transg/html.
- Nakano-Glenn, E. (1999). The social construction and institutionalization of gender and race: An integra-

- tive framework. In M. Marx Ferree, J. Lorber & B. Hess (Eds.), *Revisioning gender* (pp. 3-43). Thousand Oaks, CA: SAGE.
- Namaste, V. (2000). *Invisible lives: The erasure of trans*sexuals and transgendered people. Chicago, Ill: University Chicago Press.
- Ortiz-Torres, B., Serrano-García, I., & Torres-Burgos, N. (2000). Subverting culture: Promoting HIV/AIDS prevention among Puerto Rican and Dominican women. American Journal of Community Psychology, 28, 859-82.
- PASET. (2001). *HIV/AIDS Surveillance Report*. San Juan, PR: Department of Health.
- Rodríguez-Madera, S., & Toro-Alfonso, J. (July, 2000). The community we don't dare to mention: An exploratory study regarding social vulnerability, high risk sex conduct, and HIV/AIDS in Puerto Rico's transgender community. Poster presented at XIII International AIDS Conference, Durban, South Africa.
- Rodríguez-Madera, S., & Toro-Alfonso, J. (1999). Social Vulnerability and High-risk Behavior for HIV Infection for Transgenders Questionnaire. San Juan, PR: University Center for Psychological Research and Services, University of Puerto Rico.
- Sykes, D.L. (1999). Transgendered people: An "invisible" population. California HIV/AIDS Update, 12, 82-5.

- Tashakkori, A., & Teddlie, C. (1998). Mixed methodology: Combining qualitative and quantitative approaches. Thousand Oaks, CA: SAGE.
- Toro-Alfonso, J. (1995). Trabajo en promoción de salud en una comunidad de trabajadores sexuales en San Juan (Puerto Rico) y la prevención del virus de immunodeficiencia adquirida (VIH/SIDA). Avances en Psicología Clínica Latinoamericana, 13, 55-70.
- Vance, C. (1999). Anthropology rediscovers sexuality: A theoretical comment. In R. Parker & P. Aggleton (Eds.), *Culture, society and sexuality* (pp. 39-54). London, Eng.: UCL Press.
- Varas Díaz, N. & Toro-Alfonso, J. (2001). A revision of HIV/AIDS public policy in Puerto Rico, Dominican Republic, Ecuador and Honduras: Tensions, limitations and achievements. *Interamerican Journal of Psychology*, 35, 113-132.
- Wallach-Scott, J. (1999a). Gender as a useful category of historical analysis. In R. Parker & P. Aggleton (Eds.), *Culture, society and sexuality* (pp. 57-75). London, Eng.: UCL Press.
- Xavier, J. (2000). The Washington, DC transgender needs assessment survey. Washington, DC: Gender Education and Advocacy.