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Love and Risk: Intimate Relationships among Female Sex Workers who Inject Drugs and their Non-Commercial Partners in Tijuana, Mexico

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Love and Risk: Intimate Relationships among Female Sex Workers who Inject Drugs and their Non-Commercial Partners in Tijuana, Mexico

by

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DEDICATION

This dissertation is dedicated to some of the most important couples in my life. First, to all my grandparents, who I wish could have seen me graduate. This is for my paternal grandparents, who were an important part of my childhood. I also want to acknowledge my Nana, who was disowned by her family for divorcing out of an abusive marriage that was pre-arranged by her father. Her story reminds me how much can change from one generation to the next and I am grateful for her strength and courage to carry on, including marrying my grandfather. This is also dedicated to my parents, whose beautiful marriage has endured for nearly 40 years and counting. Growing up, I had the emotional security of knowing that my parents' relationship was strong. Mom and Dad, thank you for everything.

This work is also dedicated to all of the couples in Tijuana and Ciudad Juarez who enrolled in *Proyecto Parejas*, the public health study in which this dissertation research is nested. I especially want to acknowledge the seven couples who intimately shared their lives with me for this dissertation. Your patience, kindness, and generosity are beyond words. You taught me so much and I will always be grateful.

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ABSTRACT

This dissertation examines the influence of love and other emotions on sexual and drug-related HIV risk among female sex workers who inject drugs and their intimate, non-commercial partners in Tijuana, Mexico. My work on a public health study along the Mexico-U.S. border and independent ethnographic research in Tijuana suggests the importance of emotions in shaping sex workers' relationships and health risks.

Love is a universal human emotional experience embodied within broader cultural, social, and economic contexts. A growing body of cross-cultural research suggests that modern relationships have transformed to emphasize love and emotional intimacy over moral or kinship obligations. Particularly in contexts of risk and uncertainty, intimate relationships provide emotional security. Drug-using couples may engage in unprotected sex or even needle sharing to convey notions of love and trust and help sustain emotional unity, but such acts also place partners at heightened risk for HIV.

For female sex workers in Tijuana who endure poverty, marginality, and an increased risk of contracting HIV, establishing and maintaining emotional bonds with intimate partners may be of paramount importance. Yet little is known about how female sex workers' intimate male partners shape their HIV risk perceptions and practices. Moreover, male partners' perspectives are critically absent in HIV prevention strategies.

This dissertation is nested within *Proyecto Parejas,* a study of the social context and epidemiology of HIV among sex workers and their non-commercial male partners in Tijuana and Ciudad Juarez, Mexico. Through semi-structured and ethnographic

interviews, photo elicitation interviews, and participant observation, I got to know seven of the couples in Tijuana who are enrolled in *Parejas*. I examine their relationships through the lens of critical phenomenology, which combines concern with experience, emotions, and subjectivity with political economy perspectives that argue sex work, drug use, and HIV/AIDS is not randomly distributed but historically and structurally produced.

My work suggests that female sex workers and their intimate partners experience their relationships in gradations of love and emotional content. These relationships hold significant meaning in both partners' lives for emotional and material reasons, and shape each partner's HIV risk within and outside of the relationships. Couples choose not to use condoms with each other, often to define themselves "as a couple." Sex outside of the relationship occurs for economic and culturally conditioned reasons, but does not necessarily diminish the meaning of the primary relationship. Motivations and ability to use condoms with clients and outside partners are context dependent and, in order to preserve trust and unity, sexual risks are typically not discussed. Partners share drugs and syringes with each other as a sign of care within a context of scarce material resources. Emotionally close couples tend to confine their sharing within the relationship, whereas less close couples also share with friends and family in more social forms of drug use.

Given their vulnerability within a milieu of poverty, social marginalization, and discrimination, love alone cannot explain the HIV risk that female sex workers and their partners face. Nevertheless, emotions are significant factors in both risk taking *and* risk management. This study encourages researchers, practitioners, and policy makers to consider the affective dimensions of HIV risk within sex workers' intimate relationships as an integral part of a multi-level strategy to address each partner's health and wellbeing.

CHAPTER 1: INTRODUCTION

This dissertation examines the intersection of love and HIV risk among female sex workers who inject drugs [1] and their intimate, non-commercial partners along the Mexico-U.S. border. I employ a critical phenomenology approach to studying the dynamics of these relationships, integrating political economy with phenomenological attention to couples' subjective experiences and the emotional meanings ascribed to their relationships. Within this framework, this study evaluates the role of love and other emotions in shaping sexual and drug-related HIV risk perceptions and practices among sex workers and their intimate partners within the broader contexts of poverty, drug addiction, violence, inequalities, and social marginalization that characterize the border region. Throughout this dissertation, I refer to the "border region" as both a geographic and social risk environment that lies in the interstices of the U.S. and Mexican national political boundaries where I conducted my research. By drawing on qualitative data from a mixed-methods epidemiological study in two border cities and on my own ethnographic fieldwork in Tijuana, this work intends to highlight the *emotional lived experience* of the relationships between female sex workers and their intimate male partners who are at heightened risk for HIV and other health harms.

[1] Throughout this dissertation, I deliberately spell out "female sex worker" or simply use "sex worker" rather than the standard "FSW" acronym that is so pervasive in public health literature. I similarly do not use "IDU" for injection drug user. Because one of the major goals of this dissertation is to humanize and provide a depth of understanding to these often marginalized and misunderstood couples, I feel that referring to the women by sanitized acronyms detracts from that purpose. It is my personal opinion that acronyms are overused and essentializing. I assigned all couples in this dissertation pseudonyms and I try to use them wherever possible.

Researching love and risk

Love is a universal human emotional experience shaped by broader cultural, social, and economic contexts (Hirsch 2009; Padilla, et al. 2007). A growing body of cross-cultural research suggests that modern relationships have transformed to emphasize love and emotional intimacy over moral or kinship obligations (De Munck 1998; Giddens 1992). Particularly in contexts of risk and uncertainty, intimate relationships provide emotional security (Rhodes and Cusick 2000). Drug-using couples may engage in unprotected sex (Corbett, et al. 2009; Sobo 1993) or even needle sharing (Barnard 1993; MacRae and Aalto 2000) to convey notions of love and trust and help sustain emotional unity, but such acts also place partners at heightened risk for HIV.

For female sex workers in Tijuana who endure poverty, marginality, and an increased risk of contracting HIV, establishing and maintaining emotional bonds with intimate partners may be of paramount importance (Sobo 1995). Yet little is known about how sex workers' intimate male partners shape their HIV risk perceptions and practices. Moreover, male partners' perspectives are critically absent in HIV prevention strategies.

Female sex workers who inject drugs are at heightened risk for HIV/AIDS through unprotected sex and needle sharing (Needle, et al. 2008; Ngo, et al. 2007; Strathdee, et al. 2008b). International studies suggest explicit overlap in risky sexual and drug use practices in relationships among sex workers and their intimate, non-commercial partners (Go, et al. 2006; Lam 2008). Recent studies on the Mexico-U.S. border have documented a rise in HIV prevalence among female sex workers from two to five percent overall that reaches 12 percent among those who inject drugs; female injectors were more likely than non-injectors to have intimate male partners and to report using drugs before sex (Strathdee, et al. 2008b). As documented worldwide (Basuki, et al. 2002; Chan, et al.

2004; Fox, et al. 2006; Ghys, et al. 2001; Green and Goldberg 1993; Mgalla and Pool 1997; Panchanadeswaran, et al. 2008; Sanders 2002; Shannon, et al. 2008; Warr and Pyett 1999; Zhao, et al. 2008), sex workers on the Mexico-U.S. border are also less likely to report condom use with intimate partners than with clients (Patterson, et al. 2008a). These intimate partners themselves may engage in risky sexual and drug-related behaviors, suggesting that male partners contribute to HIV risk among female sex workers. Although the HIV epidemic in Tijuana thus far remains concentrated in high risk groups, cross-border mobility and migration within Mexico suggest the potential for the diffusion of HIV to diverse populations in the North and South (Bronfman, et al. 2002; Goldenberg, et al. 2012; Strathdee and Magis-Rodriguez 2008).

Research for this dissertation was part of a larger project working as a coordinator for the University of California, San Diego, on *Proyecto Parejas*, a longitudinal, mixed methods study of the social context and epidemiology of HIV/AIDS, sexually transmitted infections (STIs), and high risk behaviors among female sex workers and their intimate, non-commercial partners in Tijuana and Ciudad Juarez, Mexico. While I draw on qualitative data collected from both border cities as part of *Parejas* to build an analytical framework of female sex workers' relationships, I conducted additional anthropological fieldwork in Tijuana to supplement these data and provide insight into the *emotional lived experience* of these relationships and HIV risk behaviors.

Specifically, my dissertation examines the following research questions:

Q1) How do female sex workers who inject drugs and their non-commercial partners experience their relationships in terms of emotions such as love, trust, and intimacy?

Q2) How do the emotional qualities of sex workers' intimate relationships influence each partner's sexual and drug-related HIV risk perceptions and practices?

Q3) How might couple-based interventions take into account the emotional dynamics of relationships between sex workers and their non-commercial partners?

Through a phenomenologically-engaged approach to dissertation fieldwork (Katz and Csordas 2003; Willen 2007b) that included semi-structured and ethnographic interviewing, a photo elicitation project, and participant observation, I got to know on a more personal level seven of the couples from Tijuana who were enrolled in *Parejas* (also referred to as "the parent study"). The resulting case studies of these seven couples are each unique in their own right, yet represent the common emotional experiences that emerged from the parent study's qualitative interviews with sex worker couples in both border cities. The personal stories from these seven couples are warm, humorous, heart wrenching, and difficult pursuits of love, intimacy, and emotional and material security as experienced within the constraints of their broader social context: in short, their relationships are tales of *love and risk.*

Throughout this dissertation, I am concerned with documenting the intersection of emotional and structural factors (e.g. violence, economic inequalities, discrimination, limited educational opportunities, and social marginalization) in shaping HIV risk perceptions and practices, telling the stories of these couples in their own words, and interweaving my own critical interpretations of phenomena throughout the process. I draw on interview text, fieldnotes, and photographs to creatively construct a humanistic portrait of the relationships and risks among sex workers and their intimate partners. Admittedly, I had more opportunities to interact with some of the couples than with

others and I present this greater detailed information where available. I provide all partners with pseudonyms (including all *Parejas* parent study qualitative participants) and obscure personal details that might place participants at risk of identification. My use of photos taken by the participants in this project is deliberate but judicious. I was granted written permission to use all of the images that are interwoven throughout the text, and I take the participants' overwhelming expressions of trust in my judgment quite seriously. The ultimate goal of this work is to engender a better understanding of these couples' emotional experiences so that researchers, practitioners, and policy makers may more meaningfully address their health concerns through programs and services.

Overview of the dissertation

The remainder of this introductory chapter outlines the structure of the dissertation. Chapters 2, 3, and 4 build an argument toward a *critical phenomenology of love and risk* among female sex workers and their non-commercial partners along the Mexico-U.S. border. In Chapter 2, I introduce Tijuana as my dissertation research site. I first provide historical, political economic, and socio-demographic context to the Mexico-U.S. border region where *Proyecto Parejas* was conducted, before shifting my focus to Tijuana, my fieldsite and the sister city of San Diego, California. The Tijuana-San Diego corridor is the busiest land border crossing in the world and represents a microcosmic glimpse into the "uneven experiences" (Appadurai 1996) of global integration in light of the profound inequalities between the Global North and South. The extreme economic and social inequalities on the Mexican side of the border historically have been shaped by U.S. appropriation of cheap migrant wage labor on the U.S. side and expatriation of leisure and vice to the Mexican side. Within this context, I discuss the commercial sex

industry and injection risk environment of modern day Tijuana as a stage for couple-based HIV research with sex workers and their intimate partners. I also reflect on conducting risky fieldwork in a dangerous location, and discuss some of the issues of representation that working with vulnerable populations of sex workers and drug users introduces. Finally, I offer my experiences of personal risk during this project, and conclude that the benefits of conducting fieldwork in this context outweighed the risks.

Chapter 3 proceeds to deconstruct the concepts at the heart of this dissertation: *love and risk.* The chapter begins by synthesizing the social science literature tracing the development of modern love and intimacy as reactionary to the rise of capitalism and the profound social, cultural, and economic changes that accompanied this historical shift. I next evaluate studies on the influence of love and other emotions on sexual and drug-related risk behaviors in intimate relationship contexts before turning my attention to the rise of modern forms of sex work, including the different types of client relationships and role of emotions therein. Finally, I review the limited literature on the influence of emotions on sexual and drug-related HIV risk among female sex workers and their intimate, non-commercial partners. I conclude that further research is needed to bridge the gaps in this new area of inquiry.

In Chapter 4, I lay the groundwork for a theoretical framework of *critical phenomenology* (Desjarlais 1997; Desjarlais and Jason Throop 2011). To do so, I examine the history of political economic and critical approaches in medical anthropology that illuminate the historical production of inequality and risk in diverse contexts. I also introduce the concepts of risk environment and structural vulnerability. A risk environment framework conceptualizes harms as a matter of "contingent causation"

that is produced through an individual's social interactions within the constraints of their broader physical, social, economic, and political environment (Rhodes 2002). Within a risk environment, the concept of structural vulnerability implies a position in which one's vulnerability is produced through one's place within hierarchical political economic and social structures (Quesada, et al. 2011). This positioning imposes patterned physical and emotional suffering on specific groups through larger economic, cultural, class-based, and gendered forms of discrimination that perversely become internalized and naturalized in the subjectivities of the very groups who are relegated to a depreciated position. This later point provides an opening to blend phenomenological perspectives with political economy. I begin with an overview of the historical roots of phenomenological thought and practice, and introduce key phenomenological concepts in anthropology, including experience, emotions, and embodiment. In the concluding section of this chapter, I attempt to construct a critical phenomenology framework for studying love and risk by synthesizing the information offered about the structural and social spaces of Tijuana in Chapter 2 with notions of love and emotions in diverse modern relationships discussed in Chapter 3. This sketch attempts to ground the theoretical framework of my study in the historical particularity of the embodied present.

The methods Chapter 5 provides an overview of my unique doctoral research experience. I start with a brief overview of my experience as a Hispanic Serving Health Professions School (HSHPS) fellow, a six-month academic program that originally brought me to San Diego from Tampa, Florida. I then provide an overview of the design and methods of *Proyecto Parejas*, the parent study I have worked on for nearly three years and in which my dissertation research is nested. I outline my methodological

approach and illustrate its integration into and contributions to the larger study design. Through semi-structured and ethnographic interviews, a photo elicitation project, and participant observation, I was able to construct a more intimate and nuanced understanding of these relationships than permitted by the parent study methods alone. I conclude the chapter by reflecting on the successes and challenges presented by the use of the specific methods employed in my dissertation, with special attention given to the visual component of the work.

Chapters 6 through 9 comprise the results section at the heart of this dissertation. In Chapter 6, I construct a descriptive typology of female sex workers' intimate relationships by drawing on qualitative data collect from *Parejas*, the parent study. My analysis of 44 distinct couples from Tijuana and Ciudad Juarez provides an overarching framework of the emotional qualities of these relationships. I explore the emotional meanings and significance of these relationships from each partner's perspective, including love, intimacy, and commitment, particularly in terms of how the primary relationship is defined with respect to sex work. Based on how the couples spoke about their relationships, the words they used to define their feelings, and the sense of companionship and commitment they shared, I assert that these relationships represent a range of experiences of love and emotional closeness.

Using this framework as a guide, Chapter 7 draws on interview data, photos, and observations to introduce and provide an overview of the lived experience of the seven couples enrolled in my dissertation study. These couples reflect the range of emotional closeness found in the parent study data, which helps organize the subsequent analyses of emotions and risk behaviors. Chapters 8 and 9 examine patterns of HIV risk perceptions

and practices related to sexual behavior and drug use, respectively, among the dissertation couples. These chapters contribute a unique approach to understanding the HIV risk of female sex workers and their intimate partners by foregrounding a theoretical framework of critical phenomenology that integrates both the subjective contours of love and affect with the structural constraints in which these relationships are situated. The analyses highlight the capabilities of ethnographic fieldwork in explaining the larger patterns also found among the couples in the *Parejas* parent study qualitative data. My approach places the analysis of how people feel about and adapt to their life circumstances into a framework that considers their emotional experiences as well as the broader contexts that shape them. How people feel about life experience is important to tracing tangible sequences of action. Ultimately, my analyses strive to give voice to female sex workers and their partners and humanize these relationships which are all too often pathologized and misunderstood.

In the discussion Chapter 10, I synthesize the evidence from the qualitative parent study and my own dissertation data presented in Chapters 6 through 9 to assess how the emotional qualities of sex workers' relationships influence sexual and drug-related HIV risk in light of the broader political economic and socio-cultural context that shapes the couples' daily experience. I argue that a range of emotions constitutes a set of important drivers of behavior for both male and female partners, but love alone does not account for all forms of HIV risk. This chapter highlights the intentional non-condom use within sex workers' intimate relationships that frequently is driven by affect, but suggests that differing motivations and ability to use condoms with clients and outside partners are complex and context dependent. Moreover, male partners' emotions – both positive and

negative – are equally complex factors driving relationship risks. Structural issues permeate these couples' lives and their drug use in particular, as partners frequently share drugs, syringes, and other ancillary equipment as a sign of care, but also for reasons of finances, access, and an embodied fear of the police. All couples, regardless of emotional closeness, face dual sexual and drug-related HIV risks that tailored interventions should address in tandem.

Chapter 11 reflects on the anthropological contributions of my dissertation research to the parent study and the discipline more widely. I begin by discussing emergent themes in the research that tie together the stories of the dissertation couples, including the social context of the relationships; embodiment, rationality, and risk; and health issues beyond HIV/AIDS. I then consider the methodological contributions of my approach, and suggest that observations and visual methods are particularly useful for uncovering new forms of information that office-based data collection miss. Nevertheless, these methods introduce difficult ethical issues when applied to the study of illicit behaviors among vulnerable populations. Specifically, I grapple with issues in couple-based data collection and the ethics of using visual methods in this context. I also acknowledge the limitations of my study and outline my plans for future research.

Finally, Chapter 12 discusses the practical applications of this research project. While the contribution to anthropological theory is an explicit goal of this work, theories are generated "*in order to act*" (Rhodes 2009:198, emphasis in original). Engaging in the lives of marginalized couples to study their stigmatized behaviors without generating concrete steps of action risks the entire research enterprise as merely voyeuristic (Bourgois and Schonberg 2009). I offer suggestions based directly on my research on

ways to design meaningful couple-based HIV interventions for female sex workers and their intimate partners.

A growing body of empirical evidence suggests that emotions such as love and trust should be integrated into couple-based prevention programs (Corbett, et al. 2009; El-Bassel, et al. 2011; Hirsch, et al. 2002; Pilkington, et al. 1994; Warr 2001) that also explicitly consider male partner perspectives (Higgins, et al. 2010). My research supports the idea of tailoring programs to the emotional strength and content of female sex workers' relationships. I further suggest that programs could incorporate innovative expressive therapies (e.g., emotion-centered art and writing), communication skills building, and safer injection information into comprehensive prevention approaches. In addition to couple-based programs, multi-level interventions (e.g. programs for clients, nutritional and health programs, syringe exchange, police reform) are needed in order to create the conditions that will enable drug-using sex worker couples to practice harm reduction strategies (Cusick 2006; MacPherson, et al. 2006; Page 1997; Rekart 2006; Strathdee and Vlahov 2001). Finally, I outline a plan to disseminate my research results as part of a larger effort to publicize these ideas and ignite social change.

CHAPTER 2: THE RESEARCH SETTING

Welcome to Tijuana,
Tequila, sexo y marihuana

~ Manu Chao song lyrics

Tijuana is a world renowned city. Although it is a cosmopolitan metropolis home to more than 1.4 million inhabitants that boasts vibrant cultural, culinary, and arts scenes, its seedier side and reputation for sex, drugs, and violence supersede its virtues. Tijuana's unique historical trajectory has stimulated the collective imagination, and fairly or not, it has given the city a cultural status "as a present-day Gomorrah, as a haven for all sorts of criminals and a place where vice and immorality are endemic" (Hoffman 2010:1). This image of Tijuana as a "city of vice" coincides with other Mexico-U.S. border city liminal identities as geographic and social spaces of marginality and immorality where bad behavior is the norm, and even expected (Goldenberg, et al. 2011b; Hoffman 2010; Loustaunau and Bane 1999; Vila 2000).

Located at a critical crossroads in the Americas, Tijuana is a city known for human trafficking, drug smuggling, and violence (Goldenberg 2012; Zhang 2010). Drug use, and particularly injection drug use, has exploded in recent years (Strathdee, et al. 2005; Strathdee, et al. 2008a) and Tijuana has among the highest rates of drug use in the nation (Instituto Nacional de Salud Pública 2008). Sex work is tolerated and widespread, and since the days of U.S. Prohibition policies, Tijuana has ranked as one of the premier international sex tourism destinations (Goldenberg, et al. 2011; Strathdee, et al. 2008b).

Tijuana also has among the highest HIV rate in all of Mexico (CENSIDA 2009; Strathdee and Magis-Rodriguez 2008), where as many as one in 116 adults aged 15-49 may be HIV-infected (Iñiguez-Stevens, et al. 2009). Because of this convergence of risk factors (however perceived, imagined, or experienced), Tijuana makes for the ideal field site for anthropological research on sexual and drug-related HIV risk among female sex workers and their intimate, non-commercial partners.

This chapter integrates scholarly resources and media reports with ethnographic observations conducted in Tijuana to describe my research setting. I begin by providing a brief historical sketch of Mexico's political economy on a national level as a trajectory to situating the modern day Mexico-U.S. border cities of Tijuana and Ciudad Juarez, study sites of *Proyecto Parejas*. The primary focus of this chapter is my fieldwork site of Tijuana that I contend is a *risk environment* (Rhodes 2009) that profoundly shapes the experiences of the sex workers and their partners who live there and the ethnographers who study there. Specifically, this chapter highlights the social spaces of sex work and drug use in Tijuana. I conclude with a note on the politics of conducting fieldwork on the border, including my subjective experience as an anthropology graduate student and project coordinator working on a difficult research topic in a "dangerous" field setting.

Mexico in political economic context

To understand the historical trajectory of the United States and Mexico's intertwined political economic development is to better understand Tijuana as it is collectively imagined and experienced today. The current Mexico-U.S. border is both a real and false divide that was created by the Mexican American War and 1848 Treaty of Guadalupe Hidalgo. The treaty forced Mexico to cede its northwestern territories (the

present-day states of California, Nevada, Utah, and parts of Arizona, New Mexico, Colorado, and Wyoming) and to accept Texas's incorporation into the United States (Vila 2000). This left Mexicans of all backgrounds, especially indigenous peoples and mestizos, settled along both sides of a newly superimposed border. In the aftermath of the war, there were violent military and law enforcement clashes in the newly annexed land areas, but this has represented the last major military conflict between the two countries. Nevertheless, the geographic strength and legitimacy of *la línea* (the borderline) continues to be contested in the present (Heyman 2009).

Mexican political economic development has always been linked to U.S. economy and policy decisions. It was not until the 1940s that Mexico embarked on a process of urbanization, modernization, and industrialization. These processes produced a significant middle class while increasing rural poverty and marginalization that intensified over the following decades (Latapi and González de la Rocha 1995). A major economic crisis erupted in the early 1980s and resulted in the reorganization of labor markets and reduction in public sector employment, food subsidies, and public expenditure (Middlebrook and Zepeda 2003). The urban poor were hit particularly hard by shrinking wages, increasing unemployment, stagnant employment opportunities, and decreased public spending on social services and subsidies for basic goods that provided a safety net (Latapi and González de la Rocha 1995). Also during the 1980s, the stagnation of formal employment contributed to the expansion of the informal economy. Between 1980 and 1987, participation in the informal economy in Mexico grew by 80 percent, and its importance continues to persist (Latapi and González de la Rocha 1995).

During this time, the poor had to reorganize their household economic strategies to try to adapt in times of scarcity (Lomnitz 1988; Lomnitz, et al. 1977).

The decade of the 1990s is characterized by similar economic turmoil. In 1992, the Mexican government devalued the peso as consumer prices and unemployment soared (Humphrey 2000). Mexico received a U.S.-sponsored multi-billion dollar relief package in 1995 and agreed to a series of structural adjustment policies and market reforms authored by the International Monetary Fund (IMF) and the World Bank that liberalized trade policies, deregulated financial institutions, and privatized state-owned enterprises (Humphrey 2000; Middlebrook and Zepeda 2003). Moreover, in 1994 Mexico committed to the North American Free Trade Agreement (NAFTA), which eliminated barriers to free trade between the three nations of North America. NAFTA also enabled the open flow of capital across borders while further restricting the flow of labor and labor rights. *Maquiladora* (factory) employment grew and automotive multinationals became the largest exporters after the oil company PEMEX, and much of the growth was spurred by cheap labor and increased access to local markets (Tamayo-Flores 2006). Nevertheless, this growth was restricted to the North, whereas there was no parallel in investment in the South. As a result, laborers migrated north in search of employment. Landless peasants are a labor pool for capitalists and high unemployment serves the interests of capital by helping drive wages down, which creates a compliant workforce where workers are well aware they are replaceable (cf. Mintz 1974).

Mexico's increasing integration into the U.S. and world markets has contributed to an increased concentration of poor and urban populations (Woods 1998). Such policies have further excluded the poor by withdrawing state support for health, education, and

welfare programs, and have thus widened the gap between rich and poor (Harvey 1989), who have had to find creative means to adapt and survive amidst economic insecurity. Adaptive strategies required "an intentional, positive, creative approach in one's own actions which then needs to be understood as part of a strategy of survival" (Latapi and González de la Rocha 1995:57). Women's participation in informal economic activities has been one such strategy, which intensified as households restructured their division of labor to cope with shifting economic uncertainties. Typically, the women seeking work had little education, were older, married or separated, and had children to care for (Latapi and González de la Rocha 1995). These women developed social networks for mutual support, in which the flow of goods and services among relatives, neighbors, and friends became fundamental to household survival and well-being (Gonzalez de la Rocha and Gantt 1995; Lomnitz 1994; Lomnitz 2002). One important function of these networks was the conversion of trust and information into economic assets. Shared information included instructions for migration, sources of jobs, orientation to living in cities, referrals of accommodations, and provision of moral support (Lomnitz 1994).

More recent analyses of Mexico, however, suggest that the economic situation has further deteriorated. A more appropriate approach to understanding the current political economic climate might be conceptualized as a "poverty of resources" model of increasing social isolation in light of worsening economic conditions. According to Mercedes Gonzalez de la Rocha (2006), loss of personal ties and conditions of social decay manifest in drug and alcohol use, crime, insecurity, and social unrest. She calls for new research, particularly in regard to the gendered impact of economic conditions and new household responses. She suggests that exclusion and decay of formal labor market

opportunities for males is creating new urban patterns in which men are increasingly alienated from their capacity to fulfill socially and culturally assigned roles as household providers, and instead women are emerging as the new heads of households, but at low wages (González De La Rocha 2006; González de la Rocha 2007). She also points out that the Mexican nuclear family is changing in line with the economy, and that households are dynamic and diverse, but some household arrangements are able to mobilize resources and cope better than others. She cites research from Guadalajara, Mexico, that has linked poverty with symptoms of physical and emotional stress among women (Enríquez Rosas 2002). As economic instability continues, it is creating "a social and cultural context of *radical exclusion"* in Mexican cities (González De La Rocha 2006:69) that continues to push people into the informal economy.

The northern border of Mexico has long attracted migrants of other parts of Mexico searching for economic opportunities, including factory work, as similar opportunities are not available in other areas of the nation (Carrillo 1990; Fussell 2004). Border cities serve as both new centers for migrants and a staging ground of sorts for career migrants who make multiple attempts to cross into the United States for economic and social reasons (Cornelius and Martin 1993; Fussell 2002). Moreover, a thriving informal economy operates along the border to smuggle goods and people (Willoughby 2003; Zhang 2010). Within this context, sex work and drug market activities along the northern border have flourished as survival strategies for the poor and marginalized within the economic constraints of the modern Mexican economy. The remainder of this chapter examines the political economic, social, and health dimensions of the Mexico-U.S. border region, with specific attention to Tijuana.

The Mexico-U.S. border

The Mexico-U.S. border is an area uniquely set apart from the rest of Mexico. *La línea (*borderline) represents a liminal space, often discussed as an “in-between” state or “the land of the third culture” because of its distinct mixture of people, language, food, clothing, culture, and other aspects of life that uniquely characterize the region (Loustaunau and Bane 1999:xvi). While invoking fascination in some, and having essentially been referred to as a laboratory of post-modernity (Canclini 1990), others have suggested that the northern border is imagined by federal powers as the most "unredeemable of all the provincial outposts, tainted by the cultural, linguistic, and moral corruption of Mexico's powerful neighbor, the United States” (Castillo, et al. 1999:402). The important point here is that the border is viewed as a social and geographic third space with its own separate identity, apart both from the U.S. side and from the rest of Mexico, even though it has been variably shaped by forces from both North and South.

The northern border of Mexico is characterized by poverty, economic and social inequalities, high rates of migration and deportation, and drug-related violence. Not surprisingly, the larger cities are characterized by syndemics, or mutually reinforcing epidemics, of sex work, drug abuse, violence, and HIV infection (Singer 2009). Tijuana is the largest city on the Mexico-U.S. border. Located in the state of Baja California, Tijuana has a population of 1.4 million and borders the city of San Diego, California. With a population 1.3 million, Ciudad Juarez is the second largest border city. It is located at about the mid-point of the border in the Mexican state of Chihuahua, adjacent to El Paso, Texas. In the following sections, I provide an epidemiologic profile of Tijuana and Ciudad Juarez, study sites of *Proyecto Parejas,* the study in which this dissertation

research is situated. I then offer additional historical and social contextual information about Tijuana, my primary field site.

While the adult HIV prevalence rate in Mexico remains comparatively low nationally (0.3%), rates are disproportionately higher among socially marginalized risk groups such as male sex workers (15%), men who have sex with men (11%), injection drug users (5%), and female sex workers (2%) (CENSIDA 2009). Studies in the Mexico-U.S. border cities have documented HIV prevalence rates of 11 percent to as high as 20 percent among MSM, and three percent to seven percent among injection drug users (Brouwer, et al. 2006a; Magis Rodriguez, et al. 2008; White, et al. 2007). HIV prevalence among female sex workers in Tijuana and Ciudad Juarez has increased from less than one percent to six percent over the past several years. In a recent study, in addition to an elevated rate of HIV (6%), female sex workers in these cities also tested positive for gonorrhea (6.4%), chlamydia (13%), and active syphilis (14.2%) at high rates (Patterson, et al. 2008b). Female sex workers who inject drugs have high HIV/STI prevalence rates, recently estimated at 5.3 percent for HIV and 72 percent for any STI, including HIV (Strathdee, et al. 2011).

Sex work is decriminalized in Mexico, and typically practiced in designated *zonas de tolerancia* (tolerance zones, or Red Light Districts), where it may be locally regulated (Curtis and Arreola 1991; Kelly 2008). In Tijuana, registration with the municipal health department is formally required, but many of the estimated 5,000 – 9,000 sex workers exchange sex without permits, which is explored further in the next section (Brouwer, et al. 2006a; Sirotin, et al. 2010a). In Ciudad Juarez, the districts where sex work historically has been practiced have undergone gentrification, and women currently work

in several areas of the city where permits are not required (Valdez, et al. 2002; Wright 2004). There are an estimated 4,000 female sex workers in Juarez (Patterson, et al. 2006).

The northern Mexican border cities are located on major drug trafficking routes for heroin, methamphetamine, and cocaine, and drug use has grown in the region over the past several years. The state of Baja California, where Tijuana is located, has among the highest prevalence rates of drug use in the nation (9.6 percent), as does the state of Chihuahua (8.2 percent), where Ciudad Juarez is located (Instituto Nacional de Salud Publica 2008a). Moreover, these cities have concentrated populations of injection drug users. The number of injectors in Tijuana and Ciudad Juarez has been estimated at 10,000 and 6,500, respectively (Strathdee and Magis-Rodriguez 2008).

As part of a larger push toward harm reduction policies in some parts of Latin America (Cook 2010; Roehr 2010), Mexico recently changed its national drug laws. This new legislation decriminalized small amounts of drugs for personal use, and a three strike rule now offers offenders drug treatment in lieu of jail. The controversial legislation was passed in 2009 and is seen by some as a move toward public health-informed policy as well as a way for the Mexican government to focus their enforcement efforts and appear tough on the drug cartels (Syvertsen, et al. 2010). Nevertheless, in Mexico, police often enforce their own laws “on the street” that disregard the laws “on the books” (Strathdee, et al 2005). Anecdotal evidence and ongoing qualitative work as part of a study of injection drug use in Tijuana suggests that on-the-ground policing practices have changed very little since the new law took effect.

This point is extremely important, as local policing practices shape HIV risk for injection drug users (Blankenship and Koester 2002; Burris, et al. 2004; Pollini, et al.

2008; Rhodes, et al. 2008b; Small, et al. 2006). Policing can exert direct and indirect pressures on injectors' risk practices (Burris and Strathdee 2006). Directly, studies show that show that police pressure is associated with use of shooting galleries (Philbin, et al. 2008b), communal spaces in abandoned buildings or lots where individuals can inject out of the purview of the police, but often do so with shared and unhygienic syringes and other ancillary equipment (Bourgois 1998a; Carlson 2000; Page, et al. 1990). Indirect effects of policing on HIV risk include patrolling to discourage injectors' access to syringe exchange programs (Wood, et al. 2004). Mexican border cities are characterized by high levels of discrimination, violence, and human rights abuses perpetrated by law enforcement, often targeted at drug users (Beletsky, et al. 2012; Meyer 2010).

In Mexico, as in much of Latin America, harm reduction is a nascent but expanding approach to confronting issues of drug use (Cook 2010; Magis-Rodriguez, et al. 2002). Harm reduction initiatives, such as needle exchange programs in which users can trade used needles for clean ones and often gain access to other prevention services, health education, condoms, and drug treatment information, have been found effective in preventing the spread of HIV and facilitating users to seek treatment (Page 1997; Strathdee and Vlahov 2001; Vlahov, et al. 2001). Yet according to Jesus Bucardo and colleagues (2005), "on the whole, harm reduction activities in Mexico appear to be tolerated, but seldom promoted" (2005:289). In both Tijuana and Ciudad Juarez, nongovernmental agencies operate legal syringe exchange programs and provide free condoms, and it is legal for individuals to purchase and carry syringes without a prescription. Nevertheless, external factors like discrimination and policing practices

often limit these options, as I discuss later in the chapter when conceptualizing Tijuana as an injection risk environment (Rhodes 2009).

Formative studies of sex workers' relationships on the border

Work by the UCSD research team in these border cities has been ongoing for a number of years with injection drug users, sex workers, and sex workers' clients. Relevant to this dissertation research, the team recently demonstrated the efficacy of a brief behavioral intervention designed to increase female sex workers' condom use with male clients. The intervention reduced STI incidence among sex workers by 40 percent over the six month follow-up period (Patterson, et al. 2008a), but had no impact on condom use with their non-commercial partners, with whom they were twice as likely to have unprotected sex compared with clients (Ulibarri, et al. 2012). Another study reported that female sex workers who inject drugs were more than twice as likely to have an intimate partner as non-injectors (Strathdee, et al. 2008b). Qualitative work with female injectors in these cities has found that women often use drugs with their steady partners and share syringes (Cruz, et al. 2007). These data suggest that female sex workers' *non-commercial* partners may be significant drivers of HIV/STI acquisition. Although numerous studies have been conducted with female sex workers in diverse contexts (Baral, et al. in press; Ghys, et al. 2001; Harcourt 2005), almost none have examined their non-commercial partners, who represent a crucial missing link in HIV/STI prevention. This work highlighted the importance of HIV behaviors in the context of sex workers' intimate relationships and served as a justification for *Proyecto Parejas*.

Tijuana: *The Love and Risk* dissertation field site

Tijuana evolved from a small cattle-ranching village in the 1880s to a city today that is home to nearly 1.4 million inhabitants. Early population growth and development in Tijuana occurred around a leisure economy that capitalized on illicit and stigmatized industries that were persecuted elsewhere (Castillo and Córdoba 2002). When Los Angeles outlawed bars and horse racing in 1911, numerous bars, liquor stores, and night clubs opened throughout Tijuana, and by the Prohibition Era of the 1920s, the city had grown into a dynamic center of trade and tourism with the United States. Between 1916 and 1937, gambling and racetracks became a principal tourist draw, and *Avenida Revolución* developed into a concentrated street of bars and dance clubs that continues to function as a central tourist attraction (Herzog 1993). During this time, stories about Tijuana's leisure pursuits began to circulate in the popular media (Vila 2000).

Tijuana's population growth has been largely fueled by migration. The significant social and economic disparities between southern and northern Mexico and the large urban centers and industrial zones in the northern border have driven migrants northward in search of economic opportunities (Graizbord and Aguilar 2006; Tamayo-Flores 2006). The overwhelming majority of migrants to Tijuana are young (ages 16-24), female, unskilled, and from the rural southern interior, while the migratory flow to the USA is almost exclusively males aged 25 to 34 (Castillo and Córdoba 2002:200). Today, the Tijuana-San Diego corridor is the busiest land border crossing in the world and the economies of Tijuana and Southern California are intimately integrated, as residents cross back and forth daily for work, school, and family reasons, and tourists cross on both sides for leisure (Castillo and Córdoba 2002; Vila 2000). In recent years, the increased militarization and surveillance of the border have created circumstances in which many

individuals find themselves stuck in transit (Heyman 2001; Loustaunau and Sanchez-Bane 1999; Vila 2000). U.S. immigration policies create a constant stream of deportees sent to Tijuana, many of whom are not from there and others who have rarely spent time in Mexico (Brouwer, et al. 2009; Ojeda, et al. 2011; Robertson, et al. 2012).

In the *Zona Norte*, or northern downtown area of Tijuana located adjacent to the U.S. border, inexpensive hotels and short-term room rentals have opened over the years to accommodate the population influx, and this bustling area is densely marked by street vendors, restaurants, bars, strip clubs, discount pharmacies, and souvenir shops. Many transient residents of Tijuana engage in formal and informal economic strategies to eke out a living, including institutional or street-based sex work and illegal drug trade activities (Hoffman 2010). While still a tourist draw, locals say the influx of visitors, particularly from the United States, has dropped dramatically because of fear of drug-related violence. They say it is not "like the old days" when the streets were flooded with young revelers who visited for the infamous sex, drugs, and vice of the *Zona Norte*.

The city's image has influenced local policy and urban redevelopment initiatives and prompts periodic crackdowns on blight and vice and the *Zona Norte* (Katsulis 2008). Among these efforts is the development of a sex worker registration system (discussed below) and periodic high profile efforts to demonstrate its enforcement, such as the recent arrest of more than 200 unregistered sex workers. Other initiatives, such as closing the bars early, have been aimed at promoting the city's image and public safety to counteract bad press and re-attract tourists (Beaudeau 2010; Cruz 2010). High profile events such as *Tijuana Innovadora*, a series of conferences and cultural events designed to promote Tijuana's potential as a new hub for environmental innovations and business

development, have drawn positive press to the city. Former American Vice President Al Gore was a keynote speaker at the event, in which he dramatically stated that Tijuana is "engaged in one of the greatest battles ever waged between hope and fear" (Dibble 2010). In many ways, Tijuana is reinventing itself again to attract new investment and tourism.

Figure 1: Scenes from around the *Zona Norte* in Tijuana. Top Left: Viagra for sale. Inexpensive prescription drugs are available in the many pharmacies along the border, including heavily advertised erectile dysfunction drugs. Top right: *Las Pulgas*, a popular dance club that recently celebrated its 23rd anniversary. Bottom: wrestling masks for sale. (All photos by Jennifer Syvertsen, unless otherwise credited.)

Figure 2: A club on the *Avenida Revolucion*. Ever since the days of U.S. Prohibition, the "Revo" has served as a central location for clubs, bars, restaurants, gambling, and other leisure pursuits.

Figure 3: "Casino Caliente" in the *Zona Norte* of Tijuana.

Tijuana as a sex-scape

Tijuana remains internationally renowned for its commercial sex trade. In conceptualizing the forms of sexual risk that circulate through the *Zona*, I draw on Denise

Brennan's work on the "sex scapes" of the Dominican Republic (Brennan 2004; Brennan 2008). Adapting Arjun Appadurai's " scapes" of modernity (Appadurai 1996), a "sex scape" is characterized by international travel from the developed to developing world, where the consumption of paid sex is transacted within a broader context of inequality. While this is certainly the case, sex work takes on many forms in Tijuana.

First, I examine the policy environment in Tijuana that attempts to regulate commercial sex exchange. In 2005, the Tijuana city council passed a law making periodic medical check-ups mandatory for sex workers (Hoffman 2010). Legalization was the product of strategic decision-making by local politicians. As public health studies have increasingly focused on HIV/AIDS and migration along the border and U.S. researchers pressure Mexican health officials to respond, officials regulated sex work and required women to obtain health cards as a strategy to mitigate the possible negative health consequences of those who purchased sex in Tijuana (Hoffman 2010). There may also be ulterior motives for regulating sex work, however. The *Zona Roja* has long served as an important source of revenue for the local and state governments, who profit off the licenses and taxes paid by bars and club owners, as well as the health fees paid by the registered sex workers (Hoffman 2010).

The benefits of the registration system to the sex workers themselves are arguable, however, as it has not been found independently to predict lower rates of HIV/STIs compared to women who are not registered (Sirotin, et al. 2010a). Sex work registration in Tijuana costs $360 per year, and requires monthly HIV testing and quarterly STI screening. Women registering as sex workers who test positive for an STI are treated with antibiotics according to federal guidelines, and if they test positive for

HIV, their cards are automatically revoked and they are referred to specialty care in the city HIV clinics. Statistics from the Municipal Health Clinic indicate that more than 8,000 sex workers have registered since the system began (Hoffman 2010). Yet, only about half of all active sex workers are currently registered (Sirotin, et al. 2010b). Enforcement of sex work registration is difficult and the penalties of non-compliance often fall disproportionately on women rather than business owners, as infected women cannot work but bars can remain open (Beaudeau 2010).

Moreover, the regulation of sex work may actually contribute to the further marginalization of some women. The thousands of women who are not registered often cannot afford the regular checkups, or they do not have proper documentation. While women who are not from Mexico are technically able to register, there are no registered non-Mexican sex workers, likely because migrants do not want to reveal their identities to governmental institutions (Hoffman 2010).

In a recent study of 410 female sex workers in Tijuana, just 44 percent were registered with the health department. Registration was less likely among women who engaged in street-based sex work, injected cocaine, inhaled or smoked crystal methamphetamine, and were born outside of the state of Baja California (Sirotin, et al. 2010a). Thus, in practice, the current registration system fails to serve the health needs of many sex workers in Tijuana, particularly the street-based, drug-using sex workers who are at highest risk for HIV and other STIs (Sirotin, et al. 2010b).

As suggested by the inequalities in the registration system, sex work in Tijuana is hierarchical and practiced by a diverse group of women. As elsewhere, women involved in sex work in Tijuana tend not to be viewed for their complexity as individuals, but

rather in terms of the labor they offer and their potential to spread disease (Katsulis 2008). The women involved in sex work in this context range in age from their twenties to their fifties and have worked for periods ranging from a few weeks to many years in a variety of commercial establishments or informally by their own arrangements (Castillo, et al. 1999; Goldenberg, et al. 2011a; Katsulis, et al. 2010). A substantial number of female sex workers are migrants from other parts of Mexico who traveled to the area for economic opportunities or in hope of crossing the border, and many support children and extended families through their work (Ojeda, et al. 2009). Increasingly, females who have attempted to cross into the United States are being deported and find themselves with little other economic opportunities than trading sex (Ojeda, et al. 2011). Some come from situations of family violence, and escape abusive homes by forming partnerships with men at a young age or by seeking informal work. These women may vacillate between sex work and other options in response to economic need, relationship failures, or intolerable working conditions in menial jobs (Bucardo, et al. 2004).

Some women have been lured to Tijuana by word of mouth and through other women passing on information about the economic possibilities of the city's sex establishments and working conditions in different clubs. Such "success stories" have reportedly attracted other women to pursue employment in certain locales. The well-established *Adelita Bar* has a national reputation as a lucrative place to earn money where women are treated well (Hoffman 2010). Researchers have found that many of the women "don't want to get stuck selling sex in Tijuana" (Hoffman 2010:16) and look to sex-based employment as a temporary fix to earn enough money to move on to other opportunities. Many sex workers in Tijuana engage in this work out of economic

necessity, and many others are the sole supporter of their children and extended families (Bucardo, et al. 2004; Castillo, et al. 1999). The lack of other employment opportunities, high living expenses, and continued financial obligations often constrains sex workers' options for geographic, economic, and social mobility (Katsulis 2008).

These diverse women most famously work in Tijuana's *Zona Roja*, or designated "zone of tolerance," a concentrated area of the downtown where sex is sold in a diverse array of establishments as well as on the streets. Many of the women who are registered as sex workers operate here in the *Zona* and cater to the influx of international and local clients who solicit sex at the many strip clubs and bars that pack this dense corridor. Sometimes *jaladores*, street- or bar-based men, help recruit and match clients, particularly Americans, with sex workers in the *Zona.* These men are often clients themselves (Goldenberg, et al. 2011).

In the *Zona*, the most famous and upscale clubs, including *Adelita* and the *Hong Kong*, are located on one principal avenue. A multitude of other clubs and bars line the local side streets, including a narrow one-way street behind these main establishments that is densely populated with *paraditas*, or street-based sex workers. Hotel rooms are available for rent on the upper floors of bars and clubs, or are located adjacent to their entrance. The narrow street behind the main drag and the blocks immediately surrounding this area are lined with even more small hotels that charge by the hour. The *paraditas* have specific street locations where they are regulated to stand in the several blocks that encompass the *Zona Roja*. Although the women have many different physical features and vary widely in appearance, many employ strategies of heavy makeup, short skirts, and platform heels to attract clients amidst all of the competition.

Figure 4: The famous *Adelita* bar in the *Zona Norte* of Tijuana.

Figure 5: *Adelita* celebrates 50 years of business in 2012. During the time I worked in the *Zona Norte*, *Adelita* opened a gift shop on the main strip to sell memorabilia such as T-shirts, hats, and shot glasses. The inside of the store is decorated with cultural iconic posters of *Lucha Libre* Mexican wrestling movies, the kind of masks sold all over Tijuana. Efforts to commemorate the longevity of local businesses have been part of the initiatives to re-invent the *Zona* and try to re-attract the tourism that has suffered in the wake of increased border security since September 11, 2001 and fear of drug violence. Photos by Angela Robertson.

Figure 6: The Hong Kong gentlemen's club. The Hong Kong (close-up on the left; wide shot on the right) is another landmark in the *Zona*. According to its website (painted on the side of the hotel next door; the website is available in English or Spanish) "This 24 hour Tijuana strip club is located on the world famous *Calle Coahuila*, only rivaled by the Red Light District in Amsterdam." The website also advertises bachelor and divorce parties and U.S. border pickup service for patrons.

Nevertheless, other types of commercial exchanges take place in Tijuana that substantially differs from the sex work practiced in the *Zona.* As in other international settings, sexual barter based on small scale, self-organized and informal terms often within the context of sex for drug exchanges also occurs (Castillo, et al. 1999; Bucardo, et. al 2004; Bernstein 2007). Brennan characterizes women who exchange sex outside of the context of formal establishments or pimp arrangements as "freelance" sex workers. These women exercise some level of agency and control over their work and their earnings (Brennan 2008).

The overwhelming majority of women enrolled in *Parejas* are not registered with the health department and do not work for formal establishments. Rather, these women act as "freelance" sex workers who privately select their own clients with whom they negotiate their own arrangements based on financial and drug-related need (Brennan 2004; Robertson, et al *under review*). While some of the women engage in street-based forms of exchange to secure one-time clients, often freelance workers prefer to form relationships with men with whom they regularly meet and often count on for a steady source of income. These sexual arrangements take place in hotels or in the clients' own homes, and at times, the services the women provide do not include sex as much as companionship (Robertson, et al. *under review*). While these forms of sexual exchange in Tijuana are perhaps less famously known than the commercial work that occurs out in the open of the *Zona Roja*, these freelancers are the kinds of sex workers who are enrolled in my dissertation research.

Tijuana as an injection risk environment

Tijuana is also an injection drug risk environment (Rhodes 2009). It is located on major drug trafficking routes, and drugs are widely availability and inexpensive in the city (Bucardo, et al. 2005). In the 1980s and decades to follow, shifting interdiction efforts targeted at Caribbean drug trade routes and the advent of neoliberal reforms and passage of NAFTA led to an increase in the involvement, size, and power of Mexican drug cartels. This increased the production and flow of drugs through the region; and resulted in a surge of drug-related violence throughout the country and along the northern border (Ciccarone 2009). In the aftermath of the terrorist attacks of September 11, 2001,

in the U.S.A., increased border surveillance led to a parallel increase in the local supply and consumption of heroin within Mexico (Bucardo, et al. 2005).

Mexican black tar heroin dominates the drug trade routes up the Western coast of Mexico and the United States (Ciccarone 2005; Ciccarone 2009) and is widely used in Tijuana (it is the primary drug of choice among *Parejas* participants). Black tar heroin is a crude and unpurified derivative of opium that originates in Mexico (Bucardo, et al. 2005). The drug is often diluted or "cut" at several points along the distribution line, including with soil, which can introduce contaminants (Passaro, et al. 1998). Its sticky, tar-like consistency must be diluted with water and heated before injecting.

With consistent use, heroin produces an intense physical dependency among users and a painful drug withdrawal syndrome when the body is craving a fix. Called *"malilla"* in Tijuana, heroin withdrawal syndrome produces symptoms such as fever, chills, runny nose, muscle and bone pain, cramps, nausea, vomiting, diarrhea, and anxiety that users report is so unpleasant that they feel compelled to continue injecting at all costs (Connors 1994; Syvertsen, et al. 2010).

Crystal methamphetamine ("meth" from here forward) has also become increasingly prominent in the region; currently about 90 percent of the methamphetamine that enters the U.S. market originates in Mexico, where the local market for consumption has increased exponentially in border cities (Case, et al. 2008; Strathdee, et al. 2008c). During the 1990s crackdown of 'meth' laboratories in the U.S., Mexican drug organizations started producing high quality, low priced methamphetamine that won out over U.S.-based producers (Smith and Toro 1997). The quality of the meth available varies (Strathdee, et al. 2008c), but it is typically a powdery white substance. In Tijuana,

meth is nasally inhaled, smoked after being heated in pipes or hollowed-out light bulbs known as *focos*, or mixed with heroin and injected (Brouwer, et al. 2006b).

Harm reduction initiatives are attempting to mitigate the increase in drug use in Tijuana in recent years (Instituto Nacional de Salud Pública 2008b). Several non-governmental organizations operate syringe exchange programs in Tijuana, but the funding and scope of their street outreach may be modest given the need (Strathdee, et al. 2005). Research with local stakeholders such as pharmacists, health professionals, religious leaders, policy makers, and law enforcement personnel suggests that while many are generally accepting of syringe exchange programs, they also indicate that a lack of political will, limited funding, policing practices, religious opposition, lack of public knowledge, and social and cultural factors (e.g., conservative and religious beliefs, stigma and discrimination against drug users) are important barriers to effective implementation of harm reduction programs (Philbin, et al. 2009a; Philbin, et al. 2008a; Philbin, et al. 2009b).

Moreover, external factors can limit risk reduction initiatives. I once witnessed an empty needle exchange van run by another organization parked at a popular locale where drug users congregate; the UCSD project staff told me that participants fear that they will be targeted for arrest. Indeed, research in Tijuana has documented the injectors who attend needle exchange programs have been subject to drug-related harms related to policing practices, such as rushing an injection, being restricted in the geographic areas of drug purchase and use, fearing arrest, and engaging in receptive needle sharing (Volkman, et al. 2011). Fear of arrest also limits mobility and the capacity to carry clean syringes to reduce injection risk (Pollini, et al. 2008). Furthermore, while syringes can be

legally purchased and carried, drug users often face discrimination in trying to purchase syringes in local pharmacies (Pollini, et al. 2010a; Pollini, et al. 2011b). The importance of structural factors like policing and discrimination on constraining injection practices in Tijuana cannot be overstated.

While tourists can purchase heroin and meth from low level dealers on the streets of the *Zona Norte* and are likely not subjected to these structural constraints, I focus my discussion on local injection drug use practices. One critical site for local drug exchange is the Tijuana River canal. The Tijuana River canal (the "canal" from here forward, as it is commonly called) is an intermittent river that flows along the border of Northern Baja California and the Southern U.S. border until it empties into the Pacific Ocean. In downtown Tijuana, it takes the form of a massive concrete structure large enough to allow vehicles to pass through on either side of a recessed waterway in the middle that is sometimes completely dry and sometimes rapidly flowing. The canal partially demarcates the border between Mexico and the U.S.A.

While the canal is located just blocks from the *Zona Roja*, it is completely out of sight from the activities and the bustle of the city. The canal provides refuge and acts as a social meeting ground for the ever growing population of migrants, deportees, indigents, and injection drug users who live and spend time there. Many of the study participants regularly go to the canal to buy and use drugs, and sometimes seek injection assistance.

I have been to the canal on numerous occasions to conduct harm reduction activities and locate study participants. Parts of it are strewn with garbage and the stench of refuse and stagnated water can be nauseating. There are places where entire makeshift tent cities have been erected, though the police will periodically come in to sweep the

area and force individuals to resettle elsewhere. Police also regularly target their patrol activities at drug users in the canal because it is a well-known area of drug exchange and use. On numerous occasions, I have witnessed scenes of public injection, including a woman being injected in her neck by a man and a woman carefully injecting a man in his collarbone area. While the scene is mostly male dominated, there are women who live and use drugs in the canal as well. Some of these women also engage in "freelance" sex work, including several of the participants in *Parejas.*

Celia, one of the partners in my study who is introduced in Chapter 7, also showed me a lesser-known aspect of the canal, the hidden compartments that individuals have built into the structure where dealers can hide from the police. Deep in the canal, we walked past a makeshift encampment with small structures made of cardboard and loose scraps. The stench was unbearable that day, as it had recently rained and the copious amounts of garbage, mud, and sewage were festering. The compartment – she said there are about four of them hidden in this general area – was a two to three foot deep hole in the ground, rectangle-shaped and just large enough to fit an individual lying down. Inside, I noticed what appeared to be glass liquor bottles and scattered garbage like plastic soda bottles. Then I noticed a person's leg – I did not see the identity of the individual, as he was lodged inside the compartment, with only his leg and sneakered foot visible from my direct view above ground. The wooden trap door covering the compartment was open, but Celia indicated if it is shut, it is sufficiently obscured by dirt, weeds, and debris covering the rest of the area, providing protection from the police.

While we have not created an ethnographic portrait of the drug users in the canal, a recent cohort study of 1,056 injectors in Tijuana reported that the median age of the

sample was 37 years, with 86 percent male, and 76 percent comprised of migrants. The crude HIV prevalence was higher in female participants (8.3%) than in male participants (3.3%), which was in part associated with migration status and having been arrested for track marks (Strathdee, et al. 2008a). These findings are perhaps suggestive of a descriptive profile of the injectors in the canal, who engage in street-based drug use among networks of migrants and are often targeted for arrest by the police.

The canal is also an important site targeted for needle exchange and harm reduction activities in Tijuana. The canal is one of the destinations on the "tour" of the UCSD research projects in Tijuana that I used to help regularly facilitate for students, prospective scholars, and community members interested in learning about the research projects. In conjunction with a local non-governmental organization, the tours also provided an opportunity to conduct informal needle exchanges. We gave away prevention kits and collected used needles and chatted with the recipients. The need was always immense and even if it appeared as though no one was around when we first pulled up to an area in our van, individuals would quickly emerge from what seemed like nowhere once word got out that the needle exchange had arrived.

Figure 7: The Tijuana River Canal, when the river is flowing. The canal is a meeting place for migrants, deportees, homeless individuals, and others who live, purchase, and use drugs there.

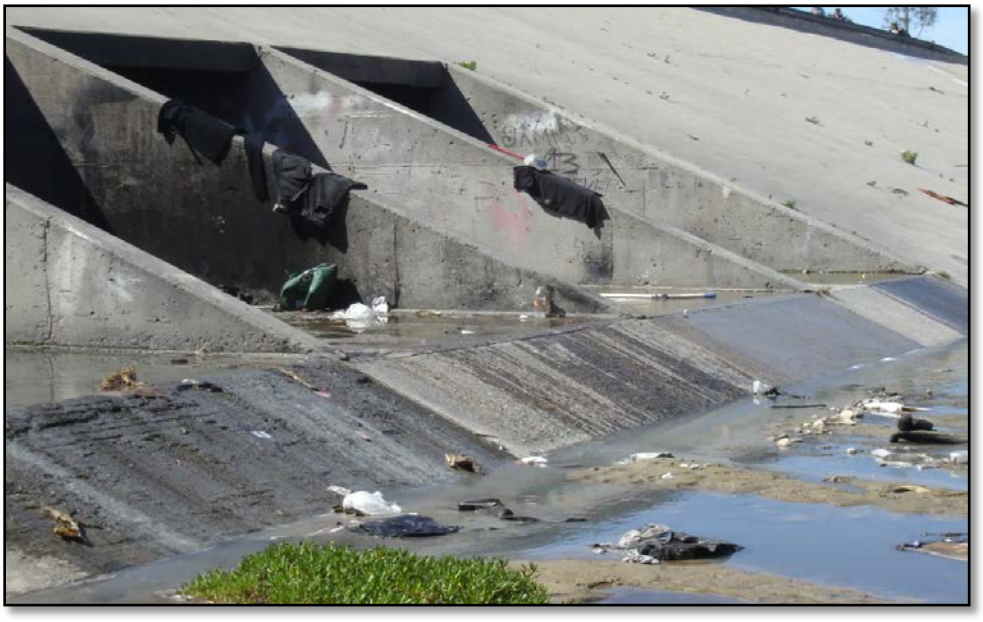

Figure 8: The floodgates of the canal. The floodgates often serve as shelter for some of the homeless injection drug users who live there. Sometimes the gates flood, forcing individuals out. The garbage and stench in the canal is often overpowering, but as evidenced by the clothes drying outside, some people must use the river water to wash their clothes.

Figure 9: Heading into the Tijuana River canal for needle exchange. Needle exchanges take place on a semi-regular basis. On several occasions, I helped coordinate tours into the canal for students and others interested in research at UCSD in which we also held informal needle exchanges.

Figure 10: Prevention kits for injection. This group of individuals just received prevention kits as part of the harm reduction activities carried out in the canal, where many Tijuana injectors use drugs. The kit contains a syringe, water, filter, and harm reduction information.

Celia said that many of the locals buy and use drugs in the canal because it is easy to climb up the concrete sides to quickly escape or duck into a flood gate to avoid the police. She also showed me another *connecta,* or place to purchase drugs, that at the time had "good dope" and was popular in the *Zona.* To an outsider, it appeared to be just a little alleyway; there was a home on the left side that had a family inside, and a little market on the right hand side. All the way in the back of the narrow alley way, several young males, who she indicated are the sellers, sat outside in plastic chairs. The risk in this *connecta* is that in contrast to the canal, there is only one way in and out, which increases the likelihood of getting trapped by the police and arrested.

In Chapter 9, I discuss what I learned about other drug purchasing arrangements and drug use practices for couples who live outside of the *Zona.* For the current purposes, I have discussed the canal because one cannot ethnographically understand the full picture of drug injection in Tijuana without knowing the canal.

Borderline crazy: Reflecting on fieldwork

During my work on *Parejas,* the parent study in which my dissertation is nested, I crossed the border and spent considerable time in *La Zona,* as the UCSD research project office is located there. As Joseph Heyman has written, anthropologists have long theorized borders as possessing "powerful symbolic properties" (Heyman 2009). Borders help contain risk and provide protection; as such, the people and elements that attempt to cross the lines are viewed as a threat to the order. As sex work, drugs, and vice historically have been relegated to the Mexican side of the border, my attempt to cross into it and study the phenomena represented risk and danger. This section reflects on my

experience of conducting fieldwork in Tijuana, with particular attention to the nature of the subject matter under study and the danger inherent in its pursuit.

The logistics of commuter fieldwork (Ong 2003) enabled me to participate in the busy transnational circulation of people, commodities, and ideas that characterize the Mexico-U.S. border region. I typically crossed into Mexico via a pedestrian bridge. Nearly every time I crossed into Tijuana on foot, I observed buses dropping off a new stream of deportees to be processed and released to the streets of Tijuana. I also met numerous deportees during my work, which prompted me to employ deportation as a sampling category in my study, as further discussed in Chapter 5. I was also always struck by the impossibly long line of northbound vehicles waiting to cross the border, which can take several hours. An entire informal economy has developed around the border wait, as vendors sell food, cold drinks, Mexican flags, blankets, jewelry, religious symbols, ceramic knock-off Hello Kitty figures, and just about anything else one can imagine. Others set out with a bottle of glass cleaner and rag and try to wash cars in exchange for a few pesos.

I applied for a SENTRI (Secure Electronic Network for Travelers Rapid Inspection) pass from the U.S. Customs and Border patrol, which allows “low risk” travelers who pass a background check and personal interview to obtain an identification card and car pass for those who wish to drive across. Separate lanes for walking and driving are reserved for SENTRI card holders, which greatly expedites the border crossing experience. The program is invaluable to frequent commuters in attending to their family, business, educational, and social needs on both sides of the border, and many of my colleagues at UCSD have SENTRI. Yet it also essentially creates and

maintains a classed system of surveillance and categorization that privileges the expedited movement of those deemed desirable and routinely interrogates those individuals whose personal profile appears to deviate from lower risk ideals (Heyman 2001).

Nevertheless, having SENTRI was invaluable in my work, as it permitted me to cross back and forth with ease on a nearly weekly basis over a period of about two and a half years (see also methods Chapter 5). The UCSD project office is located in the heart of the *Zona Norte* in the second story of an office building. At all hours of the day, the *Zona* is bustling with movement, sounds, smells, and sights of simultaneous formal (e.g., bars, clubs, restaurants, and hotels) and informal (e.g., street vending, drug dealing) economic activities. Like many cities, there is usually an excess of garbage throughout the *Zona*. Workers are constantly sweeping or hosing down the streets in the morning and sometimes the afternoon in front of their bars and restaurants. The air is often thick with alternating wafts of grilled meat, garbage, and dog shit, sometimes all on the same block. The sounds of music blaring from behind the dark curtains that cover the front doors of many bars can range from American rap to traditional Mexican rancheros and everything in between. The men who work the doors always call out to me first in Spanish, and if I do not answer, they often code switch into English. They say their bars are "happy places" with cheap drinks. *"Lady, don't you want to have some fun?"*

Figure 11: Northbound border crossing from Tijuana. The empty lanes in the right side of the photo are reserved for SENTRI card holders. The sidewalk next to the SENTRI lanes is the pedestrian crossing. Crossing the border to the U.S. side can take up to several hours at peak travel times. The line backs up going into Mexico in the late afternoon.

Figure 12: Vendors in the northbound lanes of traffic entering into the U.S.A.

From the office vantage point on the second floor, one can see the constant flurry of street activity below, including the street-based sex workers, men and women informally selling items in the street, street cart venders, police, and young school children who attend the school one block down the street. The office is stuffy and hot in the summer, and even setting up oscillating fans in the interview rooms does not prevent interviewer or interviewee from becoming damp with sweat during the interaction. In contrast, the office is frigid in the winter to the point that some of the staff wear jackets, scarves, and gloves inside. The music from the bar downstairs from some of the interviewing room seeps through the floor and walls and the bustle of loud traffic, street mariachis, police sirens, and general commotion outside the windows can at times render it difficult to conduct an interview. Nonetheless, the office serves as a convenient location where formal project interviews take place and HIV/STI testing is conducted, as well as an informal place where participants sometimes drop in to get coffee, chat, check on their test results, and inquire about their next interview.

The majority of my work for *Parejas* was based in this office and consisted of data collection and project management. I often went out into the field to locate participants and helped facilitate tours of the UCSD projects before they were suspended due to safety concerns by the University. My dissertation work involved recruiting participants from this office base and I conducted the first interviews of my project in the office. After providing partners with the option for home-based interviews (see methods Chapter 5), my work extended out into other areas of the city beyond the *Zona Norte* which contrasted with the more sanitized environment of the clinic.

Of the seven couples enrolled in my dissertation work, four live in neighborhoods outside of the *Zona Norte*, three of whom I was able to visit to conduct home-based interviews and observations. I also conducted interviews and observation with one couple who live in the heart of the *Zona.* In all cases, couples reside in simple homes or apartments either with other family members or close to family. I learned that each of these neighborhoods has its own drug market, and I was able to observe drug use practices among all of the couples I visited. Chapter 9 provides descriptions of the social environments in which the fieldwork was conducted and lends insight into the couples' drug use practices.

My research outside of the office setting presented several challenges, which now provide several points of critical reflection about researcher position and the dangers of fieldwork. The remainder of this chapter processes, reflects, and acknowledges my position as a researcher working on a difficult topic in a potentially dangerous context.

Risky fieldwork and representation

I begin with risk, harm, and danger. The sociological concept of *risk* refers to the possibility that certain actions or processes will result in future harms, including injury, loss, damage, destruction, or death (Giddens 1990). I define *harm* broadly to include a range of disease outcomes as well as other threats to wellbeing, whereas *danger* is the perception of risk (Douglas 1991). Access to resources and opportunities is unequally distributed throughout societies, and these factors are not only produced by human actions over time, they have tangible consequences in terms of the distribution of wealth, economic production, residence, information, and health, and therefore bear directly upon how, and among whom, risk is circulated (Beck 1996; Reith 2004). The "risk

environment" framework upon which I draw in this research conceptualize harms as a matter of "contingent causation" (Rhodes 2009:198). Harm is contingent upon an individual's social interactions as produced within the constraints of the political, economic, and socio-cultural environment. The risk taking and risk avoidance strategies as practiced by female sex workers and drug users are at once symptomatic of their vulnerable position in society and expressions of agency that attempt to manage multiple, competing harms.

My fieldwork was conducted within the "risk environment" of Tijuana's spaces of illicit sex and drug trade (Rhodes 2002). This is an *immanent* domain of risk – it is comprised of the larger, historical factors of militarized violence, drugs, and vice that are feared by outsiders. As a researcher working in Tijuana, my experiences and perceptions were shaped by this immanent domain of risk, but not in the same way that the research participants whose lived experience is more intimately shaped by it. I only observed their experiences of risk as an outsider to the domain.

Part of the anthropological project is to be humanizing of the people we study, particularly when they engage in illegal and stigmatizing behaviors that typically cast them as a "risk group" for HIV infection (Schiller, et al. 1994; Schoepf 2001). In working in a dangerous place on sensitive and stigmatized topics, we want to recognize real risks without reifying these risk categories or portraying participants in ways that reinforce negative stereotypes. At the same time, however, we must be careful not to accept uncritically what participants say at face value and enable ourselves to be seduced by their versions of events without thoroughly evaluating other forms of evidence (Robben 1995). The challenge in this reflection and throughout this dissertation is to represent

accurately the couples' lives without exotifying or reifying them (Taussig 1980) and to acknowledge how my personal role as a researcher (Cohen 2000; Hill, et al. 2010) in this particular risk environment shaped my data collection and influences my representations of female sex workers and their intimate partners' lives and risks.

As Peter Magolda (2000) writes, "qualitative researchers need not apologize for their subjectivity but must be aware of and acknowledge it" (Magolda 2000:230). Because of my gender, ethnicity, nationality, fully clothed and sober body, and relatively privileged position as a graduate student who returned home to a middle class San Diego neighborhood after each day of fieldwork, I was always self-aware of my position working in Tijuana. In her discussion of emotionally engaged fieldwork, Kari Lerum (2000) points out that "the study of sex work is a politically and emotionally tricky endeavor" (Lerum 2001:468). This sentiment ostensibly applies not only to the ethnographer's engagement during fieldwork, but to later issues of representation of the experience studying taboo subjects. Magolda (2000) calls the "confessional tales" of fieldwork about ethnographers' experiences, mishaps, and hardships in the field an important part of including the researchers' own voice in the work (Magolda 2000). Unlike traditional models of detached data collection, ethnographic engagement in the lives of the participants and immersion in the daily flow of the research site ultimately generate a different kind of research result. According to Magolda:

> *Confessional tales reveal how the research came into being, expose the human qualities of the field-worker, chronicle the researcher's shifting points of view during the fieldwork and writing phases of the research, and remind readers that the fieldwork process is imperfect but not fatally flawed* (Magolda 2000: 210).

In addition to reflecting on the difficult content of my research, working in a "dangerous" fieldsite like Tijuana introduces the challenges and *imminent* risks associated with the daily movements through the city and varied interactions and experiences with individuals. Anthropologists have long worked in risky and dangerous places and a number of publications have reflected on these experiences (Kovats-Bernat 2002; Nilan 2002; Nordstrom and Robben 1995). Pamela Nilan, for example, wrote that dangerous fieldwork is often worth the risk because of the highly charged data that can emerge from the experience that other methods are not able to fully capture. Nilan concluded that while not entirely unproblematic, hiring a local "guide" who was privy to a bar scene where sex work and drug dealing openly occurred provided her with new and invaluable insight in her study of young people's health risks in Bali (Nilan 2002).

Experiences of personal risk

People always asked me if I personally felt "safe" conducting fieldwork in Tijuana and traveling back and forth across the border by myself. Overwhelmingly, the answer is yes. Yet U.S. State Department Travel warnings and media coverage of drug-related violence and human rights abuses (Archibold, et al. 2011; Human Rights Watch 2011; Savage 2011; U.S. Department of State 2012) generated some admittedly legitimate concerns with my proposed research plan from university officials, project staff, and advisers.

Navigating institutional resistance and concern was further complicated when, about one month prior to launching my dissertation work, an incident occurred with a group of staff from the UCSD research studies that were driving through the canal to locate participants. On this particular day, a group of men stopped the staff, pulled them

out of the van at gunpoint, and forced them down onto the concrete for several minutes; one of the men also kicked a male staff member in the ribs in the process. Only after several minutes of uncomfortable torment did the men identify themselves as undercover police and eventually accept the staff's legitimate reason to be in the canal. They let them go. Needless to say, the staff was severely shaken up, and all fieldwork activities were temporarily suspended (no incidents have been reported since).

In response to concerns about physical safety in the field, I followed the risk management protocol developed for *Parejas*. I carried emergency contact numbers and always informed someone from the Tijuana project staff where I was for the day. As another form of precaution, I always carried multiple forms of identification, including a UCSD employee ID as well my driver license and University of South Florida school ID in case I was ever stopped. I carried my personal cell phone and a Nextel phone that I had from the University at the time, which acted as a two way pager to make calls for free all over Mexico and Southern California. In addition to the contact numbers I carried on my person, the Nextel had several pre-programmed numbers of people on both of the border who I could call in case of an emergency. I did not create any formal agreement with the local police for my personal study, but rather operated under the (naïve?) assumption that my affiliation as an American UCSD project staff member would have pardoned my presence or gotten me out of jail, as UCSD has been working in the community for a number of years and is well known to most of the local authorities.

Despite my outline of precautionary measures, I was exasperated when I first started my project at the continued intuitional resistance to my entering the field and lack of access to the staff for their assistance in locating participants' homes in a sprawling,

chaotic city. A Mexican colleague of mine suggested and helped arrange for a "bodyguard" to take me around to my first home-based interviews. This would enable me to start my work and support an argument of safety and precaution should I be questioned about my activities. Little did I know this would end up being a "real" bodyguard who looked like he was straight out of a Hollywood movie, drove a giant, glimmering Suburban SUV, and boasted credentials of providing protection to several state-level officials in the course of his professional experience.

I hired the bodyguard on two separate occasions, but quickly decided that his presence and level of protection (I later found out that he carried a gun) was unnecessary and distracting, particularly given the nature of the work I was doing. Beto, one of the partners in my study who I introduce in Chapter 7, later told me that the bodyguard looked like a cop. Upon further reflection, the bodyguard's appearance could have endangered Beto and his partner Cindy if someone got the wrong idea about who was spending time waiting around outside their house (a well-known corner where locals often congregate to purchase drugs from the dealers who drive through the *colonia*, or neighborhood). After this gaffe, I quietly hired cabs to take me around and adopted a "buddy system" in which a colleague accompanied me (on her own time) on all home visits, further discussed in the methods Chapter 5.

Among the primary safety concerns in this context are the risks of physical harm and incarceration from engaging with individuals who are involved in illegal activities. Law enforcement agencies along the northern Mexican border have been accused of human rights violations, forced disappearances, repressive policing tactics, and questionable detentions (Beletsky, et al. 2012; Human Rights Watch 2011). Nevertheless,

I do not pretend that my risks from the police are the same as those for the participants with whom I work. While my identification and identity as an American researcher likely would have gotten me out of jail, I cannot say the same for the participants who are routinely targeted by the police for their appearances as drugs users. At the same time, my presence may have been suspicious and my unfamiliarity in navigating the legal system and restrictions in my language capabilities may have rendered it difficult to quickly negotiate my way out of a bad situation. To be fair, the police themselves contend with their own sense of danger in a city reputed for its violence and drugs.

The risks of physical harm and incarceration are not the only issues of concern in this type of work, however. Spending time in participants' homes and observing their injection drug practices could have placed me at risk for accidental exposure to needle sticks and other environmental hazards. Partners under the influence of drugs could have grown violent, gotten sick, or overdosed. Other household members and social contacts not directly involved in the study could have raised objection to my presence. Others' suspicion about my presence there could have placed the participants at risk as well, if their family members and friends became upset or angry as to why they let me into their home and exposed me to illegal activities that could tip off law enforcement.

In the end, I did not suffer any negative consequences because of my fieldwork. Neither did any of the participants, of which I am aware. I was able to conduct interviews in the homes of four of the seven couples who participated in my study, and for three out of four, I made multiple trips to interview and interact with them. The observations and interview data generated through this work made invaluable contributions to my study that purely office-based collection methods could not have provided (Nilan 2002). The

challenges that I faced along the way to collect these data to me have far outweighed my sense of personal danger at any point.

As a final point, I want to reiterate that Tijuana is much more than its stereotype as a bastion of sin and risk and there are many other dimensions of experience besides worrying about personal security. In this chapter, I have focused on the commercial sex trade and drug-related aspects of Tijuana because they form important parts of the city's history and are directly relevant to my dissertation work. During my fieldwork, however, my eyes were opened to other areas of a modern, cosmopolitan city luring new high tech industries and garnering media attention for a burgeoning culinary scene and upscale nightlife (Isackson 2010; Landsel 2011). People are hospitable and proud of their city. From study participants to government officials, people were kind, patient, and open with me. This richness, diversity, history, and chaos of the Mexico-U.S. border makes it an ideal setting in which to explore critical and phenomenological notions of modernity, emotion, risk, theory, and practice, as taken up in the following chapters.

Figure 13: Nightscape of Tijuana. This photo was taken from a friend's balcony in an upscale neighborhood outside of the *Zona Norte*. The lights on the hillsides of Tijuana at dusk give it a serene feeling. Photo by Angela Robertson

CHAPTER 3: LITERATURE REVIEW

"Anthropologists ask for trouble when they deal with love because it's so hard to get a logic handle on it. But love is so incontestably important in human affairs, that anthropologists who do not try, flout the very definition of their profession" --Margaret Mead 1977

This chapter evaluates love and HIV risk in the diverse contexts of intimate relationships. My review of the literature begins with a historically situated, phenomenological perspective of modern love. As asserted by Mark Padilla and colleagues (2007): "love is a particularly useful lens for social analysis, providing as it does a glimpse into the complex interconnections between cultural, economic, interpersonal, and emotional realms of experience. Love in a word is holistic." (Padilla et al 2007:ix). Through this lens, I explore the influence of love and other emotions on sexual and drug-related risk behaviors within relationship contexts and contend that an affective approach to studying HIV risk is also appropriate for understanding sex workers' non-commercial relationships in Tijuana.

The second part of the chapter discusses the rise of modern forms of sex, including sex work and to what extent affect is embedded in this industry on a global scale. In examining the subjective experience and meaning of love from sex workers' point of view, the importance of emotions becomes evident. Studies suggest that love, trust, and intimacy can shape sex worker-client relationships and influence patterns of condom use. Nevertheless, few studies have focused on the emotional content of female sex workers' relationships with *non-commercial* partners and how emotions can shape

intersecting sexual and drug-related risk perceptions and practices. This omission in international scholarship invites the possibilities to expand the HIV literature and advance an anthropology of affect.

'Modern love'

Love is a universal human emotional experience (Fisher 1994; Fisher 2004). Throughout history, individuals have experienced and expressed romantic love in many different ways (Lee 1977; Moore 1998). How people love is profoundly shaped by broader cultural, social, and even economic contexts (Hirsch and Wardlow 2006; Padilla, et al. 2007; Rebhun 1999). Such external factors shape individual choice of partners, influence the timing and processes involved in establishing a committed relationship (Fisher 1994), and even help determine what a committed relationship means in a particular context (Jankowiak and Nixon 2008; Lewinson 2006).

Historically, the rise of modern love and companionate marriage traces back to 19th and early 20th century Europe and U.S systems of emergent capitalism (Shumway 2003). As new configurations of production and consumption overtook an order based on kinship and group obligations of earlier times, the structure of relationships changed to become gradually less bounded as units based on female reproductive capabilities (Coontz 2006; Lindholm 1998). Older systems of marriage were based on duty and kinship ties; families were bound units in which members had a moral obligation to each other to adhere to gendered forms of labor (e.g., the female remains in the domestic sphere and rears the children who grow up to contribute their labor to the household). Marriage had been expected of women who had few other options and fulfilling marital obligations was a means to securing a livelihood and represented an end unto itself.

Marriage was also a key way to manage property and perpetuate family order through patriarchal systems of inheritance that passed down property from one generation to the next. During the rise of capitalism, however, the economic and social order began to change. Corporations took over some of the roles of the traditional family, and individualization and flexible accumulation began to chip away at the traditional roles of marriage. Urbanization, education, fertility decline, gains in life expectancy, rise of wage labor, and media influences have been critical forces in shifting relationships from that of obligation to that based on personal decision, autonomy, and self-realization (Shumway, 2003; Padilla et al. 2007). Marriage started to become a more personal and private decision. In other words, no longer was marriage, particularly for women, a moral duty or responsibility, it was a choice. Yet, when it became a choice, expectations surrounding it increased. The view of marriage shifted from necessity and function to instead become a site of emotional investment and intimacy (Sumway 2003). Particularly given the confusing new options of economic flexibility, social fragmentation, and geographic mobility that capitalism engendered, people felt alone and disconnected, which made it all the more important to seek emotional refuge and companionship in others. Social theorists such as Anthony Giddens (1992) have proposed that love served a purpose within capitalism, as it provided socially isolated people in an increasingly alienating environment meaning to their lives, while at the same time, enabled capitalistic structures in society to perpetuate themselves (Lindholm 1998). When individuals found emotional comfort in their relationships and marriages, modes of capitalist production and the social changes accompanying it seemed less scary, and new forms of production and consumption kept moving forward.

Moreover, material and affective motives are intertwined, and economic systems and class status affect emotional expression (Rebhun 1999). In other words, the product of the romance of love and marriage is invariably a unit of economic production that remains profoundly shaped by larger ideologies (Rapp 1987; Rebhun 1999). Particularly in contexts of hardship and poverty and separation from kinship forms of support, relationships necessitate pooling of resources to cope with uncertain and destabilizing circumstances. These factors inexorably bind economic and emotional aspects of relationships as individual partners demonstrate love through sharing the goods and services upon which life depends (Rapp 1987; Rebhun 1999).

But even in diverse political economic contexts, researchers have documented fundamental shifts toward companionate relationship patterns (De Munck 1998; Faier 2007; Hardt 2011; Smith 2008). Throughout the literature, younger people talk about affective ties, which contrasts the relationships of their parents and grandparents that were based on moral obligations to family and fulfillment of traditional gender roles (Hirsch and Wardlow 2006). Recent comparative ethnographic work on love has shown that partners now pursue modern, "companionate" relationships based on ideals of love, intimacy, pleasure, personal satisfaction, and the like. These commonly sought after traits represent an ideal, mutually fulfilling companionship in both emotional and sexual terms (Hirsch 2003; Hirsch, et al. 2007). Companionate ideals now form the basis of intimate relationships and give meaning to individuals' lives, rather than existing merely as byproducts of traditional social partnerships (Giddens 1992; Hirsch and Wardlow 2006; Padilla, et al. 2007).

While anthropological perspectives have informed our understanding of the historical trajectory and lived experience of modern love, psychological studies have attempted to operationalize the concept of love, which may illuminate its varied expressions in diverse contexts. One of the most influential perspectives is Robert Sternberg's "triangular theory of love" (Sternberg 1986), which posits that love is comprised of three main components: intimacy, passion, and decision making and commitment. In this conceptualization, each of the three components can combine in different forms and strengths to define different types of love. Intimacy, the first component, refers to feelings of closeness and connection in loving relationships. Passion refers to the sexual aspect of the relationship, such as romance, physical attraction, and sexual consummation. The decision-making and commitment aspect refers to the short and long-term decisions partners make about maintaining their love. Taken together, these three components generate different kinds of love, although no relationship is an entirely "pure" form of any of them (Sternberg 1986; Sternberg and Grajek 1984). Based on this model, companionate love, as discussed in the above ethnographic studies, derives from a combination of intimacy and decision making and commitment.

Not only is intimacy a key component of Sternberg's theory of love, ethnographic research has suggested that it is a defining characteristic driving a shift in modern relationships (Giddens 1992; Hirsch and Wardlow 2006). The very meaning of intimacy has changed through history, from its connotations prior to the 19th century as an euphemism for sexual relations to its shift in the 20th century to signify in broader discourse a new style of relationship that provided a balance of autonomy and attachment

with another person as an emotional refuge from the alienation and social fragmentation of capitalism (Shumway 2003).

In the current literature, intimacy refers not only to physical, but to emotional forms of closeness shared between partners that can be private, caring, and typically unavailable to outside parties (Constable 2009; Zelizer 2005). Intimacy is built on trust, which is grounded in cognition and affect. Trust is based on rational assessment and subjective feelings that can engender a sense of protection and security (Alaszewski and Coxon 2009; Rhodes, et al. 2008a). In short, intimacy is the building block of modern relationships, though it may take distinct physical and emotional forms.

Leave it to modern psychology to try to quantify an affective domain as enigmatic as intimacy. Yet, Sternberg and Grajek's (1984) factor analysis of the dimensions of intimacy helps bring cohesion to an otherwise abstract concept. The ten components of intimacy listed in Table 1 have broad appeal and can manifest accordingly to the specific cultural context in which the intimate relationship is experienced.

Table 1: 10 Aspects of Intimacy (Sternberg and Grajek, 1984)

1. Desire to promote the welfare of the loved one
2. Experience happiness with the loved one
3. High regard for the loved one
4. Being able to count on the loved one in times of need
5. Mutual understanding with the loved one
6. Sharing of one's self and one's possessions with the loved one
7. Receipt of emotional support from the loved one
8. Giving of emotional support to the loved one
9. Intimate communication with the loved one
10. Valuing of the loved one in one's life

While Sternberg and Grajek's (1984) analysis provides an empirical basis for the investigation of intimacy within relationships, it follows that the expression and relative importance of each factor will be shaped by the broader contexts in which the

relationship is embedded. Moreover, it is important to distinguish between feelings or ideals and associated actions. As Sternberg points out (1984), it is one thing to feel a certain way about a significant other, and another matter entirely to act in a way consistent with these feelings. Each of Sternberg's components of love (intimacy, passion, and commitment) has a set of actions associated with it; the actions that express a particular component of love can differ from one person to another, from one relationship to another, or from one context to another.

Nevertheless, it is important to consider how love is expressed through action because action can affect a relationship and the physical and emotional wellbeing of its participants. There is urgent need to understand how the meanings of love shape vulnerabilities (Padilla, et al. 2007). That is, how love shapes the meaning of the relationship and influences decisions may have wide-ranging health effects, including engagement in "risky" sexual and drug-related behaviors that potentially render each partner susceptible to HIV/AIDS, STIs, and other health harms.

Intimate relationships, love, and sexual risk

Anthropological works have focused on the importance of the emotional aspects of intimate relationships among at-risk populations. Some of the earliest and most prominent work in this area is E.J. Sobo's research on the constructions of HIV risk denial among urban, minority, low income women in Ohio (Sobo 1993; Sobo 1995a; Sobo 1995b). Sobo was among the first in anthropology to explicitly recognize the importance of the psychosocial and emotional benefits that women take away from engaging in "risk behaviors" in the context of intimate relationships experienced within larger contexts of poverty and uncertainty. In such contexts, women will often forgo the

use of condoms even in relationships with “high risk” partners because they associate condoms with emotional betrayal and mistrust. By not using condoms, partners demonstrate their fidelity – or at least the illusion of fidelity – and find a reassurance of emotional security within the relationship (Sobo1993).

Since the time of these studies, researchers have turned increasing attention to the importance of emotions in forging modern, intimate relationships, including their role in decision making surrounding condom use (Hirsch and Wardlow 2006; Rhodes and Cusick 2000). Research has suggested that socially marginalized women engage in “risky” unprotected sex with steady partners because they value the emotional security that relationships provide over distal pathogenic threats, such as HIV (Rhodes and Cusick 2000; Sobo 1995b). In the search for physical and emotional intimacy, partners may be reluctant to use condoms out of fear that condoms will evoke distance in the relationship or even arouse suspicion of infidelity (Bourne and Robson 2009; Chimbiri 2007; Hirsch, et al. 2007; Philpott, et al. 2006; Pilkington, et al. 1994; Warr 2001). Tim Rhodes and Linda Cusick (2000) examined the role of intimacy in the relationships of HIV positive individuals and their primary partners and found that emotional meanings signified by unprotected sex far outweighed partners’ concern with seroconversion. They concluded that “unprotected sex may provide a particularly potent expression of relationship security when all around there is risk” (Rhodes and Cusick 2000:10).

Intimate relationships, love, and drug-related risks

Importantly, drug use intersects with sexual risk (Gyarmathy and Neaigus 2009; Hahn, et al. 2002; Harvey, et al. 2003; Kane 1991; Lakon, et al. 2006; Sibthorpe 1992). Drug using intimate partners frequently report unprotected sex in the context of their

relationship (Barnard 1993; Rhodes and Quirk 1998), and may engage in sex work outside of the relationship to support each other's drug habits, which could introduce excess risk into the main relationship (Lam 2008; Simmons and Singer 2006). Moreover, while females are more likely to engage in unprotected sex and needle sharing with intimate partners, males may also engage in sexual and drug-related risk behaviors with friends or casual sex partners (Cleland, et al. 2007; Tortu, et al. 2003).

Studies of drug-using couples suggest a gendered performance of risk (Barnard 1993; Bryant, et al. 2010; Cleland, et al. 2007; Riehman 2004). Researchers suggest that women often have less ability than their male counterparts to control their risk (Go, et al. 2006). Gendered risk may begin with the typical division of labor in obtaining and using drugs. Some studies have found that men are more likely to procure drugs, which can protect their partners from the risk of arrest, but which also presents additional opportunities to use drugs outside of the context of their relationship (MacRae and Aalto 2000; Simmons and Singer 2006). Female partners may also be at heightened risk of harm through needle sharing with intimate sexual partners (Gyarmathy, et al. 2010; Lazuardi, et al. 2012; Unger, et al. 2006), particularly when they use needles after their male partner, who may be more likely to share injection paraphernalia outside of the relationship (Barnard 1993; Go, et al. 2006; Tortu, et al. 2003). While needle sharing may be part of an emotional bond that signifies trust between committed partners (Loxley and Ovenden 1995; Rhodes and Quirk 1998), and refusing to share can suggest mistrust and distance (Barnard 1993), researchers have speculated that such emotional meanings may be more important to women, whereas men may be motivated to share by "practical terms" such as experiencing drug withdrawal and needing to inject regardless of the

circumstances (MacRae and Aalto 2000). As Stephanie Tortu and colleagues have observed, similar dynamics that function as barriers to safe sex within relationships, including gender inequality and emotional closeness, also serve to sustain risky drug using practices such as needle sharing (Tortu, et al. 2003).

Drug using partners may be influenced by each other's frequency, intensity, and type of drug use, as well as treatment engagement. Individuals may shift their drug use toward leveling or equalizing behaviors, whereby one partner starts using more drugs to match the other, or progresses from smoking or snorting to injection to match the other's behavioral patterns (Lam 2008; Rhodes and Quirk 1998). The reasons for transitioning may be may be emotional in nature, to coalesce into "drug using harmony" within the relationship (Lam 2008:S130). Moreover, drug involvement within relationships has implications for both partners in terms of treatment seeking and drug treatment outcomes, and cessation is difficult unless both partners are in agreement (Rhodes and Quirk 1998). Research suggests that women are more likely than men to be influenced by their partner's drug use patterns and (non-)motivation to seek treatment (Riehman, et al. 2000; Rivaux, et al. 2008). Drug-involved female sex workers in Hartford, for example, felt that any attempt at drug treatment would fail if the program did not address both partners, and women who finished programs on their own subsequently relapsed when they returned to home to their actively using partner (Romero-Daza, et al. 2003).

In sum, it appears that drug use often complicates intimate relationships by introducing physical, social, and potential legal risks, but that concern over drug-related harm is often secondary to maintaining the relationship (Rhodes and Quirk 1998; Simmons and Singer 2006). This literature also suggests that the emotional meanings

ascribed to drug use need to be explored in light of the broader context, such as syringe availability (Bluthenthal, et al. 2004; Page and Fraile 1999; Small 2005; Souradet, et al. 2007) and gender-power dynamics (Bourgois, et al. 2004; Evans, et al. 2003). Finally, the overlapping forms of sexual and drug-related risk within intimate relationships in a larger context of sex work merit further investigation.

Sex work and modernity

This section evaluates the applicability of notions of love and risk within a broader context of commercial sex work. Giddens (1992) has argued that not only did capitalism give rise to the modern individual and modern love, it has also shaped modern sexualities (Giddens 1992). Giddens goes so far as to propose that romantic forms of love are losing their purpose in conditions of post-modernity and proposes that "confluent love," or that based on maximized sexual satisfaction and pleasure without moral obligation, will be ascendant (Giddens 1992). The rise of large-scale commercial sex work in the West developed alongside capitalism in the same set of conditions that originated modern love, thus demonstrating the parallel convergence of love, sex, flexible economic accumulation, and gendered forms of power (Bernstein 2007).

Post-industrial sex is sold as an increasingly diversified range of services by an increasingly diverse cadre of providers. The term “sex worker” emerged in feminist political discourse in the 1970s as an attempt to shift the focus away from the deviance implied by terms such as “prostitute” and to instead acknowledge that sex was a form of work not unlike other forms of physical labor (Leigh 1987). Later, the term “sex worker” was adopted by researchers who wanted to employ a “value-free” term in the collection of epidemiologic data (Ratliff 1999). Yet even the most aseptic terminology is liable to

become value-laden, and some studies employing this vocabulary have been criticized as simplistic, reductionist representations (de Zalduondo 1999; Stoebenau 2009). Prosaic definitions of what constitutes "sex work" are liable to obscure the extensive range of practices involved and types of relationships that are formed, as well as the diversity of social identities and livelihoods of individuals engaged in both the production and consumption of sexual services (Brennan 2008; Cohen 1987; Padilla 2007; Stoebenau, et al. 2009; Uribe-Salas, et al. 2007). In fact, sex work is now often less defined by sexual acts themselves than by the provision of other forms of emotional intimacy. The range of these new sexual services is a ripe area of investigation (Bernstein 2007).

At its most basic level, sex work refers to the provision of a range of sexual services in exchange for money, goods, or services; the sexual activities can include heterosexual, homosexual, or group activities that are engaged in by both males and females of a range of ages, from various socio-economic backgrounds, and in varied cultural and environmental contexts (Carlson and Siegal 1991; de Zalduondo 1999; Harcourt 2005; Vanwesenbeeck 2001). Researchers have called attention to a "hierarchy" among sex workers ranging from high-end call girls and escorts to those who are street-based and sometimes referred to as "street walkers" who comprise the bottom of the hierarchy; somewhere in between are the women who garner clients in bars, clubs, entertainment venues, restaurants, massage parlors, salons, or other establishments depending on the local context (Dalla 2000; Gysels, et al. 2002; Pyett and Warr 1997; Romero-Daza, et al. 1998; Uribe-Salas, et al. 2007; Willman 2008; Yang, et al. 2010). Harcourt and Donovan (2005) sketched a global typology of sex work and identified at least 25 different types of sex work, according to workplace, mode of solicitation, and

services offered to clients. The authors divided these types into “direct” and “indirect” forms of sex work. The former refer to more defined types of exchanges, whereas the latter refer to an array of more informal practices in which women are less likely to consider themselves as sex workers per se (Harcourt and Donovan 2005).

Other scholars suggest that “pre-modern” forms of sexual barter based on small scale, self-organized and informal terms mainly exist in developing countries, and within the context of sex for drug exchanges (Bernstein 2007). For the most part, this is akin to what we see among participants in *Parejas* in Tijuana, who engage in freelance sex work (Brennan 2008). Still, there is a booming international sex industry and sex tourism in Tijuana that has largely fueled the city’s economic development since the early 20th century as well as the collective imaginary of this border city as a haven for sin (Campbell and Castillo 1995; Hoffman 2010). In this sense, Tijuana is a dizzying amalgamation of “pre-modern” informal sex trading as well as a post-modern “sex scape,” as discussed in Chapter 2 (Brennan 2008). Truly, in the sexual sense, Tijuana is on the border of modern sexualities, sexual exchanges, relationships, and associated flows of HIV risk.

Love and sex work?

Research on the affective dimensions of modern sex work is an emergent pursuit. The extant literature has mostly focused on the fluid emotions that develop between female sex workers and their clients, including the female’s intentional pursuit of love and intimacy beyond the work context (Brennan 2004; Cheng 2010; Ratliff 1999; Stoebenau, et al. 2009). These global studies suggest that love and emotion do indeed play an important role in shaping female sex workers’ risk perceptions and practices.

Factors such as the nature, duration, and social context of dyadic relationships with different sexual partners variably influence female sex workers' physical and emotional risk perceptions and practices. The international, interdisciplinary literature consistently documents that female sex workers are most likely to use condoms with casual clients, less likely to use condoms with regular clients and other known partners, and least likely to use condoms with primary, non-commercial partners (Basuki, et al. 2002; Castaneda and Ortiz 1996; Chan, et al. 2004; Fox, et al. 2006; Green and Goldberg 1993; Gysels, et al. 2002; Mgalla and Pool 1997; Panchanadeswaran, et al. 2008; Shannon, et al. 2008; Warr and Pyett 1999; Zhao, et al. 2008). Nevertheless, it is important to note that such "sex partner" categories are often fluid and overlapping, and in many contexts it is difficult to disentangle commercial or exchange-based relationships from other types of close relationships (Brennan 2008; Gysels, et al. 2002; Ratliff 1999; Roche, et al. 2005; Stoebenau, et al. 2009).

Similar to conceptions of "direct" and "indirect" forms of sex work (Harcourt and Donovan 2005), the term "open-ended" sex work has been suggested to capture relationships that turn into prolonged transactions whereby the male partner provides for the female both materially and emotionally (Cohen 1987). In these relationships, "money is viewed as a man's duty or a gift rather than a payment for companionship or sex" and moreover, the payment may express feelings of love (Ratliff 1999:70). Others have simply noted that the fluidity of client relationships constitutes a grey area in which "straddling the world between client and boyfriend … reflects a process in which a steady partnership is shaped and cultivated over time" (Roche 2005:161). The length of time over which relationships develop with clients, the women's own aspirations for marriage

and intimacy, economic need, and the ability of clients to provide financially all appear to intersect and shape the boundaries of the relationships (Stoebenau, et al. 2009).

Ethnographic accounts suggest that some women use their work interactions to feel desired and that they may intentionally develop feelings for their clients (Peracca, et al. 1998; Ratliff 1999). There is a growing recognition in the literature that HIV/AIDS is not necessarily perceived as the gravest risk for many female sex workers, as women may be far more concerned with the social risk of growing old alone and remaining childless (Ratliff 1999). Other ethnographic work has shown that sex workers have used their work as a vehicle toward finding love and security. Sealing Cheng's (2010) work with Filipina entertainers in a South Korea military camp offered a nuanced examination of why these women were drawn to this particular stage of globalized labor. Within a broader framework of political economy and globalization, she documented motivations surrounding adventure, excitement, meaning, and a chance for romance with a foreign man that could lead to greater emotional and economic stability for their lives (Cheng 2010). Cheng highlights these strategies as "women's creative response to subordination" (2010:24) and cautions that the subjective, particularized perspective of the women themselves as participants in a globalized sexual workforce must be incorporated into analyses. Similarly, Brennan's work in the Dominican Republic documented sex work in that context as a blurred line of physical and emotional labor, in which the women deliberately tried to secure marriages to a foreigner to escape poverty and build financial security and stability for their children (Brennan 2004). Other examples of women's calculated participation in forms of sexual exchange suggest that increasingly complex, subjective, and globalized configurations of sex, emotional intimacy, and economic

capital are inexorably bound and packaged as the new hallmarks of sexual post-modernity (Constable 2003; Constable 2009; Frohlick 2007; Kempadoo and Doezema 1998; Sanders 2008; Zelizer 2005).

If women's sex work is an agentive act as a means to an end, then it stands to reason that her risk behavior might differ depending on the context and end goal of the encounter. Female sex workers may draw from a "cognitive repertoire" of strategies to weigh the benefits of unprotected sex (e.g., pleasure, emotion, reproduction) with the risk of disease with different partners (Waddell 1996). Condoms are integral to this process, as condoms have been perceived as symbolic and loaded with meaning beyond simple notions of disease prevention (Romero-Daza, et al. 1998). With clients, female sex workers may find comfort in this dual barrier because condoms prevent direct flesh-to-flesh contact, and the literal physical division reinforces the figurative emotional division of the sex act. According to Teela Sanders, "It is not just a rubber sheath that stops semen entering [the sex worker's] body; it prevents the client from entering their minds, stealing their thoughts and affecting their personal relationships" (Sanders 2002:564).

Alternately, if trying to establish emotional intimacy, introducing condom use may undermine the ability to achieve the desired connectivity to create an "authentic" sexual experience with a partner. For some partners, condoms not only act as a physical barrier to prevent the exchange of bodily fluids, they also act as a symbolic barrier to trust, intimacy, and love (Castaneda and Ortiz 1996; Corbett, et al. 2009; Sanders 2002). Research suggests that the greater the level of trust (Mgalla and Pool 1997; Waddell 1996; Zhao, et al. 2008), intimacy (Kerrigan, et al. 2003; Murray, et al. 2007), or love (Jackson, et al. 2009; Warr and Pyett 1999) that female sex workers feel for their partner,

the greater likelihood they will engage in unprotected sex. The risk is likely to occur regardless of how the "sex partner" can be variously labeled as "client," "boyfriend," or any other socially significant category.

The emotional liminality of sex workers' relationships that shift between notions of client and boyfriend, coupled with the affective logics of condom use (and non-use) in sex work, lend evidence that love and other emotions play a vital role in shaping HIV risk perceptions and practices in this context. Yet little is known about the emotional dimensions of HIV risk among sex workers who already have stable, non-commercial male partners apart from their sex work and who are not actively seeking love in their client relationships. What are these intimate, non-commercial relationships like? Who are these intimate male partners and what risks and protections do they impart for these women?

Sex worker's intimate, non-commercial relationships

More than decade ago, anthropologist E.J. Sobo lamented our lack of knowledge on the relationships between sex workers and their non-commercial partners and called for further research, including the implications of these relationships for developing health interventions (Sobo 1999). While more than three decades of research indicate that female sex workers are at heightened risk for HIV/AIDS (Baral, et al. in press; Cleland, et al. 2007; Ghys, et al. 2001), and are less likely to use condoms with intimate partners than with clients (cf. Sanders 2002), we know virtually nothing about female sex workers' intimate relationships, nor have we attempted to incorporate their male partner perspectives into HIV prevention. There are still relatively few studies on this topic, and to my knowledge, there are no studies of Mexican female sex workers and their non-commercial partners that investigate relationship influences on HIV risk behaviors. The

following studies were selected and outlined because of their rare attempt to propose a specifically couple-based approach to understanding HIV risk and include the perspectives of female sex workers' male partners.

Jackson and colleagues (2009) conducted a study of female sex workers and partners of sex workers (who were not romantically linked) in Canada that highlighted the psychosocial aspects of wellbeing in these complex relationships. Many of the relationships studied by Jackson et al. were long term and stable, and participants talked about the loving and caring nature of their partnership, while others discussed fighting with their partners about finances, drug use, and jealousy. Positive aspects of relationships included feelings of inclusion, safety, respect, acceptance and trust, which were related to a general sense of well-being. These feelings were particularly important to the women, who wanted to be accepted and held in equal status with their partner despite their involvement in sex work. Furthermore, women drew distinct physical and symbolic boundaries between their work-related and intimate relationships; the latter of which were characterized by an emotional closeness that was not shared with clients. Not using condoms with intimate partners marked this boundary (Jackson, et al. 2009).

Corbett and colleagues (2009) examined condom use among "high risk" couples who were poor, illicit drug users, sex workers, and/or homeless in Hartford and found that two primary themes emerged from in-depth interviewing: couples prioritized the proximate love and intimacy that these relationships provided over distal health concerns, and many couples employed strategies other than condom use to reduce their risk for HIV/STI infection. Here, the authors call attention to the possibility of pursuing a "negotiated safety" approach. Negotiated safety means that partners undergo mutual

HIV/STI testing and share their status, commit to monogamy or establish rules for condom use for outside partnerships, and discontinue condom use with each other. Many of these relationships were long-term and committed, and based on notions of trust and faithfulness; as such, the use of condoms represented both a physical and emotional barrier to intimacy. As participants were socially marginalized and tended to use drugs, the need to feel safe, accepted, and loved outweighed any potential health risks from unprotected sex (Corbett, et al. 2009). This work highlights how knowledge and self-efficacy are insufficient to explain human sexual behaviors, and how innovative risk reduction approaches for couples are needed.

Recent research among couples in Vietnam offered a rare examination of love, sex work, and drug use within three different types of relationships: injecting drug users and their injecting partners; injecting drug users and their smoking partners; and injecting drug users and their non-using partners (Lam 2008). Some, but not all, of the females in the study engaged in sex work to support their drug use, though this was typically not discussed. Non-condom use and needle sharing were typical and deliberate expressions of love and intimacy within the relationships that demonstrated partners' trust in each other. Partners were often reluctant to suggest condom use out of fear that it would arouse suspicions of infidelity. As such, "using a condom may be viewed as a risk itself since it hinders the development of meaningful relationships" (Lam 2008:S129). Another identified risk was that over time, smokers often switched to injecting in order to create "drug using harmony" with their partners (Lam 2008:S130) and partners often engaged in a gendered division of labor to procure drugs: some of the females engaged in sex work, and the males often robbed and worked in the drug market. Drug use intersected with

sexual risk, as newer users often engaged in sex while high and reported that drug use enhanced their sexual desire, while many longer term users often lost interest in sex.

In sum, the literature suggests that the emotionally charged experience of sexual relations and subjective meanings that individuals ascribe to different types of sexual experiences is important in terms of HIV prevention programming (Cheng 2010; de Zalduondo 1999; Ratliff 1999; Sibthorpe 1992). These studies also help support the human universality of concepts such as love, trust, and intimacy in romantic relationships among diverse populations and suggest a further need for its investigation in the context of female sex workers' intimate relationships. The scant literature on drug use practices also suggests the importance of examining the emotional meanings of risky drug sharing practices, though such couple-based perspectives are relatively rare. What is better known is that taking risks – whether emotional, physical, or otherwise – is an inherent feature of all intimate relationships (Bourne and Robson 2009) and that perhaps with the promise of love, intimacy, security, and meaning that relationships can provide, individuals are willing to take these risks.

Further studies focusing exclusively on female sex workers and their non-commercial partners are needed to help shed light onto the emotional contours of potential HIV acquisition in this risky intimate relationship context. These couples face unique and overlapping sexual and drug-related risks both within and outside of their primary relationships. Importantly, HIV risks are perceived and practiced by both members of the couple, and a truly dyadic approach incorporating both partners' perspectives, as proposed in this dissertation, is needed in order to inform interventions that both partners will find meaningful. While the HIV literature has mostly focused on

female sex workers' individual behaviors and, to a lesser extent, the role of emotions in driving their risk, the importance of relational and emotional factors in shaping intimate male partners' experiences should no longer be discounted.

Relatively few couple-based HIV interventions have been documented in the literature, and none have focused on sex workers' intimate relationships (Burton, et al 2012). Recently published reviews of couple-based interventions suggest the science is still in early stages of development, and researchers have called for theory-based approaches that extend beyond traditional social-cognitive theories (El Bassel, et al 2010). Moreover, there is new interest in designing prevention programs that incorporate the centrality of intimacy and sexual pleasure in relationship contexts (Bluthenthal and Fehringer 2011). Applying a phenomenological lens to study the emotional meanings that female sex workers and their non-commercial male partners ascribe to their relationships may shed insight into the motivations and contexts of couples' sexual and drug-related HIV risk and inform innovative new intervention strategies. This theoretical approach is taken up further in the following chapter.

CHAPTER 4: THEORETICAL FRAMEWORK

Critical Phenomenology: Introduction

This chapter builds on the ethnographic context of Chapter 2 and the literature on love and relationships in Chapter 3 to introduce a critical phenomenological approach to studying sexual and drug-related risk among female sex workers and their intimate, non-commercial partners. Medical anthropologists frequently draw on critical perspectives, such as political economy, to demonstrate how the nexus of sex work, drug use, and HIV/AIDS is not randomly distributed but historically and structurally produced (Bourgois 2003; Rhodes, et al. 2005; Singer 1998b). Phenomenology, in turn, privileges experience, emotions, embodiment, and subjectivity (Moran 2000), and a rich body of anthropological scholarship has drawn on phenomenological concepts to examine subjective experiences of health (Biehl, et al. 2007; Csordas 1990; Jackson 1996; Kleinman, et al. 1997). Robert Desjarlais (1997) calls on anthropologists explicitly to link phenomenological and political economic frames through a "critical phenomenology" approach. To do so, in this dissertation I draw on the idea of the mindful body proposed by Nancy Scheper-Hughes and Margaret Lock (1987:28-29), whereby life experiences become inscribed on the body as health conditions and emotions provide “an important ‘missing link’ capable of bridging mind and body, individual, society, and body politic."

This chapter proposes that an intensive ethnographic study of the micro-dynamics of intimate relationships as an emotionally-charged “missing link” (Scheper-Hughes and Lock 1987) represents an important unit of analysis articulating with interior (subjective)

and exterior (critical) theoretical frames. This chapter first outlines the development and premises of critical political economic perspectives, including introducing the concept of *structural vulnerability* as a conduit to understanding risk among drug-involved female sex workers and their partners. I then trace the historical development of phenomenology and examine its diachronic integration into anthropological scholarship. These sections provide the contextual building blocks to argue for a more explicit integration of the two perspectives in the study of stigmatized behaviors within socially marginalized relationships. Applying this theoretical lens to the study of relationships, love, and risk is a primary contribution of this dissertation and I attempt to draw connections back to theory throughout my writing. The overarching goal of this work is to construct a critical phenomenology framework that highlights the *emotional lived experience* of "embodied structural vulnerability" (Rhodes et al 2012:211) of HIV risk among sex workers and their intimate partners in the context of the Mexico-U.S. border.

The political economy of health

The political economy of health focuses on how the social organization of the economy structures and influences political power and wellbeing to privilege some groups while marginalizing others. In the process, these structural factors correspondingly configure health and wellbeing among populations according to social status and access to material goods and resources. Structural perspectives on the study of drug use and disease transmission are pervasive in the anthropological literature and have demonstrated that such health harms are not randomly distributed but rather are socially produced (Bourgois 1995; Bourgois 2003; Castro and Singer 2004; Farmer 1999; Farmer, et al. 1996; Rhodes, et al. 2011; Rhodes, et al. 2005; Romero-Daza and Himmelgreen

1998; Schoepf 2001; Singer 1994; Singer 1998b). Analyses are also considered in historical perspective, linking changes in macro-structural processes over time to tangible consequences at the micro-level. Essentially, the political economy of health model seeks to uncover the root causes of proximate "risk factors" for disease by critically analyzing the structural factors that invite risk in the first place; in other words, it examines the "risk for the risk factors" that comprise many reductionist epidemiologic analyses (Trostle 2005:127).

The political economy of health is an outgrowth of Marxist social analysis of class conflict, and the study of the social origins of disease that began with the work of Friedrich Engels and Rudolf Virchow in the 19th century (Singer 1998b; Trostle 1986; Trostle 2005). Engels's work, *The Conditions of the Working Class in England* was one of the first socially grounded studies of health, which eloquently argued that poor health outcomes (e.g., tuberculosis, sexually transmitted infections, and alcoholism, etc.) were correlated with the miserable working conditions of the time. Virchow's examination of the underlying social causes of a typhus epidemic in Prussia arrived at a similar conclusion about the relationship between poor health and oppressive social conditions (Azar 1997; Taylor and Rieger 1985). Specifically, factors such as poverty, unemployment, lack of government assistance, inadequate housing, overcrowding, poor sanitation, and nutritional deficiencies, among others, created the social conditions amenable to rampant disease transmission (Trostle 2005).

Political economic frameworks have gone through cycles of disfavor and reemergence in social science since the early 20th century, as ascendant biomedical models of health came to obscure the social production of disease. The most recent

revitalization of political economic analyses occurred in the 1970s, a period marked by rapid economic and technological changes, in which economic practices shifted toward flexible accumulation and increasingly globalized market strategies. At the same time, the privatization of industries and institutions eroded social safety nets and the welfare state, especially among Third World debtor nations, and intensified a global patterning of inequitable resource distribution (Harvey 1989). The political economy of health framework gained momentum during the 1980s and 1990s, as social scientists increasingly recognized its potential as a coherent schema to explain the multiple impacts of such wide scale changes (Singer 1998b). The advent of the HIV/AIDS epidemic ushered in a new era of political economic analyses by medical anthropologists, who now frequently frame sex work, drug use, violence, and disease in terms of political economic processes (Bourgois 1995; Castro and Singer 2004; Farmer 2004; Parker 2002; Weeks, et al. 1998). Merrill Singer's work on "syndemics" has been important in this regard, as rather than analyzing health conditions as isolated occurrences, this framework recognizes the inexorable interrelationships between health, social, and environmental factors (Singer 2009). For example, the SAVA syndemic (substance abuse, violence, and AIDS) posits that these conditions constitute mutually reinforcing health hazards that are impelled by social forces (Singer and Clair 2003; Singer, et al. 2006).

As a cautionary, political economic analyses need to be grounded and practical, particularly when working in multidisciplinary collaborations. For example, while acknowledging the ethnographic contributions to an epidemiological study of hepatitis, Andrew Moss (2003) refers to Philippe Bourgois's idea of theory as a "huge Wizard-of-Oz-like edifice of academic post-modernism" that appeared more content at

"demonstrating the truth of a set of preexisting 'socially significant power categories'" than working toward meaningful public health intervention (Moss 2003:105). Such a critique serves as a reminder to ensure that structural analyses are discussed in tangible, materialist terms and linked to specific behaviors and health outcomes. Perhaps the most important critique of political economy is its traditional lack of attention to agency (Singer 1990). While structural forces invariably shape human existence, individuals are not entirely powerless to act within the constraints imposed upon them. Robert Desjarlais (1997) has lamented the tension between political economic analyses that often "neglect the finer questions of human agency and subjectivity" versus the micro-level analyses of personal experience on the other hand that often lack connection to the larger structural forces that shape their very existence (Desjarlais 1997:25).

HIV researchers increasingly are tracing the links between multiple levels of scale in analyzing the patterned spread of the disease. Particularly important in this critical framework are the links between globalization, migratory patterns, and changing behavioral practices (Appadurai 1996; Goldenberg, et al. 2012; Hirsch, et al. 2002; Inciardi, et al. 2005; Romero-Daza and Himmelgreen 1998; Romero-Daza and Freidus 2008; Shedlin, et al. 2006). This body of work suggests that economic-induced migration and social change has fueled the dissolution of partnerships and families, opened new avenues of sexual exposure between groups of people, and increased the global transmission of HIV/AIDS and other diseases in diverse locales. For example, in Lesotho, a country with one of the highest rates of HIV/AIDS in the world, multiple and often overlapping sexual partnerships as a result of male migration for wage labor and female *bonyatsi* relationships, based on informal sexual exchange for economic reasons,

are important factors contributing to an explosive HIV/AIDS epidemic (Romero-Daza and Himmelgreen 1998). Research with women in Western Mexico and Atlanta, Georgia, has shown that their migrating partner's outside sexual relationships during periods of prolonged absence may expose them to HIV and STIs, but that social and cultural norms mitigate against condom use in this context (Hirsch, et al. 2002).

More recently, scholars have taken an interest in capturing the affective contours of experience in a "political economy of love" approach to understanding new sexual partnerships and HIV risk (Padilla, et al. 2007). Research on sex work on the global stage have examined the transnational processes, dissolving borders, and evolving sexual preferences that are creating a global commodification of intimacy (Brennan 2004; Cheng 2010; Constable 2009; Frohlick 2007). Particularly relevant here is Brennan's work on the "sex scapes" of the Dominican Republic (Brennan 2004; Brennan 2008). The "sex scape" characteristics of international travel from developed to developing world and the consumption of paid sex within a broader context of inequality aptly captures the dynamics of social mobility that are shaping modern HIV risk.

As discussed in Chapter 2, Tijuana may be considered a sex scape, as it is a destination for international migration as well as a magnet for migrants from Central America and other parts of Mexico who are attracted to the economic and social opportunities of the border region, sex work included. Studies from the group at the University of California, San Diego (UCSD) have shown that migratory patterns, cross border mobility, and deportation shape risk practices related to injection drug use and sex work, which in turn configure exposure to HIV (Ojeda, et al. 2009; Ojeda, et al. 2012; Ojeda, et al. 2011; Robertson, et al. 2012; Wagner, et al. 2011). These studies suggest

that population movement influences health outcomes in the context of the northern Mexican border, but critical approaches that draw on ethnographic detail are needed to understand the lived experience of HIV risk in this context.

Critical ethnographic approaches grounded in specific time and place challenge anthropologists to articulate their work within multiple levels of scale. A critical ethnographic approach refers to an "interpretive approach to fieldwork that rejects scientific positivism, asserting subjectivism, language, and discourse as crucial to understanding the meanings upon which individual actions are based" (Vaughan, et al. 2007:2). Critical approaches like that of critical medical anthropology (CMA) (Singer 1986; Singer 1989; Singer 1998a; Singer and Baer 1995) are particularly concerned with documenting ethnographically how structural forces such as power relations and the distribution of economic and social resources affect local biologies. Because concepts like "structure" - like that of "culture" - can mystify as much as they clarify (Quesada, et al. 2011), ethnographically-grounded critical approaches to political economy are important in a tangible, local context. In this sense, ethnographic work not only intends to understand a particular time and place by unraveling the historical structural processes that have converged to create it, but a further goal is "to see a constant interplay between experience and meaning in a context in which both experience and meaning are shaped by inequality and domination" (Roseberry 1989:49).

Structural vulnerability and the risk environment

An increasingly popular and similarly critical approach with growing appeal is the risk environment framework proposed by Tim Rhodes (Rhodes 2002; Rhodes 2009). A risk environment framework advances an understanding of health-related harms as a

matter of "contingent causation," in which health outcomes are contingent upon the social context and the interactions among individuals and between individuals and their environments. Drawing on ideas from critical political economy, a risk environment approach to studying health includes the physical, social, economic, and political environment and also considers macro and micro scales of environmental influence (Rhodes 2009). This framework is building a fruitful dialogue between public health and social science scholarship and finding applicability in multiple contexts of injection drug use and HIV risk (Burris, et al. 2004; Rhodes, et al. 1999; Strathdee, et al. 2010).

Within the critical context of a risk environment framework, I draw on the concept of structural vulnerability to understand better how structural factors might interact with affective relationship factors as important drivers of sexual and drug-related risk for female sex workers and their intimate partners. Structural vulnerability implies a position in which one's vulnerability is produced through one's place within hierarchical political economic and social structures. Drawing on the concept of structural violence first proposed by Johan Galtung (Galtung 1969; Galtung and Höivik 1971) and later popularized by Paul Farmer (Farmer 2004), James Quesada and colleagues (2011) posit that the concept of vulnerability is a more neutral and inclusive term that invokes not only political economic factors, but an array of cultural and other social factors in producing harm and duress. This positioning imposes patterned physical and emotional suffering on specific groups through larger economic, cultural, class-based, and gendered forms of discrimination that perversely become internalized and naturalized in the subjectivities of the very groups who are relegated to a depreciated position.

Rhodes and colleagues caution that scholars need to move beyond classic dichotomous models pitting "structure" versus "agency" but rather to conceptualize risk environments as dynamic spaces where individual HIV risk perceptions and practices constitute forms of "habitus." Pierre Bourdieu's concept of habitus refers to the internalized and unconscious set of structures that shape how an individual acts and reacts to the world (Bourdieu 1977; Throop and Murphy 2002). This structured mode of perceiving and being in the world perpetuates specific behaviors that serve to reproduce the structural frames that initially shape habitus. As Rhodes and colleagues suggest, "risk environments, then, are embodied through participation, through ways of being in the world and of understanding the ethics of self-formation or subjectivity" (Rhodes et al 2011:224). Further, "structural vulnerability within a concrete risk environment extends this focus by linking health, political economy, culture and subjectivity to re-conceive risk as a structural outcome" (Rhodes et al 2011:226). As such, these researchers advocate for critical ethnographic and qualitative research approaches to capture the "lived experience of embodied structural vulnerability" (Rhodes et al 2011:211). At this point we turn to phenomenology to assist in this pursuit.

Theoretical foundations of phenomenology

Phenomenology has been described as a "*radical* way of doing philosophy, a *practice* rather than a system" (Moran 2000:4). It is challenging to conceptualize phenomenology as a single cohesive method, theoretical framework, or set of philosophical principles, and as such, diverse adherents have taken different approaches to the investigation of a wide range of topics (Moran 2000). Although "phenomenology" has evolved over time, researchers employing the concept are generally concerned with

the investigation of meaning and lived experience, the goal of which is to describe the "essence" of specific experiences (Creswell 2007). The philosophical origins of phenomenology can be traced to German philosophers such as Edmund Husserl and Martin Heidegger, whose ideas were then adapted and transformed by existentialist philosophers, such as Maurice Merleau-Ponty, Jean Paul Sartre, and Simone de Beauvoir in post-World War II France (Moran 2000).

Husserl (1859-1938) is widely recognized as the progenitor of the phenomenology movement, which he conceived of as the study and description of things as they are and in the manner in which they appear (Smith and Smith 1995). Heidegger (1889-1976) studied under Husserl, but ultimately branched out in a different direction to apply phenomenology to questions of ontology, or the question of *being* (Heidegger [1954] 1975). Ultimately, one of Heidegger's important contributions to phenomenology was his insistence on interpreting and describing experiences within specific historical and social contexts (Moran 2000:21). Moreover, his notion of *dasein* is particularly relevant in the context of relationship research, as this concept proposes that individuals do not exist in isolation, but all experience is in relation to other people. Our understandings are always embedded in the larger social contexts; even when others are not physically there in being, they are conspicuous by their absence (Moran 2000).

In the 1930s, French thinkers such as Merleau-Ponty and Sartre were attracted to phenomenology's potential "as a means of going beyond narrow empiricist, psychological assumptions about human existence, broadening the scope of philosophy to be about everything, to capture life as it is lived" (Moran 2000:5). Merleau-Ponty (1908-1961) is perhaps best known for his work on the importance of perception and refutation

of Cartesian dualisms such as subject and object or self and world. Expanding on Husserl's ideas about consciousness and being, Merleau-Ponty synthesized phenomenology and existentialism in *The Phenomenology of Perception* (Merleau-Ponty [1945] 2003). This work was based on ideas about embodiment and perception, in which he argued that the body cannot be understood as an object in the world, but that as humans, we *are* our bodies and we cannot separate cognitive and physical processes. In other words, the body as an object and the body as a subject are the same because it is through the physical body that we gain access to the outside world. Perception, he argues, involves the perceiving subject in a situation, rather than positioning them as a spectator who has somehow abstracted themselves from the situation. Perception is active and subjective, as what we see or perceive is shaped by the dynamic between the perceiving body and the body as an object that are experienced as one and the same (Merleau-Ponty [1945] 2003).

Sartre (1905-80) also integrated existentialism and phenomenology and his work sought to understand human existence rather than the world as such, including issues such as the active participation in emotional experiences. In *Sketch for a Theory of the Emotions*, Sartre rejected the notion that emotions are passive, instead arguing that humans actively construct and participate in their emotional states (Sartre [1939] 2004). One of Sartre's most important contributions was his attempt to synthesize Marxism with existentialism. In contrast to the more deterministic Marxism that tended to dominate European thinking at the time, Sartre's Marxism was more humanistic. In *Critique of Dialectical Reason* (Sartre [1960] 2004) he argued that political theory and philosophy were "not only mutually consistent but as mutually dependent: as dialectically requiring

one another for an adequate understanding of human reality" (Priest 2011:2). Sartre's arguments represent an early attempt to integrate phenomenology and political economy perspectives. His seminal work essentially outlines the long-standing anthropological debate pitting structure versus agency, as he recognized that political arrangements shape and constrain individual existence and emotional states, but individuals retain the ability to make conscious decisions (Priest 2001).

Finally, Simone de Beauvoir (1908-1986) was an existential phenomenologist whose work tended to focus on matters of ethics, but spanned such topics relevant to this research such as politics, relationships, psychoanalysis, sexuality, gender, prostitution, marriage, and love (Card 2003). Her "agent-centered, relational, and situational approach to ethics" formed a core concern that characterized much of her work (Card 2003:3). Her major contributions include *The Ethics of Ambiguity,* in which she argues that value and meaning are ambiguous (De Beauvoir [1948] 1976). For De Beauvoir, "ambiguity refers to the idea that meaning is not predetermined; however, there are meanings and values, but it is up to each of us to discover, create, or reveal them" (Andrew 2003:26). Her work *The Second Sex*, perhaps best known for the popularized quote "one is not born, but rather becomes, a woman'' (de Beauvoir [1949] 1961:267), evokes an argument for the social construction of femininity. That work was premised on the idea that women's oppression has been created through their relegation of being man's "other," as every self needs an "other" in order to define itself as a subject. Moreover, this work introduces the phenomenological concept of "woman's situation" in which she acknowledges how the larger political and social climates structure individual gendered and bodily experiences according to the prevailing mores of the in historical time period (Andrew 2003), which

constitutes another important contribution toward integrating phenomenological and political perspectives.

Phenomenological concepts in anthropology

Phenomenology's historical development as a philosophy and science of "*concrete,* lived human experience in all its richness" (Moran 2000:5, emphasis in original) is very much compatible with anthropological aspirations. Phenomenological ideas that privilege the importance of consciousness, experience, perception, emotions, and subjectivity in knowledge production have created a legacy in the social sciences. Drawing on such ideas allows us "to offer a *holistic* approach to the relation between objectivity and consciousness, stressing the mediating role of the body in perception" (Moran 2000:13, emphasis in original). Anthropology is also a *holistic* science that aims to generate rich descriptions of how individuals experience their everyday lives.

Yet it was not until the postmodern turn of the late 1980s and the 1990s that a space opened up to integrate phenomenological perspectives into anthropological work struggling with the crisis of representation (Clifford and Marcus 1986). Since this time, anthropologists have frequently drawn on phenomenology in their work, without always explicitly couching it as such. According to Jack Katz and Thomas J. Csordas (2003), concepts like "experiential" and "phenomenological" are often used as unexamined synonyms in many anthropological works (Katz and Csordas 2003). Nevertheless, phenomenology underlies key anthropological concepts such as experience, emotions, and embodiment, which are further elaborated below.

Medical anthropology has incorporated and problematized some of the core premises of phenomenology, including experience itself (Kleinman 1997). Victor Turner made important contributions ascending experience into the anthropological project

(Turner and Bruner 1986). Turner's early work approached experience as the "physiological, bodily, sensory and emotional dimensions of human existence" (Throop 2003:222) while later work weaved together ideas of "cognitive, affective and volitional elements as they are directly 'lived through' by social actors" (Throop 2003:222). Although some anthropologists have remained unsatisfied with the theoretically unexamined invocation of "experience" in anthropology, in many ways the idea of experience has played a central role in medical anthropology as a means for exploring differing perceptions of health, illness, and wellbeing cross-culturally (Throop 2003).

Arthur Kleinman's work has advanced an understanding of experience as an individual's immersion in the flow of interpersonal relations in the immediate world, including family, social groups, and the larger community (Kleinman, et al. 1997). This conceptualization evokes the existential ideas of scholars such as Merleau-Ponty, who theorized this flow as "a vital medium of socially constructed gestures, somatosensory communication, actions, reactions, engagements that moves both interpersonally and within the person" (Kleinman 1997:326). Moreover, Kleinman was concerned with what comprised "everyday experience" or the senses, actions, and social relationships that constitute existence (Kleinman 1997:318). Health and illness are part of everyday experiences that are culturally shaped in terms of how we experience, explain, and manage our subjective bodily conditions (Kleinman, et al. 1997; Kleinman 1988; Kleinman and Good 1985).

Anthropologists have had a productive history of theorizing corporeality itself (Douglas 1991; Jackson 1983; Lock 1993). One particularly influential anthropological treatment of the body is Nancy Scheper-Hughes and Margaret Lock's (1987) idea of the

"mindful body." Elaborating on Mary Douglas's ideas of the two bodies, the physical and the social bodies (Douglas [1970] 2002), Scheper-Hughes and Lock (1987) propose a theoretical framework of three bodies: the phenomenological body, or an individually experienced self; the social body, a symbol for relationships with society and culture; and the body politic, an object of social and political control (Scheper-Hughes and Lock 1987). For Scheper-Hughes and Lock (1987), the concept of the mindful body requires a theorizing of emotions:

> *…an anthropology of the body necessarily entails a theory of emotions… insofar as emotions entail both feelings and cognitive orientations, public morality, and cultural ideology, we suggest that they provide an important 'missing link' capable of bridging mind and body, individual, society, and body politic (Scheper-Hughes and Lock 1987:28-29).*

Emotions link subjective experience with the larger structural conditions in which they are produced and reproduced. Michelle Rosaldo (1984) also advanced the central importance of emotions in understanding the human condition, calling emotions "*embodied* thoughts" (Rosaldo 1984:143). She posited that "emotions are about the ways in which the social world is one in which *we* are involved" and that individual emotional responses to conditions are culturally constituted and constructed by our understanding of the world around us (Rosaldo 1984:143). Before her untimely death, she challenged anthropologists to turn a critical eye toward the role of emotions as a motivating force in human behavior.

Linking theory to methodological practice and observations of behavior, anthropologists have suggested that emotions can play an important role in the interpretive approach to culture by prioritizing the emotional aspects of fieldwork. In the

following passage, Catherine Lutz and Geoffrey M. White (1986) indicate the centrality of emotions in the ethnographic project:

> *[Emotions can] reanimate the sometimes robotic image of humans which social science has purveyed…Incorporating emotion into ethnography will entail presenting a fuller view of what is at stake for people in everyday life. In reintroducing pain and pleasure in all their complex forms into our picture of people's daily life in other societies, we might further humanize these others for the Western audience"(Lutz and White 1986: 431).*

While I would argue for expanding their outdated focus beyond "other societies" to query even our own Western worldview, nonetheless the point is taken that the documented lived experience remains incomplete without attention to the emotional dimensions of that experience. Emotions humanize. Emotions also help the ethnographer trace connections back to the larger societal structures constituting the lived experience. Looking back to the discussion in the last chapter about the historical development of modern relationships, indeed tracing an emotion (love) provided a fruitful lens into the dialectic relationship between large scale changes in economy and society, social institutions and subjective desires, and personal relationships and social practices which are best documented ethnographically (Lindholm 1998; Padilla and Hirsch 2007; Shumway 2003).

Indeed, some scholars have invoked the subtle role of emotions within critical political economy frameworks. Singer, for example, conceptualizes political economic structures as the "oppressive forces [that] create the social, *emotional*, and physical conditions that invite and sustain" deleterious health practices such as drug use (Singer 2001:204, emphasis added). For Singer, an individuals' emotional constitution and internalization of their position of disadvantage can render biological harm, as evidenced

by the SAVA (substance abuse, violence, and AIDS) syndemic that overwhelmingly impacts socially marginalized populations (Singer 1996; Singer 2009). Similarly, Kaja Finkler's (1997) work on domestic violence in Mexico has described how women's subjective evaluations of their married lives shaped their experiences with violence and manifested as "life's lesions," or the non-fatal, but cumulatively harmful insults imprinted in one's sense of being (Finkler 1997). The women's emotional responses to such lived circumstances (expressed as anger and other negative indicators) are internalizations of an individual's social world (including interpersonal relationships) that can damage individual health and wellbeing. Thus, Finkler's multidimensional conception of pain draws on phenomenology and critical theory to illustrate how such experience "emerges out of women's subjectively perceived experience" within the larger contexts of their intimate relationships and society writ large (Finkler 1997:1149).

As the work above suggests, what individuals experience, think, and feel about their life circumstances constitute one's bodily experience in the world. The link between structural forces, emotional states, and biological health consequences is best illuminated through the anthropological paradigm of embodiment (Csordas 1990). Embodiment refers to "one's lived experience of one's body as well as one's experience of life mediated through the body as this is influenced by its physical, psychological, social, political, economic, and cultural environments" (Nichter 2008:164). Csordas adds that embodiment is "defined by perceptual experience and the mode of presence and engagement in the world" (Csordas, 1993:135).

Importantly, the concept of embodiment demonstrates an explicit argument for the social origins of health. Embodiment links macro-structural factors to the micro and

indeed molecular level of human existence. Political, economic, social, and cultural factors become imprinted and absorbed in the very organic matter of the body. Patterns of inequality, poverty, migration, and drug abuse, for example, differentially expose individuals to viral threats like HIV, which in turn profoundly shape an infected person's experience at the social, subjective, and cellular levels of being. As such, HIV can be conceptualized as the *embodiment of structural vulnerability*. Embodiment represents a key concept integrating phenomenal and political perspectives and it has received increased attention in the health literature for its wide applicability not only to HIV, but partner violence, sexual abuse, mental health issues, re-emergent infectious diseases, and a host of other diverse health harms (Halliburton 2002; Krieger and Davey Smith 2004; Singer 2004).

In sum, medical anthropologists frequently have drawn on key phenomenological concepts, even if not explicitly couching their work as such. Anthropologists use intensive ethnographic methods to explore individuals' feelings, perceptions, emotions, subjectivity, and experience, all of which constitute important aspects of human existence that often are obscured by more quantitative sciences. As such, critical consideration of emotion forms the basis for "phenomenologically engaged ethnography" (Willen 2007a), of which this dissertation strives to articulate.

Combining theoretical approaches

> *"… anthropology is in dire need of theoretical frames that link the phenomenal and political… that convincingly link modalities of sensation, perception, and subjectivity to pervasive political arrangements and forms of economic production and consumption"* (Desjarlais, 1997: 25).

Indeed, the goal of anthropology is to examine intimately the micro-social dynamics of people's lives by using intensive ethnographic fieldwork to try to understand their experiences, behaviors, and ways of thinking as much as possible, while simultaneously recognizing that these experiences cannot be understood apart from the larger contexts in which they are produced (Biehl 2001; Bourgois and Schonberg 2009). In this sense, critical phenomenology merely purports a more explicit treatment of these ideas: phenomenological concern with subjective experience and feeling can be situated within the context of political, economic, and social processes, and in turn, these processes can be better investigated through an examination of their impact on human experience and emotion. Separately, each approach makes valuable contributions to the anthropological study of health in their own right, though neither is without critiques. As Desjarlais points out, political economic analyses often are criticized for their lack of attention to individual agency, while micro-analyses of personal experience often fail to acknowledge how structural forces invariably shape subjective experience (Desjarlais 1997). Desjarlais has argued that anthropology is in "dire need of theoretical frames that link the phenomenal and political" and contends that we need to focus not only on what people experience but also on how they experience it and on what that means within the larger contexts of their lives (Desjarlais 1997:25).

The final section of this chapter revisits and synthesizes the main concepts I have introduced in the dissertation thus far in order to build my specific case for the critical phenomenology of love and HIV risk within sex worker's intimate relationships. In drawing together critical political economic and phenomenological theoretical frameworks, I conceptualize female sex workers' intimate relationships as an

emotionally-charged “missing link” (Scheper-Hughes and Lock 1987:28-29) that represents an important unit of analysis articulating with interior (subjective) and exterior (critical) theoretical frames. I chose to couch my investigation of sexual and drug-related HIV risk behaviors within female sex workers’ relationships under the rubric of love, which connotes intimacy, sexual desire, commitment, trust, and other forms of emotional connection between partners who find themselves in limiting and marginalizing positions within the broader context of modernity. As Padilla and colleagues (2007:ix) posit: “love is a particularly useful lens for social analysis, providing as it does a glimpse into the complex interconnections between cultural, economic, interpersonal, and emotional realms of experience.” My analyses in the subsequent chapters privilege a micro-social analytical approach by examining individual couples’ subjective experiences. I also, however, attempt to use these specific cases to illustrate common risk scenarios across all couples, while contextualizing these stories within the larger structures of the Mexico-U.S. border that shapes the couples’ experiences.

Scholars have argued that individuals search for love as a strategy to negotiate the risks of neo-capitalist modernity (Beck and Beck-Gernsheim 1995; Giddens 1992). Compared to traditional partnerships that have been based on kinship or moral ties, modern relationships are formed by individuals seeking love and emotional security within an increasingly liberating yet alienating modern world marked by globalization and unprecedented social change (Giddens 1992; Padilla, et al. 2007; Rhodes 1997). As emotions like love and trust form between partners to help protect against doubt and risk, these feelings also shape a sense of self and influence beliefs and behaviors (Rhodes and Cusick 2000; Sobo 1995a). Particularly in risk environments marked by material

deprivation, social discrimination, and unequal access to political power and resources (Rhodes 2009), as experienced by many sex workers along the Mexico-U.S. border, establishing and maintaining loving, emotional bonds with intimate partners may be of paramount importance (Sobo 1993).

Although love is a universal human emotional experience (Fisher 1994; Fisher 2004), how people love is profoundly shaped by larger cultural, social, and even economic contexts (Hirsch and Wardlow 2006; Padilla, et al. 2007; Rebhun 1999). In Tijuana, as in other locales around the world, the association between commercial sex and pursuits of intimacy on sexual and emotional levels interacts in complex ways for all sexual parties involved – the sex worker, client, intimate partner, and sometimes blurred distinctions therein (Murray, et al. 2006; Padilla 2007; Ratliff 1999; Sibthorpe 1992). The emotional qualities of Tijuana female sex workers' intimate, non-commercial relationships are critically shaped by the larger contexts of their work. While non-commercial partners in Tijuana may accept female sex work as overwhelmingly driven by financial and drug-related need and (real and perceived) lack of economic opportunities for their male partners (as discussed in the results chapters), it does not mean that the emotional insults of these sexual arrangements are without consequence.

Borrowing the ideas of Bourdieu, sex work in the context of Tijuana is performed as a gendered habitus (Bourdieu 1977; Throop and Murphy 2002), or viewed as a self-evident, naturalized option for survival. Simultaneously, "pre-modern" forms of sexual trade based on small scale, self-organized forms of barter (Bernstein 2007) coexist within a booming international "sex scape" of international, institutionalized sex tourism (Brennan 2004) that has largely fueled the economic development and collective

imaginary of the Mexico-U.S. border as a haven for sin and indulgence (Campbell and Castillo 1995; Hoffman 2010; Vila 2000). In this sexual sense, Tijuana is on the geographic and theoretical borders of modern sexualities, relationships, and flows of potential HIV risk, rendering it a perfect laboratory in which to study how love shapes and is shaped by the uniquely modern relationships forged between female sex workers and their non-commercial partners.

Few studies have critically examined the role of female sex workers' intimate relationships in shaping their HIV risk, nor analyzed these risk processes through the lens of love in such a fascinating social context as Tijuana. This research strives to provide a critical ethnographic perspective of the *emotional lived experience* of HIV risk among female sex workers and their partners. Through a phenomenological lens, this work privileges the subjective experiences and meanings of love and intimacy among female sex workers and their partners through their position of structural vulnerability in the Mexico-U.S. border risk environment. Providing a micro-level analysis of the affective contours of sexual and drug-related HIV risk among female sex worker couples intends to bridge critical concepts of political economic, cultural, social, and subjective worlds and trace the embodied health outcomes of these couple's situated experience. Moreover, it explicitly considers male emotional perspectives, which have largely been ignored even in gendered treatments of HIV risk (Higgins, et al. 2010). In short, this dissertation hopes to advance anthropological theory by purporting a critical phenomenology of *love and risk* among female sex workers and their intimate partners.

CHAPTER 5: METHODS

Contextualizing the dissertation research

My dissertation work has been uniquely situated within a larger research experience based at the University of California, San Diego, Division of Global Public Health. As reflected in Table 2 below, I have engaged in multiple roles with the Division, including fellow, project coordinator, and anthropology graduate student. I arrived in San Diego in June, 2009 for a six-month fellowship with the Hispanic-Serving Health Professions Schools (HSHPS) program to study HIV/AIDS, drug use, and border health issues. During this time, I started to become acquainted with Tijuana through frequent site visits. As part of my HSHPS project, I also analyzed qualitative data from *Proyecto El Cuete* ("cuete" is Spanish slang for syringe in Tijuana), a study of HIV risk among injection drug users in Tijuana (Funding Agency: National Institute on Drug Abuse, PI: Steffanie Strathdee, PhD). My interest in drug treatment and analytical focus on this theme occurred in the context of Mexico passing historic drug legislation in August 2009 that decriminalized small amounts of drugs for personal consumption, replacing jail time with a three-strike system and option for treatment or incarceration on the third offense. The timeliness and significance of the analysis of drug treatment data from *El Cuete* as a window into drug treatment in Mexico prior to the law change led to a publication in the *International Journal of Drug Policy* (Syvertsen et al., 2010).

My dissertation is nested within the larger research study in which I have been intimately involved for nearly three years (June 2009 – present). Two days after I arrived

for my HSHPS program, I was invited to attend the *Proyecto Parejas* inaugral team project meeting, and I have remained closely involved in all aspects of the protocol design, project managament, and data collection and analysis for *Parejas* since that time (see next section). Throughout this process, I have spent several days a week in Tijuana to assist with the project, including training and supervising staff, conducting interviews, and managing data. I helped design and field-test the study instruments, including the screening instruments, quantitative surveys, and qualitative interview guides. I helped draft the manual of procedures and design reports to monitor the data and improve quality control. In particular, I helped lead the qualitative component of the project, including developing the semi-structured interview guides, designing protocols, and conducting training. I oversaw the management of two time points (enrollment and one-year follow-up) of intensive qualitative data collection from a sub-sample of the study population. I also coordinated the team-based analysis of these data, including helping develop the codebooks, managing the coding among a small group of analysts, and training the team in the use of MAXQDA software for analyses. I have given several presentations at academic conferences of preliminary *Parejas* findings, and have drawn up a detailed plan to collaborate on multiple scholarly articles with colleagues. We recently published the first *Parejas* manuscript on the methodolgical protocol of the study (Syvertsen, et al. 2012). As such, my research experiences at UCSD have been rich and varied, extending well beyond the actual dissertation to encompass learning experiences in nearly all aspects of project design, management, and results dissemination in a unique multi-cultural, multi-lingual, multi-disciplinary research setting.

This chapter begins by providing a methodological overview of *Proyecto Parejas*, the parent study in which this dissertation is nested. I outline the parent project aims and study design, and focus on its qualitative component in order to situate my dissertation research. I state my major research questions and next focus on the methodological approach used to answer the questions in my dissertation work, including my rationale for the study design. I provide details on the implementation of each method I used in this project, including semi-structured interviews, photo elicitation, and participant-observation. The final section reflects on my selected methodological approach, with specific attention to the visual component of this work.

Table 2: Timeline of research experience in San Diego and Tijuana, 2009-2012

Research Activities												
Year1: 2009	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
HSHPS Fellowship						x	x	x	x	x	x	x
Year 2: 2010												
Parejas project coordinator	x	x	x	x	x	x	x	x	x	x	x	x
Participant-Observation	x	x	x	x	x	x	x	x	x	x	x	x
Proposal development			x	x	x	x	x	x	x	x	x	x
Qualifying exams, defense						x	x	x	x			
Year 3: 2011												
Parejas project coordinator	x	x	x	x	x	x	x	x	x	x	x	x
Participant-Observation	x	x	x	x	x	x	x	x	x	x	x	x
IRB (USF, UCSD, Colef)	x	x	x	x	x	x	x					
Recruitment &consent							x	x	x	x		
Semi-structured interviews							x	x	x	x		
Camera distribute-collect							x	x	x	x	x	
Photo elicitation interviews							x	x	x	x	x	
Transcribe/analyze data								x	x	x	x	x
Begin write-up											x	x
Year 4: 2012												
Write-up	x	x	x	x	x							
Defense & graduation					x	x	x	x				

Proyecto Parejas Study Aims

Proyecto Parejas (Spanish for the "*Couples Project*" that I refer to as the "parent study" in which this dissertation is nested) is the first mixed-methods study of the

epidemiology of HIV, sexually transmitted infections (STIs), and high risk behaviors among female sex workers and their non-commercial male partners in Mexico (Funding agency: National Institute on Drug Abuse; PI: Steffanie Strathdee, PhD). The specific aims of the parent study are to: 1) examine the social context and patterns of high risk sexual and substance using behaviors among female sex workers and their non-commercial male partners using a mixed-methods approach; 2) determine the prevalence of HIV and specific STIs (syphilis, gonorrhea, and chlamydia) and associated correlates at the individual and partner levels among these couples; 3) prospectively identify predictors of HIV/STI incidence and their attributable risks at the individual and partner level among partners; and 4) determine the feasibility of conducting a behavioral intervention among female sex workers and their non-commercial male partners at the partner or individual level. Site locations include Tijuana and Ciudad Juarez, Mexico.

Overview of Parejas Study Design

Proyecto Parejas is a mixed methods observational study. All couples answered extensive questions in a quantitative survey and provided biological samples for HIV/STI testing every six months over a 24 month period. A sub-set of couples at each site also participated in qualitative interviews at baseline and one-year follow-up (detailed below). The computer-assisted quantitative survey covered socio-demographic characteristics, relationship measures, and sexual and drug risk behaviors. At each visit, nurses drew blood for rapid testing of HIV and syphilis, and collected urine samples to test for chlamydia and gonorrhea. Positive STI cases received free treatment and confirmed HIV cases were referred to municipal clinics for free treatment. Individuals were compensated U.S. $20 for each interview.

Parejas Methods

A detailed explanation of our study protocol for *Proyecto Parejas* is offered in a methodological piece recently published in *BMC Public Health* (Syvertsen, et al. 2012). Briefly, recruitment of couples involved targeted (Watters and Biernacki 1989) and snowball sampling (Biernacki and Waldorf 1981) that was done through the woman first. Women who passed a primary screener brought their male partner to the study offices for a couple-based screening process to verify their relationship. Eligibility criteria for women included being at least 18 years old; reporting lifetime use of heroin, cocaine, crack, or methamphetamine; exchanging sex for money, drugs, or other goods in the previous 30 days; having a steady, intimate (non-commercial) male partner for at least six months; and reporting sex with that partner in the previous 30 days. Males had to be at least 18 years old, in a relationship with the said female sex worker for at least six months, and report sex with her in the previous 30 days.

In total, we recruited 214 female sex workers and their non-commercial male partners in Tijuana and Ciudad Juarez (106 couples in Tijuana and 108 couples in Ciudad Juarez; total individual n=428). Each partner provided written consent to participate in the study. The research protocol was approved by the University of California, San Diego's Human Subjects Research Protections Program and the institutional review boards of the *Hospital General* and *El Colegio de la Frontera Norte* in Tijuana and the *Universidad Autónoma de Ciudad Juárez.*

At enrollment, a sub-set of couples at each site also participated in individual and joint qualitative interviews to explore the social context and relationship dynamics of HIV risk within these relationships (baseline interviews). We used purposive sampling (Johnson 1990) to obtain maximum variation in four characteristics that we hypothesized

to be relevant to relationship quality and HIV risk: partner ages, length of the relationship, male employment status (as a proxy for dependence on the female's sex work), and type of drug use (e.g. injection versus non-injection drug use). Between February 2010 and March 2011, we interviewed 36 individuals representing 18 couples in Tijuana (18 joint and 36 individual interviews) and 46 individuals representing 23 couples in Ciudad Juarez (23 joint and 45 individual interviews). In the 122 total interviews, we repeatedly heard similar information about our topics of interest and determined we had reached theoretical saturation, thus providing empirical confidence that the sample was sufficient to explore the themes of interest (Guest, et al. 2006).

The semi-structured interviews focused on elements that may affect HIV risk behaviors within and outside of the partnerships, including the context of the relationships (e.g., living arrangements, children), finances, sexual behaviors, sex work, drug use, and drug treatment. Interviews were conducted in Spanish or English and lasted from 30 minutes to over an hour. Interviews were audio recorded and transcribed verbatim following a structured protocol (McLellan, et al. 2003).

Between June and December 2011, we conducted qualitative follow-up interviews with a sub-sample of couples to assess relationships changes, examine the influences of project participation, and check working conclusions drawn from the preliminary analysis of baseline data in a process known as "member checking" (Angen 2000). Procedures for sampling, sample size determination, and data collection were identical to those used in conducting baseline interviews. In total, we conducted 11 joint and 29 individual interviews with 15 couples in Tijuana and 14 joint and 28 individual interviews with 14 couples in Ciudad Juarez. Table 3 shows the qualitative baseline and follow-up data.

Table 3: Summary of *Proyecto Parejas* Qualitative Dataset

ProyectoParejas	**Baseline Qualitative**	**Follow-up Qualitative**	**Total**
	02/2010 – 03/2011	**06/2011 – 12/2011**	**Distinct Couples**
Ciudad Juarez	23 couples	14 couples	**23 couples***
# Interviews	(68 interviews)	(42 interviews)	(110 interviews)
Tijuana	18 couples	15 couples	**21 couples***
# Interviews	(54 interviews)	(40 interviews)	(94 interviews)
Total – both sites	41 couples	29 couples	**44 couples**
# Interviews	(122 interviews)	(82 interviews)	(204 interviews)

*In Tijuana, 12 of the couples who participated in the follow-up interviews were re-sampled from baseline, and 3 new couples participated in individual follow-up interviews, totaling 21 distinct couples (18 baseline + 3 new couples at follow-up = 21 distinct couples). All couples interviewed for follow-ups in CJ were re-sampled from the original 23 couples at baseline. Thus, the total number of distinct couples is 21 + 23 = 44.

Love and Risk: Nested dissertation research

My dissertation research is nested within *Proyecto Parejas,* which offered several advantages, including my familiarity with the study setting and population, rapport with participants, and the ability to build on an already rich quantitative, qualitative, and biological dataset. The methodological approach to my dissertation was born out of several factors, including conversations with colleagues and classmates about wanting to understand more broadly the lives of the women in our studies, and an interaction I had with a well-known social scientist who came for a "tour" of Tijuana during which we discussed the contributions that ethnographic fieldwork can make to understanding our participants' lived experience (Rhodes 1997). Finally, my ongoing fieldwork for the parent study informed my own ideas and research questions that were based on my observations and gaps in the current work being done.

My experience interviewing female and male *Parejas* participants suggested that their relationships are often long-term, committed, and imbued with emotion, such as that of "Cindy," a central character in this research who is introduced in Chapter 7. She stated during an interview break that giving her partner syringes with which to inject her

symbolized trusting her life to him. “Carlos” shared that his love for his partner prompted him to sell his green card and go against his family’s wishes for him to return to the States without her, despite job opportunities in the U.S. These and other similar comments suggested to me that an in-depth examination of emotions in the context of these relationships would yield invaluable insight into the lived experience and risks female sex workers and their partners negotiate.

Methodologically, I wanted to add an ethnographic component to the parent project. Ethnography helps us document what people actually do and understand the locally specific meanings and motivations for their behavior from their own perspectives and within their own context. Ethnographic studies are conducted in natural settings, include in-person data collection and intimate involvement in the study participants’ lives, and draw on inductive and recursive data collection and analysis strategies throughout the research process (LeCompte and Schensul 1999). As little is known about the home environments and family lives of female sex workers and their partners, incorporating home-based interviewing into my study design was intended to permit observations and create opportunities for informal ethnographic interviewing to learn more about the social context of their relationships and risk. My anthropological approach was designed to contextualize the parent study findings by moving away from office-based data collection reliant on information recall and toward a more grounded, humanistic depth of understanding of these couples’ lived experience.

Incorporating visual methods into my project was inspired by my sensory-laden fieldwork experience in Tijuana and desire to contribute to the study’s mixed methods design. Photo elicitation interviews are premised on the idea that photographic stimuli

can facilitate focused conversations in which the image and not the question are the center of discussion (Clark-Ibanez 2004; Harper 1986). Photos can elicit powerful emotional responses (Banks and Morphy 1999; Collier 1987; Collier Jr 1957; Pink 2006), and participant-driven projects (participants take all photographs) enable those being "studied" to shape the research process (Aldridge 2007; Hussey 2006). Photos are not only analyzable documents of people, places, and material culture, they constitute expressions of personal lived experience that open up insight into how and why individuals live as they do (Edwards 2005). The idea underlying the photo elicitation interviews was to produce data on the lived experience of the relationships, including the concrete behaviors, activities, and places that are meaningful to each partner that can elucidate the context of their social risk. I was also particularly interested in assessing the ability of photos to produce emotionally charged data on the couples' relationships.

Dissertation research questions

Considering the parent study's objectives, my reading of the literature on emotions and risk, and my personal experience working in Tijuana as a project coordinator, I proposed the dissertation research plan detailed below. As a small exploratory study, I formulated research questions that corresponded with two of the four overarching aims of *Proyecto Parejas*:

Parejas Aim 1 is to examine the a) social context and b) patterns of high risk sexual and substance using behaviors among high risk female sex workers and their main non-commercial male partners, both within and outside of the partnerships, using a mixed-methods approach. Under this parent study aim, the primary research questions of my dissertation are:

Dissertation Research Question 1: How do female sex workers who inject drugs and their primary, non-commercial partners experience their relationships in terms of emotions such as love, trust, and intimacy?

Dissertation Research Question 2: How do the emotional qualities of sex workers' intimate relationships influence each partner's sexual and drug-related HIV risk perceptions and practices?

Parejas Aim 4 is to determine the feasibility of conducting a behavioral intervention trial among high risk female sex workers and their main non-commercial male partner at the a) partner level and b) individual level, using mixed methods. Under this parent study aim, the applied question of my dissertation is:

Dissertation Research Question 3: How might HIV interventions take into account the emotional dynamics of relationships between female sex workers and their non-commercial partners?

Methodological framework

My methodological framework integrated semi-structured and ethnographic interviewing, visual methods, and participant-observation with the goal of understanding the role of relationship emotions in creating HIV risk with a sample of "information rich" cases enrolled in *Parejas* (Creswell 2007). The first individual interview covered partner's perceptions of their relationship, and elicited a detailed discussion of the experiences that defined their partner bond, including sexual and drug-related behaviors. After the interview, participants were given a disposable camera and set of standardized instructions to photograph a typical day in their life and the role that their partner plays in it. They were instructed to photograph the people, places, and activities that were

important to them, and how their partner fit into these processes. The second interview incorporated the participant-driven photographs as prompts in a photo elicitation interview with each partner (Harper 2002). Participants were given a choice if they wanted to conduct the photo elicitation interview individually or as a couple. Participant-observation was ongoing throughout the project in personal and public spaces to observe and record partner social dynamics and practices, including injection drug use practices, and situate the relationships within the context of the border. Table 4 summarizes the methods and the objectives driving each approach.

Interviews were conducted in Spanish or English, audio recorded, and transcribed according to a structured protocol by research assistants (McLellan, et al. 2003). Bilingual research assistants transcribed the audio recording verbatim in the native language in which it was conducted and made notes about participants' expressions in parentheses (e.g., laughing, crying). With the feedback of several other students in the Division of Global Public Health, I adapted a transcription and translation protocol from previous studies (McLellan, et al. 2003). It is now used as a standard set of instructions for multiple projects in the Division (see Appendix 11, which provides transcription instructions). I sought transcription assistance to expedite the research process and because transcribing in Spanish is a formidable challenge for me. I did not have my Spanish language interviews translated, although I consulted our bilingual research assistants who are from the Mexican side of the border when I had questions about translations of quotes I intended to use in publications, including this dissertation.

Ethnographic interviews, informal interactions (e.g. camera collection), and ongoing participant-observation were recorded as detailed field notes to facilitate a

reflexive analytic process. The final dissertation dataset included the transcribed interviews, interview notes, fieldnotes, and participants' photographs. I combined all data sources into an integrated system in MAXQDA software (MAXQDA 2010), which I coded and analyzed as described below.

Table 4: Dissertation Methodological Overview

Method	Objectives
Individual, semi-structured interviews	• To assess partner perspectives on the emotional quality of their relationship. • To assess relationship and contextual factors that influence risk taking, health, and general wellbeing. • To provide an individual, private space for participants to share information without the undue influence of their partner.
Participant-driven photo project and photo elicitation interviews	• To produce data on the lived experience of the relationships, including the behaviors, activities, and places that are meaningful to each partner that can elucidate the context of their social risk. • To "see" the participants' daily lives from their own perspective. • To use the photos as an additional data source: to content code the photographs to examine reoccurring themes within and across couples and assess the symbolic meaning of the themes identified. • To assess the ability of photos to produce emotionally charged data on the perceived quality of the couples' relationships.
Participant observation	• To understand better the contexts, meanings, and social spaces of participants' lives outside of the office setting, and where possible, to observe couple interpersonal dynamics, including risk behaviors such as injection drug use.

Participant selection

Drawn from the 106 total couples enrolled in the parent study in Tijuana, I used a systematic ethnographic sampling approach to construct my study population (Hirsch 2003; Hirsch, et al. 2007). Systematic ethnographic sampling uses stratification deliberately to incorporate richness and diversity into a small sample. I used the quantitative baseline data from the parent study to select cases in which the female partner had a history of injection drug use, which may place women at heightened risk for

HIV through sharing needles and ancillary equipment (Cleland, et al. 2007; Evans, et al. 2003). In addition to injection drug use among the female partners, I selected women based on three categories of birthright and mobility, which may also place women at increased risk for HIV/STIs (Goldenberg, et al. 2012; Hawkes and Hart 1993). I aimed to select at least two women in each of the three following mobility categories: 1) women born in the United States but living in Mexico by personal choice; 2) women who were born in Mexico and deported from the United States; and 3) women born in Mexico with little to no experience or contact with the United States. There were no specific criteria to select the male partners other than age (older than 18), involvement in the relationship for at least six months, and study enrollment in *Parejas* with the female partner. Part of the sampling strategy was to explore the profile of the men in partnerships with these women of diverse backgrounds. Recruitment was also opportunistic, based on meeting participants through the course of my work for the parent study (Magnani, et al. 2005). Rapport also helped shape my final sample.

Beyond case selection based on HIV risk to construct an epidemiologically meaningful sample, I wanted to create a socially and culturally meaningful sample. The border is a theoretically rich and diverse region, a laboratory of post-modernity marked by fluid intermixing of bodily movement and shifting subjectivities shaped by culture, class, ethnicity, gender, linguistic capabilities, legal status, and economic resources (Campbell and Castillo 1995; Vila 2000). As such, I attempted to design my sample as a microcosm of "the border" that necessarily accounted for the diverse experiences and backgrounds of women who trade sex in this context in order to learn more about how the border has shaped their current experiences.

The idea underlying case selection based on mobility was born out of the HIV literature and my own personal observations about the diversity of women living in Tijuana. The first mobility category (American women) acknowledges that U.S. citizens choose to live in Mexico for myriad reasons. U.S.-Mexico economic and social histories are intimately bound, which has particularly been the case in the border region since the era of prohibition (Loustaunau and Bane 1999; Vanderwood 2010). To some Americans, Mexican cities like Tijuana might represent an escape, adventure, freedom, a new beginning, or a party scene where sex and drugs are cheap and plentiful (de los Reyes 2012; Goldenberg, et al. 2011b). The second mobility category (deportees) is a growing social and public health concern in Tijuana frequently reported on by the media (Beaubien 2011; Dibble 2012; Millan 2011; Sanchez 2011; Terra Noticias 2011) and the subject of health study by UCSD researchers (cf. Brouwer, et al. 2009; Ojeda, et al. 2011) that will only continue to grow as the Obama administration continues to deport record numbers of individuals (Frontline and Investigative Reporting Workshop 2011; Kohli, et al. 2011). Throughout my fieldwork, I have also personally observed the steady flow of deportees unto Tijuana. On many occasions, I have crossed into Mexico and walked past busloads of deportees being dropped off, lined up against a wall, processed by a guard, and released back into Mexico one by one. Although normally male dominated, recently (summer 2011) I saw an entire busload of women being dropped off and processed. Few studies have investigated the gendered experience of deportation, but recent qualitative work by the UCSD team found that female deportees who inject drugs reported heavy drug use before and after deportation, but suffered increased economic insecurity and physical danger after deportation to Mexico, suggesting that there are unmet needs for

medical, social, and psychological services for females in this context (Robertson, et al. 2012). Finally, the third sampling category (Mexican women with few, if any ties, to the States) represents the local population who live in close geographic proximity to the U.S. border, but who must contend with the grave disparities that mark the region as one of the most unequal socioeconomic boundaries between any two countries in the world (Weaver 2001). I recruited three women into this last category, two of whom were migrants from within Mexico, which is a common experience in Tijuana (Goldenberg 2012).

In total, I recruited seven couples from the overall pool of participants in *Parejas.* However, two couples were incomplete; one broke up and the female partner was lost to follow-up, and the other separated when the female partner became gravely ill and crossed the border back to the U.S. side to access medical care. The enrolled couples (even the representatives of the separated couples) represented a diverse range of experiences. Based on opportunity, rapport, and other largely external factors, I had more frequent and intensive interactions with some of the participants than with others. Table 5 captures all of the data I collected from the seven couples in my dissertation research (detailed below), as it relates to the qualitative data collected from the same couples in the baseline and one-year follow-up qualitative data collected as part of the parent study (see *Parejas* qualitative data section above).

Table 5: Summary of final dataset on *Love and Risk* dissertation couples (n=7)

Diss Couple	Joint vs. ind. data collection	*Parejas* Qual Baseline int[1]	*Parejas* Qual follow-up int[2]	Transcribed	Dissertation int[3]	Transcribed	Informal interviews[4]	Transcribed	Photo elicitation int[5]	Transcribed	# photos[6]	Participant observation[7]	Int notes, fieldnotes[8]
1	female	1	1	2	2	2	--	--	--	--	23	y	y
	male	1	1	2	2	2	--	--	--	--	26		y
	together	1	1	2	1	1	1	--	3	3	27		--
2	female	--	--	--	2	2	--	--	--	--	--	--	y
	male	--	--	--	--	--	1	--	--	--	--	--	y
	together	--	--	--	--	--	--	--	--	--	--	--	--
3	female	--	--	--	1	1	4	2	2	1	35	y	y
	male	--	--	--	1	1	1	--	1	1	22	--	y
	together	--	--	--	--	--	--	--	--	--	--	--	--
4	female	1	1	2	--	--	--	--	--	--	--	--	y
	male	1	1	2	1	1	1	1	1	1	25	--	y
	together	1	1	2	--	--	--	--	--	--	--	--	--
5	female	1	1	2	1	1	1	--	1	1	24	y	y
	male	1	1	2	--	--	1	--	1	1	4		y
	together	1	1	2	--	--	--	--	--	--	--		--
6	female	--	1	1	1*	1*	--	--	--	--	27	y	y
	male	--	1	1	1*	1*	--	--	--	--	26		y
	together	--	--	--	--		--	--	1	1	--		--
7	female	--	1	1	1*	1*	--	--	1	1	22	--	y
	male	--	1	1	1*	1*	--	--	1	1	23	--	y
	together	--	--	--	--		--	--	--	--	--	--	--
TOTAL		9	13	22	15	15	10	3	12	11	284	4	All

NOTES: All columns highlighted in blue represent original data collected as part of the *Love and Risk* dissertation project. I conducted 2 of the *Parejas* baseline qualitative interviews, 7 follow-up qualitative interviews and all dissertation interviews, except for the first semi-structured interview with the male partner of couple 6. The "Transcribed" columns indicate if the interview was recorded and transcribed verbatim by a research assistant; otherwise all interactions during the study were recorded as fieldnotes.
1 - *Parejas* joint and individual semi-structured interviews conducted at baseline as part of parent study.
2 - *Parejas* joint and individual semi-structured interviews at 1-year follow-up as part of parent study.
3 - Semi-structured dissertation interviews. Couples 6 and 7 are marked with a * because extended, individual interviews were conducted with each partner that covered topics in the *Parejas* follow-up guide and *Love and Risk* interview guide. One extended transcript was produced for each partner.
4 -Informal interviews typically took place in the participants' home when picking up the cameras or in the project study offices when participants dropped off cameras.
5 -Photo elicitation interviews – participants were given the choice to conduct the interviews individually or as a couple in their home or at the project office; see also Table 6 for more detail on the photo dataset.
6 - Photos – this column includes a count of the total number of viable photos that were discussed during the interviews (e.g. excludes blurry and dark photos and anything that was not developed).
7 - Participant observation took place in their homes and included direct observations of drug injection practices and indirect observations of drug use by participants and other social contacts in their homes; if I did not visit their homes or observe drug use, they are not marked.
8 – At all points, I took detailed interview and fieldnotes about my personal interaction.

Sample size

The dissertation sample is small for both theoretical and practical reasons. Phenomenological study samples are small because they require the elicitation of rich and intensive repositories of data from each participant. Polkinghorne (1989) recommends samples of five to 25 individuals, while others recommend about ten (Dukes 1984). Photo elicitation projects have also produced rich portraits of health based on similarly small sample sizes (Oliffe and Bottorff 2007; Wang and Pies 2004). Even in conventional qualitative studies, researchers have shown that saturation of themes can be reached with as few as six to 12 participants (Guest, et al. 2006).

Moreover, small sample sizes are not unusual or insignificant in the medical field. Case reports are an important medium for physicians to describe new, rare, or otherwise important symptomology among several individuals or for a single case. Essentially, the extensive body of HIV literature we know today began with a case report of *Pneumocystis carinii* pneumonia among five men who had sex with men in Los Angeles (Centers for Disease Control and Prevention 1981) that eventually led to a case definition and identification of risk factors for HIV/AIDS (Sepkowitz 2001).

In the realm of medical anthropology, recent work on mental health within the context of rapidly changing socioeconomic conditions in Brazil (Biehl 2001) and homelessness, injection drug use, and social marginalization in the urban United States (Bourgois and Schonberg 2009) has brilliantly connected the ethnographic details of just a few individuals to the broader political-economic, social, and cultural forces shaping the lives of many. In sum, as Patton (1990) reminds us: "the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information

richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size" (Patton 1990:245).

Informed consent and study enrollment

I submitted amendments to the *Parejas* parent study protocol with the UCSD Human Subjects Research Protections Program and the institutional review board of *El Colegio de la Frontera Norte* in Tijuana, which granted me permission to conduct the research in Mexico. I also received approval for a separate protocol submitted to the USF Institutional Review Board.

Following other visual projects, my dissertation research employed separate consent forms for participants to sign throughout the research process. The first was a standard form explaining the study and addressing the basic principles of respect for persons, beneficence, and justice. At the conclusion of the project, I used a separate form for the visual aspect of the work to document the participants' permission to use some, all, or none of the images for specified purposes apart from the interview (Chalfen and Rich 2004; Wang and Redwood-Jones 2001), including being published in this dissertation. Researchers have found that this additional layer of protection grants participants the freedom to be open with their visual work during the research process (Chalfen and Rich 2004). I critically reflect on the consent process and the visual material generated in this project in my ethical discussion in Chapter 11.

Following the model of the parent study, I approached the female partners first to grant them the decision making control to participate. I recruited and consented participants in a private office in the UCSD clinic in the Red Light District, during which time I explained the project and provided the standard informed consent document (in

Spanish or English, as appropriate) outlining the purpose of the research. Throughout the consent process, I emphasized that the data collected were confidential, and I would not share information even with their partner. Finally, providing compensation is an ethical practice in drug-related studies (Singer, et al. 2000) and has been used in photo elicitation studies with vulnerable groups (Packard 2008). During the consent process, participants were informed that they would receive $20 for the first interview, $5 for the camera collection, and $25 for the final interview (total= $50) to compensate them for their time. Participants also received copies of their photos as a token of appreciation.

Specific methods employed

The following sections outline the specific methods used in my dissertation and explain my analytical approach, including its integration into the parent study analyses. I provide details on the series of two interviews, the camera assignment and collection, and participant-observation. I conclude the chapter by reflecting on my methodological choices. I primarily focus on the visual component of the project, as this was the most unique yet challenging aspect of my work.

Semi-structured interviews

Based on phenomenological traditions focusing on subjective experience, the first individual interview of the dissertation project attempted to learn about the couple's daily life and contextualize the meaning and significance that the current relationship holds for each partner (Creswell 2007). Topics explored feelings between partners, daily activities and drug use with the partner, sexual behaviors and outside partners, and how drug use and cessation efforts influence interactions among the partners. Interviews were semi-structured but open enough to allow participants the freedom to discuss topics they

viewed as integral to their lives. Several questions were adapted from Hirsch and colleagues' (2009) comparative ethnography of HIV risk and marriage in cross-cultural context (see interview guide 1, Appendices 1 and 2). Interviews were audio recorded and lasted 30 minutes to over two hours. All initial interviews were conducted individually in the UCSD project offices in the *Zona Norte* in order to give participants a private space to talk about their feelings for their partner and their risk behaviors (some of which their partner may not be aware) without undue partner influence (Valentine 1999).

Photo assignment and camera collection

At the end of the first interview, I dispensed disposable cameras and discussed technical, logistical, ethical, and safety issues (Wang and Redwood-Jones 2001). The assignment was to *take photographs of your life and your relationship, as you see it.* The instructions were intentionally open-ended, but participants were prompted to photograph images, scenes, and symbols that for them represent their daily experience and the place their current relationship holds within their lives. Each enrolled partner was provided a standardized card (see photo instructions, Appendix 3), which was designed for me (unsolicited!) by a Mexican medical student who has volunteered for *Parejas* and is a member of the team of qualitative coders. One side of the card contains technical tips on how to operate the camera and take quality photographs, and the other side has a bulleted list of suggested topics to photograph, while emphasizing that participants were free to photograph whatever they choose. After reviewing the card, I answered any questions and made clarifications as necessary. I made arrangements to collect the cameras between one to two weeks later, according to the preference and convenience of the participants. I gave participants the choice of dropping off the cameras at the *Parejas* project office on a

specified day, or I made arrangements to stop by their home and collect it at their convenience.

For the majority of participants, I used the camera collection to assess informally how they felt about the photo project and if they had any problems or concerns with the process. On a few occasions, the camera collection event turned into ethnographic interviews at the participants' homes in which I learned more about the social context and activities of their home life. At this time I also asked if partners preferred to hold the photo elicitation interview individually or jointly and at their home or in the UCSD project office. Cindy gave me this idea when she said that she and Beto had made the photo project a joint endeavor and that she could not remember which camera contained the specific images that they had captured. This approach has been used in other photo elicitation studies as well (Taylor and de Vocht 2011). Like the parent study, I asked the female partner first for her preference to give her the decision making control over the context of the interview. Joint and individual interviews with couples each have their advantages and drawbacks, which I further reflect upon in my ethical discussion in Chapter 11 (Allan 1980).

When developing the photos, I told participants that I would have CDs made of the photos, and if granted permission, I would use these digital images in my work but I would give them the tangible prints and negatives. I brought all of the cameras to be developed to the same neighborhood drug store, where a gentleman who must have been in his late 60's ran the photo lab. He got to know me by name during this project, and he was always friendly and courteous. I often wondered what he thought of the content of the photos, or if he even paid attention, but I did not have any issues with developing the

film there. I actually felt safer leaving them in the hands of an older and ostensibly more responsible employee than if it had been a teenager running the counter. I return to reflect on some of the other dilemmas of visual research in my ethical discussion in Chapter 11.

Photo elicitation interview

The second and final interview of the dissertation project incorporated the participants' photographs as prompts in a photo elicitation interview (Harper 2002). I went through each photo with the participants one by one and structured the interaction around a lose set of prompts adapted from other studies (Hussey 2006; Mamary, et al. 2007). General questions included: **1)** Describe your photo. **2)** What is happening in this photo? **3)** Why did you take a picture of this? **4)** What does this picture say about your relationship or your life? Other questions assessed which photos were their favorite and why, and if there was anything else that they would have liked to photograph, but for some reason were unable to do so (see Appendices 4 and 5). These questions were used as a general starting point, but the majority of the interviews were structured around follow up questions about specific aspects depicted in the photos, which often flowed into conversations on other relevant topics.

Photo elicitation interviews lasted one to two hours and based on participant preference, were conducted jointly or individually in their homes or at the UCSD offices. All but one photo elicitation interview was audio recorded and transcribed verbatim. I wrote extensive fieldnotes after the interview that was conducted in a participant's home but was not audio recorded due to my uncertainty about her story (see the story of Celia and her three cameras at the end of this chapter).

Participant-observation

Essentially, participant-observation has been an ongoing activity since my initial entry into the UCSD Division of Global Public Health in June, 2009. Throughout my work on the parent study, I have spent on average several days per week at the Tijuana offices in the Red Light District (also locally called the *Zona Norte*, near the U.S. border; see Chapter 2 for further discussion of fieldwork on the border), which has allowed me to interact with participants in *Parejas* and meet those enrolled in other studies that are run out of the same office and clinic space. I have visited several participants' homes (apart from those in my study) and spent time on the streets of the *Zona* locating participants, distributing condoms as part of a harm reduction program, accompanying a needle exchange program to the Tijuana River canal, visiting *connectas* (Spanish border slang for places where drugs are purchased), restaurant and bars, and getting acquainted with the area as well as with other popular parts of the city.

For the purposes of the current project, I primarily conducted observations during the camera collection and interviews in the participants' homes. This process provided insight into the couple's different geographic locations throughout the city, material living conditions, and varied types of social interactions that took place within their homes and immediate neighborhood setting (Bentley, et al. 1994). Daily field notes recorded throughout this process were jotted in a notebook during the day and formally typed up each night to provide key behavioral and contextual data on the social, material, and emotional aspects of everyday life of the couples (Bernard 2002).

On all but two of the home-based interviews (the two I hired the bodyguard for, as detailed in Chapter 2), I had colleagues accompany me. My reasons were mostly for safety; not that I was afraid of being in the participants' homes, but more in terms of

safety in traveling around Tijuana. The general protocol for the UCSD and project staff in Tijuana is to conduct fieldwork in teams of at least two for security reasons. For the majority of these interviews, Angela Robertson, a fellow doctoral candidate in public health (also currently working on her dissertation with *Parejas* data) accompanied me. On several other occasions, Maria Luisa Rolon, a Mexican medical student, Tijuana resident, and long-term volunteer for *Parejas,* accompanied me. I found having colleagues accompany me on the interviews to be extremely helpful methodologically, as they too conducted observations and often asked questions of the participants. Afterwards, discussing the experiences with Angela and Maria Luisa was helpful for me in terms of processing the interaction and preparing to write my fieldnotes. They provided valuable additional insights, and particularly during the times that multiple people were present and engaging in different activities (e.g., both members of the couples injecting at the same time, multiple social contacts arriving for injection, etc., as detailed in Chapter 9), it was helpful to another observer present to pick up on any nuances I may have missed.

Among four of the couples, the home-based interviews led to observations – direct and indirect – of injection drug use practices among the enrolled partners and other social contacts who visited during the interviews. Direct observations included purchasing drugs, drug preparation, and injection practices. Indirect observations included visits from family members and social contacts in the participants' home who used their space to inject, borrow works (e.g., clean water), or who on occasion were recruited to offer injection assistance.

These fieldwork experiences led me to develop a formal injection observation checklist (see Appendix 6). Based on the ethnographic literature in which anthropologists have observed drug injection in a variety of contexts (Finlinson, et al. 2005; Koester and Hoffer 1994), as well as my own initial observations, I developed a form to help ethnographers structure their observations of what I refer to as the injection context, process, and experience. Modeled after the "shooting scenarios" work of Bryan Page (1990), the form is designed to capture the presence or absence of specific risk mechanics during an injection episode. The context section of the form is designed to record when and where the observation took place, as well as to document aspects of the social context (e.g., how many people are present, types of relationships, public versus private space, etc.) of drug use. The process section is designed to record the multiple, micro-level practices that can introduce HIV and other risks into the injection process, including drug sharing practices, sharing ancillary equipment (e.g., water, cooker, cotton, etc.), and methods of injecting (e.g., into the muscle or vein). The injection experience section was borne out of my own experience observing Cindy and Beto injecting (a couple in my research, see Chapter 7 for an introduction), in which I realized for the first time that injection can be a long, painful process in which multiple sites of the body may have to be tried and adverse reactions are possible (see opening vignette in Chapter 9). I envision drug ethnographers like myself becoming familiar with the specific aspects of injection on the list and afterwards recording their observations onto the checklist to systematize all observations and aid in writing fieldnotes. As I developed this list during the iterative process of my dissertation research, I did not have the opportunity to implement it across all of my observations. Nevertheless, I hope to use this checklist in future ethnographic

work with injectors and I hope to publish it so that it might help others new to the drug scene systematically structure their observations.

Data analysis

The final dissertation dataset included multiple sources of data on the seven couples enrolled in the dissertation study, including interview texts (from the dissertation and *Parejas* parent study, if available), fieldnotes, and participant photos (embedded as electronic images into the transcribed interview texts). I used MAXQDA software (MAXQDA 2010) to create one integrated system to store and manage all data sources, create a codebook and code the data (including the photographs), and organize ongoing memos to myself and key quotes.

I began to analyze the dissertation data as I collected it, constantly alternating between the sources in an iterative loop of describing, classifying, and interpreting (LeCompte and Schensul 1999). I analyzed all of the dissertation data using an inductive approach to identify salient themes (Agar 1996; Bernard 2002). In the phenomenological tradition of analysis, my focus centered on subjective meaning and experience (Creswell 2007). In particular, I examined the interview texts for ways that participants invoked the meaning of their relationships and told stories about how their relationships shaped their experiences. The material and social contexts in which the relationships and associated behaviors are situated were compiled from text data, photos, and observations. I also content coded the photographs for general themes related to social relationships (e.g. photos of themselves, their partners, both, other people), places (e.g., photos were taken in a personal versus public space), and behaviors (e.g., drug-related photos, which were broken down by categories of purchasing, preparing, and injecting). Extensive field notes

were triangulated with other data sources, which was a particularly helpful and reflexive exercise in assessing the validity of data, including assessing the validity of self-reported versus observed injection behaviors (Beynon, et al. 2010; Rhodes and Fitzgerald 2006) and reflecting on how my personal presence shaped the research process and affected the data I collected (Hill, et al. 2010).

I drew on all of the baseline and follow-up *Parejas* qualitative data (see Table 3) as well as on my dissertation data (Table 5) to construct my primary analysis examining the influence of emotions such as love and trust on sexual and drug-related HIV risk behaviors (see results chapters). Starting with the *Parejas* parent study data, I systematically examined codes relating to emotions (e.g., love, trust) and forms of support. It became apparent that the relationships were often defined and demarcated in relation to the woman's work and her male clients, which prompted me to read through an additional set of sex work codes relating to how the partners feel about and discuss the female partners' sex work. Next, I read through codes on sexual behavior within the relationship (e.g. condom use) and outside the relationship (concurrent partners) to assess the prevalence of risk behaviors, as well as coded text on current patterns of drug use, which often included descriptions of practices within and outside of the relationship. I not only examined how partners talked about specific sexual and drug-related risk behaviors, but also focused on the motivations and meanings underlying risk taking and avoidance.

My analytical approach was inspired by phenomenological concern for meaning making and subjectivity (Creswell 2007). Based on how the couples spoke about their relationships, the words they used to define their feelings, and the sense of companionship and commitment they shared, I identified general patterns that formed

three main categories of emotional attachment within these relationships: 1) *los enamorados*, or couples with intense emotional attachment; 2) *los queridos,* or mid-level or average attachment based on the sample; and 3) *los involucrados,* or low emotional attachment (see results Chapter 6). Through multiple readings of the interview text, I attempted to immerse myself in these couples' lives to identify major emotional relationship categories, which I then compared against specific sexual and drug-related behaviors to elucidate a general framework for identifying patterns of risk.

Using the parent study data as a framework, I sorted the seven couples in my dissertation into the appropriate emotional categories and examined their corresponding risk behaviors as discussed in the interview text, shown in the photos, and personally observed through the course of the study. I triangulated all sources of data to assess the risks unique to each couple. Each of the couples' stories are introduced in Chapter 7, and ground my discussions of sexual (Chapter 8) and drug-related (Chapter 9) risk perceptions and practices among sex worker couples in rich ethnographic detail.

Discussion

In the final section of this chapter, I reflect on the rewards and challenges of the selected methodological approaches used in my dissertation research, including providing an extended commentary on the logistics of using of visual methods in this research context. For example, home-based interviews proved to be wonderful opportunities for conducting ethnographic interviews and observations of the material conditions and interpersonal interactions that took place in participants' intimate social spaces (Morris 2001). I was able to observe the type of housing in which the couples lived (e.g., house versus apartment), the amenities and items in the house (e.g., electricity, appliances), and

the sociality of their living arrangements (e.g., did they live with other family members, have close neighbors, etc.).

Home-based interviews also provided several occasions to observe injection drug use practices among not only the participants, but other social contacts such as family members and friends. I had never personally witnessed anyone inject drugs prior to this fieldwork, and it gave me immense insight into the process and a new appreciation for the often laborious and painful process that injectors endure to achieve their high. These observations helped me refine where to focus my attention on the specific points of risk that occur throughout the process (Finlinson, et al. 2005; Koester, et al. 1990; Page, et al. 1990) and develop an injection checklist to standardize observations. My ethnographic observations also highlighted the inadequacy of relying on quantitative survey data alone in assessing drug-related risk behavior (Bourgois, et al. 2006). Direct observations of couples injecting are largely absent in the published literature and I believe that publishing these observations could provide new insights for a drug researcher audience and make an important contribution toward understanding the nuanced and intimate dynamics of injection-risk in this context (see dissemination of results in Chapter 12).

While home based interviews afforded me ripe opportunities to observe interpersonal dynamics and engage in varied social interactions, their major drawback was the potential lack of privacy. At times, other social contacts became involved in the interviews, essentially turning the process into a joint interview. Particularly because photos were involved, others' curiosity was piqued and on three separate occasions, family members picked up the photos off the table to inspect the content and offer their own comments. Other researchers have discussed similar occurrences in their interviews

when family members became drawn into the conversation, which can add a layer of richness to the data (Collier Jr 1957). That was also the case through much of this project. Nevertheless, there was one key occasion during my research when others in the room likely prevented us from having a more in-depth discussion about some of the photos. Celia had taken several photos of one of her sex work clients. Her two brothers were in the room with us, and while she said they know about her work and about this man in particular, I sensed that she did not discuss with the same level of detail her relationship with him as she might have if we had been alone. As such, it was a methodologically sound decision to conduct individual interviews with each partner in the UCSD offices in Tijuana to elicit personal information about sensitive topics before introducing the photo project and couples-based or home-based interviews, which turned into a more social form of data collection (Allan 1980; Boeije 2004; Racher 2003; Taylor and de Vocht 2011; Valentine 1999). I further reflect on the challenges of joint versus individual interviewing in my ethical reflections of the project outlined in Chapter 11.

A note on visual methods

The visual aspect of my dissertation research merits further commentary and reflection, as to my knowledge this approach has not been undertaken with female sex workers and their intimate partners. The photography component, including the assignment, camera collection, and even the interview prompts that I borrowed from previous studies, proved more challenging than the literature would have led me to believe. It was also a rewarding experience (for me and, I think, for many of the participants) that yielded interesting data. Table 6 shows the composition and context of

the photo dataset for the *Love and Risk* dissertation work. In total, I conducted 12 photo elicitation interviews with 11 unique individuals.

As suggested by Table 6, I encountered several challenges during the course of the project. First, I did not receive two of the cameras from the participants. The second camera I gave out was to Gwen; I had made plans to stop by the salon where she worked about a week later to retrieve the camera, but she said she had not had a chance to finish taking the photos yet. I went out of town to a conference, and when I came back and stopped in the salon again, her coworkers indicated that she was on "the other side" (in California) for a while. Apparently, she had been smuggling marijuana across the border and may have gotten caught doing so, though I have not been able to locate her in any state or federal correctional institutions. I did not enroll her partner in the study because after informally meeting with him, he said they were broken up and while he might try to help her if she needed it, he did not want to know or get involved in her affairs.

In total, Celia was given three cameras, two of which she returned. I interviewed her, gave her a camera, and she said her partner would come for an interview the following week. However, she brought another man into the office to try to pass off as her partner and enroll in the study, but I had screened them and enrolled them into *Parejas* and the field coordinator confirmed with me that he was not the real partner. She looked down at the floor a lot and I could tell she was lying, but she insisted and would not back down. I talked to him, but did not enroll him the study and took a wait-and-see attitude with her and the camera she still had. A few days later, she returned the camera and we made plans for home-based interview. When I went to her house to do the photo elicitation interview, she said her partner was out working. There were also no photos of

her partner in her roll. When I pointed this out at the interview, she said her mom had visited and had the same disposable camera, and she thinks they switched them and she gave me the wrong one. We went through the photos and did an informal interview (not audio recorded), and I gave her another camera since the photos we had just looked through were from the "wrong" the camera. I knew that something peculiar was going on throughout the whole process, yet I allowed her drama to seduce me (Robben 1995). I eventually earned her trust and sorted it all out, and she proved to add a valuable perspective to the study.

Table 6: *Love and Risk* photo dataset (in order as they appear in results Chapter 7)

Names*	Partner vs. Joint	Cameras given	Cameras returned	# viable photos	Interview # / type	Place of interview
Gwen	Female	1	0	--	--	--
Ricky	Male	--	--	--	--	--
	Joint	--	--	--	--	--
Mildred	Female	1	1	24	1	Home
Ronaldo	Male	1	1	4	1	Home
	Joint	--	--	--	--	--
Celia	Female	3	2	35	2	Home
Lazarus	Male	1	1	22	1	Office
	Joint	--	--	--	--	--
Maria	Female	--	--	--	--	--
Geraldo	Male	1	1	25	1	Office
	Joint	--	--	--	--	--
Mariposa	Female	1	1	22	1	Office
Jorge	Male	1	1	23	1	Office
	Joint	--	--	--	--	--
Perla	Female	1	1	27	--	--
Jorge	Male	1	1	26	--	--
	Joint	--	--	--	1	Home
Cindy	Female	1	1	23	--	--
Beto	Male	1	1	26	--	--
	Joint	1	1	27	3	Home
Totals:	7 couples	15	13	284	12	8 Home/4 Office

* Names have been changed to protect identities.

Celia told me that the next camera was stolen out of her bag while she engaged in a physical fight with another woman inside a store. She said she thought she knew who had it and was going to try to get it back from him, but ultimately she was not able to do so (although I am not entirely convinced that she did not sell it). During this time, she also told me that her partner had just gotten a new job selling drugs at the canal (see Chapter 2 for a description of the canal) and his schedule was really busy. She even brought a colleague and me over to the canal and pointed him out to us from afar. I told her that he had to come into the office when he was off work.

The next week, she returned with this same partner and again tried to play it off. We decided to redo the couple verification screening (CVS) tool, which as explained earlier in the chapter, contained questions that were asked of each partner separately that are then compared to test their knowledge of each other (Syvertsen, et al. 2012). We were all certain they were not a real couple afterwards. They had no way to anticipate the questions and their answers were woefully mismatched. Two lessons emerged from this: 1) our screening tool actually works, and 2) although this was a long, roundabout process and I should have thought to use the CVS the first time, I was able to get the truth from her without ever directly accusing her of lying and potentially damaging the relationship.

I gave her the additional camera after she came clean and told me that her partner had suddenly taken off and she did not know where he had been for three months. She said her brothers put her up to it to try to pass off their friend as her partner because they did not want her (and by proxy, them) to get expelled from the study and lose out on the monetary compensation (used to purchase drugs for everyone). I gave her the third camera and told her to take photos of what her life was like without him. She took the

photos and we had a formally recorded interview at her home. About a month or so later, the partner suddenly returned. He had gone to a rehab center in a nearby town without telling anyone. I enrolled him in the study and gave him a camera, but opted not give her another one (which would have been four in total!).

While I was able to collect the rest of the cameras from the participants, it sometimes took several attempts because the participants had not finished taking the photos within the initial time span they had selected (typically about one week). In two cases, the participants did not finish on time because they were sick. In one other case, the female partner dropped off both her and her partner's cameras. He had been able to finish his roll of film, but was too sick to come to the office.

Participants overwhelmingly followed the suggestions outlined on the instructions card (see Appendix 3), though a few commented to me that they were unsure of what they were "supposed" to photograph. Upon reflection, it is probably better to provide more specific instructions to the participants. While the instruction card had suggested topics to photograph to help get the participants thinking about the project, the overall concept of the assignment may have seemed a bit esoteric for some people. On several occasions, the interview prompt "why did you take a photo of this?" elicited a panicked reaction from the partner to the effect of "is this not what you wanted?" When I explained that it was a standard question I asked of everyone, they appeared to be relieved. Although they were free to photograph what they saw fit, some partners seemed like they wanted to do it "correctly."

Methodologically, there are strengths and weaknesses to incorporating visual materials into the interview process. Researchers have found that using photographs can

help structure an interview, keep participants focused, reduce interview fatigue, minimize awkwardness, and help build rapport during the interaction (Clark-Ibanez 2004; Collier Jr and Collier 1986). Photos may also help bridge the gap between the researcher and participant when interview situations are marked by significant cultural differences, as photos represent a material object that is understood, at least in part, by both individuals and may help guide the interaction (Harper 2002:20). Others feel that visual prompts can generate a richer, more emotional response than standard interviewing prompts (Collier Jr 1957; Mason and Davies 2009).

On some level, I found all of these observations to be true in my own work. All of the participants appeared to feel comfortable with the project, many were eager to see how their photos turned out, and everyone seemed pleased to keep their photos. I did not necessarily find the generic probes to be helpful, but rather many of the photographs generated open-ended discussion about a variety of topics. The interviews tended to last longer and cover more varied topics than the semi-structured interviews introduced as the first part of the dissertation project. At several points, the photos did generate emotional data, as Cindy and Beto seemed thrilled at how some of their couple self-portraits turned out, because she said it showed how close they were as a couple. Jorge, another partner, belly laughed several times throughout his interview at a self-portrait in which he and his partner were extremely high and she was particularly wide-eyed. He also had several photos of another woman with whom he recently had sex; when I asked him if there were any differences between these two women, he said that the other woman was just sex. He looked deeply at a photo of his partner Mariposa, and said that she was the one he really

loved and who was in her heart, and clenched his fist to his heart as he spoke. Just based on how he looked at the photographs, he appeared to be genuinely enamored with her.

One primary advantage of incorporating participant-driven photos into the conversation is that it gives voice to participants who might not otherwise have the opportunity to be heard (Frohmann 2005; Wang, et al. 1996; Wang and Pies 2004). Nevertheless, as Packard (2008) points out, participant-driven methods do not inherently reduce the power differential between researcher and subject (Packard 2008). I certainly did not feel that the power dynamic was erased, but the design did allow participants show me what was important to them.

In general, I felt the photo portion of the project was well received. A few of the participants seemed a bit perplexed at the initial idea of being given a camera, but once we took the camera out of the package and began to go over the logistics, they quickly seemed intrigued by the nature of the project. I think the participants could tell that I was genuinely interested in what they wanted to photograph and show me, and they seemed appreciative that they were allowed to keep their images. Perhaps some combination of the novelty of the approach, my earnest effort to learn from them, and the promise of monetary compensation for returning the camera and participating in a subsequent interview prompted everyone who was invited to agree to participate. Furthermore, I actually became part of the project for several couples. Gwen and Mildred (introduced in Chapter 7) quickly snapped photos of me as their first photo on the roll, and Celia also took photos of me and a colleague while we were at her house. Cindy and Beto each posed for photos with me and a colleague while we were at their house hanging out and observing their drug injection practices.

Mildred's partner Ronaldo, who is very sensitive and a bit slow, seemed unsure about the whole project and only had four photos come out of his roll. Though we spent quite a bit of time showing him how to use the camera and he assured us that he understood, at the photo elicitation interview he said he actually had not understood how to operate the camera. He appeared bewildered when I had asked him why he taken the photos he did. His partner Mildred, who was not an active participant in his interview, but was in the background during much of it, came over at this point and told him it was OK, she answered the same questions. Despite their low intensity feelings for each other and frequent conflicts, this was an obvious attempt by her to provide him comfort:

> *They asked me the same thing, love. I say what a great project because you feel like they're interested in you, because you already feel so rejected by society, right? You say, ay, somebody is focusing on us!*

At the end of his interview (I had already completed hers), she brought out a white three ring binder photo album to show us that she has stored all of her photos, and she indicated that she would add his to the mix. The first photo of the album was the first snapshot she took of me and my colleague Angela Robertson, who granted me permission to use this photo in my dissertation. We conducted her initial individual interview of the dissertation project in a Mexican colleague's jeep out front of her house while this male colleague was inside conducting an interview with her partner Ronaldo as part of the larger *Parejas* qualitative follow-up data collection. Because their home is small, we had concerns about privacy, so we sat in the jeep and talked. She seemed to understand that we might be "distracted" by the men's presence, and she agreed that the jeep was a sufficient space to talk. It also allowed us an opportunity to observe some of

the neighborhood activity, including one of the men who parked across the street and would enter their house for his afternoon heroin injection, detailed further in Chapter 9.

Figure 14: Interviewing in the jeep. Photo by Mildred

Not all partners were equally engaged in the project, however. One exception was Geraldo, whose partner Maria had gotten sick right before the project started (both are introduced in Chapter 7). After our photo interview he told me he did not understand why I wanted to look at his photos, and he did not care how they turned out. He told me that he wanted to "help" with the project because his partner, who I had interviewed several times as part of the larger *Parejas* study, had spoken well of me and she would have wanted him to participate. While his perspective does not lend support to the power of the photo elicitation approach, it does, nevertheless, make a statement about my relationship as a researcher to them as participants, as well as illuminate the dynamics of their own relationship - essentially his motivation to be in the study was to please her.

In sum, I am confident that my methodological contributions to *Parejas,* including the ethnographic data from the home-based interviews and photographic data generated by the participants that are highlighted in the following chapters, augment the

parent study data (Harper 2003). The data collected as part of the dissertation further illustrate the *Parejas* qualitative data on couples' emotional attachment and behavioral profiles and add a level of humanistic detail and perspective on relationship meaning and the subjectivity of "risk" that only anthropological fieldwork can offer (Agar 1996; Katz and Csordas 2003; Singer and Easton 2005).

In Chapter 11, I return to the concrete methodological contributions of this dissertation and offer further reflections on the ethical dilemmas that the chosen methods can create, both during this work and beyond.

CHAPTER 6: RESULTS

An Analytical Framework of Love

This chapter examines the possibilities of love within female sex workers' intimate, non-commercial relationships along the Mexico-U.S. border. My goal is to describe the *emotional lived experience* of sex workers' relationships and sketch out the range of emotional dynamics and experiences of intimacy encapsulated therein. This chapter draws on the baseline and follow-up semi-structured interview data collected as part of the *Parejas* parent study (Table 3 in Chapter 5) to construct an overarching framework organizing the range of emotional closeness among these couples. I draw on these data to explore the meaning and significance of love, ideals of intimacy and commitment, and how these conceptions are shaped by the female's sex work. This opening discussion situates my own dissertation work, which in subsequent chapters lends a depth of explanation to the parent study pursuit of understanding HIV risk among female sex workers and their intimate partners.

Parejas sample socio-demographic characteristics

Out of the 214 total couples enrolled in *Parejas*, there are a total of 44 couples between both sites that participated in qualitative interviews. The 44 parent study couples (n individuals= 88) are an average of 36 years old (range: 20 - 61) and have been in their relationship for an average of nearly five years (range: 7 months – 25 years). Partners have an average of seven years of schooling and more than half earn less than 2500 pesos

per month (less than U.S. $200). Although almost all couples have children, only about one third have children under 18 living with them. Less than half were born in the respective research sites. In this cultural context, couples typically do not have formal weddings, but rather live together in common law marriages.

Per eligibility criteria, all women report lifetime use of "hard" drugs (heroin, methamphetamine, or cocaine/crack), but there is no drug use criterion for the male partners. Because we used purposive sampling partly based on drug use to elicit a range of perspectives, drug use patterns vary among the 44 couples. The majority were actively using at the time of enrollment, more than 60% of whom inject drugs. The political economy of drug trafficking supplies both sites with heroin, but methamphetamine is popular in Tijuana, while powder cocaine and crack are more widely used in Ciudad Juarez (Bucardo, et al. 2005; Ciccarone 2005).

Importantly, all couples indicate that the female partners' sex work is overwhelmingly driven by financial and drug-related need and (real and perceived) lack of economic opportunities for male partners. Males do not typically have stable employment; they earn money from odd jobs with irregular pay in the informal economy (e.g., selling items on the street, washing cars) or resort to petty crimes and theft. Partners often justify females' ability to earn money in the sex trade as the logical alternative to males landing a legitimate job or risking constant arrest from illegal activities.

A closer reading of this logic suggests that sex work in this context is part of the couples' gendered *habitus*. Borrowing the ideas of Bourdieu, *habitus* refers to the internalized and unconscious set of structures that shape how an individual acts and reacts to the world (Throop and Murphy 2002). This structured mode of perceiving and

being in the world perpetuates specific behaviors that serve to reproduce the structural frames that initially shape habitus. Bourdieu characterized habitus as "history transformed into nature" (Bourdieu 1977:78). Building on this view, Bourdieu's concept of *doxa* is the experience by which "the natural and social world appears as self-evident." Doxa limits social mobility because individuals internalize and misrecognize their gendered, aged, classed position within the larger social structure as self-evident and natural, whereas it is actually historically and socially produced (Bourdieu 1977:164). In this context, while entering into the sex trade was always a conscious choice on the part of the female partner, the unconscious part of the equation is the naturalized acceptance of oneself as a sex worker.

Concretely, in the context of the Mexico-U.S. border, sex work is quasi-legal, somewhat commonly practiced, and at least tacitly socially accepted. The history of the Mexican border economy is one catering to a more economically prosperous North American neighbor, including peddling the exoticism of sex and vice (Heyman 2001; Loustaunau and Bane 1999). Under such conditions, service labor, including sexual labor, is viewed as a self-evident mode of economic survival rather than a product of historically entrenched gendered power inequalities. In this social context, poor women sell their bodies as a reaction to the larger inequalities of the social order that at the same time serves to perpetuate it.

Beyond the structural level, these pervasive economic arrangements also deliver profound insults at the micro-social interactional level. Although it is accepted as a legitimate economic contribution to the relationship, the female partner's sex work is emotionally taxing for both partners and its acceptance often hinges on a "mutual

pretense" (Padilla 2007:50) rather than on any direct form of communication about it. The couples' structural constraints, internalization of their place and worth within such constraints, and the emotional consequences borne out of these arrangements are important threads throughout this analysis. It is within this context that I examine the love and emotional meanings that female sex workers and their partners ascribe to their unique relationships and the complex interplay of factors shaping risk perceptions and practices both inside and outside of these relationships.

Significance and meaning of love

Although love is a universal human emotion, the ways in which it is defined and experienced is profoundly shaped by economic, social, and cultural factors (Fisher 2004; Hirsch and Wardlow 2006; Jankowiak 2008; Lindholm 1998; Shumway 2003). For the current purposes, I am interested in how female sex workers and their partners along the Mexico-U.S. border talk about their relationships, the words they use to define their feelings, and the sense of companionship and commitment they share. Like L.A. Rebhun (1999), I also attempt to move beyond vocabulary to discourse; to explore what partners discuss in relation to their feelings, and the ways in which they do and do not express themselves. I start with the *Parejas* parent study qualitative data to construct general categories to describe the range of emotional attachment among the couples, but from the ethnographic dissertation data I am able to actualize more fully a phenomenological inquiry into the meanings and displays of love in this unique context.

A Typology of Love

Female sex workers and their intimate partners enrolled in *Parejas* are involved in relationships that span a range of love and emotional intensity. Partners took advantage of

the rich emotional complexity of the Spanish language to describe the meaning of their relationship, and at times offered profound and complex explanations of their personal feelings. In Spanish, love is expressed with multiple words that imply different strength of emotion: *amar* and *enamorarse* imply a strong, passionate love, while *querer* signifies a warm and friendly love. The majority of couples said they love each other (*querer*), distinguish their relationships as distinct from clients and stereotyped arrangements of pimp-sex worker, and express a range of companionate feelings for each other that have been increasingly documented in modern forms of love in other contexts (De Munck 1998; Hirsch and Wardlow 2006; Jankowiak 1997; Padilla, et al. 2007).

Based on multiple readings of the text focusing on how the couples talk about their relationships, the words they use to define their feelings, the sense of companionship and commitment they share, and the nature of their sexual intimacy, I propose three general categories of emotional attachment to describe the relationship types: 1) *los enamorados,* or couples with intense emotional attachment; 2) *los queridos,* or mid-level or average attachment based on the sample; and 3) *los involucrados,* or low level emotional attachment. Admittedly, these general categories, described further below, have fluid boundaries and are imperfect representations of the complexity of these relationships. At times, couples' behaviors may fall outside of the parameters of one category and into another depending on the context (e.g., couples say that they sometimes fight when they are experiencing *malilla,* or drug withdrawal, but otherwise conflict is atypical in the relationship). My analysis of the interview texts from *Parejas* supported by my own dissertation interview data, photos, and observations, suggesting that a

patterned variation of emotional contentment exists across these relationships and that couples tend to fit into one category over another the majority of the time.

As Brennan points out, "of course 'love' cannot be measured or proved in any setting" (Brennan 2008:174), and in no way does this work attempt to make any absolute claims of “truth” about love. Rather, the idea simply is to provide a heuristic device to help understand the variation across these relationships and to systematically evaluate the association between the emotional content of the relationships and specific HIV risk behaviors. To my knowledge, this relationship typology has not been employed elsewhere in the literature, but other typologies have proven helpful in making the connections between relations and risk, such as Harcourt’s (2005) typology of female sex work. I am also co-authoring a manuscript with my colleague Angela Robertson that will propose a typology of clients and connect the different types of social relationships to patterns of condom use and HIV risk (Robertson, et al. *under review*).

Each of the three proposed relationship categories is defined by a core set of feelings and behaviors that couples share. Among *los enamorados* (n=10), partners talk about each other with emotional intensity and proclaim that they are “in love” with each other. These relationships are also based on feelings of mutual care, respect, trust, understanding, support, and long-term commitment. Partners are secure in their feelings and unequivocal regarding the importance of their partner in their lives. Often, these relationships are viewed as transformative forces in their lives. In these cases, partners often talk about how they have changed their behaviors (e.g. are not on the street using drugs anymore, are attempting to reduce their drug use) or no longer feel as emotionally

vulnerable (e.g., lonely, depressed) as they once were. *Enamorado* couples are sexually attracted to each other and typically share a regular, mutually pleasurable sex life.

Los queridos, or the mid-level attachment group, comprise the majority of the parent study sample (n=23). These couples say they are not "in love" (*enamorado*) and often do not feel strong love (*amor*) for each other, but they do frequently express a warm and caring love for each other (*querer*), sometimes even love each other "a lot." Researchers have suggested that being "in love" may refer to a romantic or passionate (sexual) love, whereas simply "loving" a partner may be a companionate love grounded in feelings more closely related to friendship without sexual desire (Berscheid 2006). Yet like the high attachment couples, *querido* relationships are also based on mutual care, respect, trust, understanding, and support. Relationships are often long-term and committed, and have endured based on the constellation of shared experience and affect. In general, *querido* couples report at least semi-regular sex lives, though contextual factors (e.g., children, drug use, and sex work, discussed further below) can interfere with the regularity of their sex. Here, it is important to reiterate that notions of emotional intimacy and sexual intimacy should not be conflated; some *querido* couples may not be as sexually active with each other as they would like, but sex is not necessarily the most important feature of any of these relationships.

In the lower emotional attachment group (n=11), *los involucrados*, one or both partners are unsure if they love the other, love is unreciprocated from one partner, or they may have loved each other at one point but indicate that their feelings have changed. "Love" is infrequently discussed in these relationships, but other forms of intimacy are often shared, such as care, understanding, and friendship. Most of these couples simply

feel “comfortable” or are “accustomed” to being with one another. Some of these relationships endure not because of their emotional attachment, but in spite of it: often these couples remain together for material and financial support, the imperatives of shared drug addiction, or for the sake of their children. Children are extremely important to most couples in this context, and often the love for the children sustains the relationships for their sake, even if the love for each other does not. In contrast to the high attachment couples who said their feelings for each other transcend their drug use, low attachment relationships are often more about pooling resources and helping each other maintain mutual addictions. Nevertheless, these partners still provide vital forms of material and often emotional support for each other, and consider themselves to be a couple because of how they prioritize their time, money, and drug-related resources for each other. The interrelationship between love, forms of support, and finance are evident across all relationship types, and are explored below (see Love and Sex Work section).

As shown in Table 7, *los enamorados* couples are a little bit older and their relationship duration is slightly shorter than the average; *los involucrados* relationships demonstrate the longest average relationship duration. Nevertheless, there is a wide range of partner ages and length of relationships represented in each category, suggesting that while these factors may interact to influence the strength of the couples’ attachment, nonetheless the emotional quality of these relationships varies across the sample.

Table 7: Relationship characteristics of couples in Tijuana and Cd. Juarez (n=44)

	Involucrados **(n=11)**	***Queridos*** **(n=23)**	***Enamorados*** **(n=10)**	**Totals (n couples=44)**
Mean age	36	34	40	35.8
Range	20-57	23-61	28-53	20-61
Time together (mean)	6 yrs	4.7 yrs	3.7 yrs	4.8 yrs
Range	1.5–25.5 yrs	8 mo–18.5 yrs	9 mo–11 yrs	8 mo–25.5 yrs

Ideals of Intimacy

Beyond descriptions of love, I evaluate how partners discuss other important and meaningful aspects of their relationship that can be conceptualized as aspects of intimacy. Commonly invoked notions of intimacy include trust (*confianza*), affection (*cariño*), understanding (*comprensión*), communication (*communicación*), support (*apoyo*), respect (*respeto*), gratitude (*agradecimiento*), friendship (*compañerismo*), protection (*protección*), happiness (*felicidad*), and fidelity through the good and bad times (*en las buenas y las malas*). Relationships across emotional profiles are demonstrably companionate in nature even if they vary in intensity and expression. All of these expressions of emotional intimacy are important to partners given the broader context of sex work, drug use, economic hardship, social marginalization, and police harassment that all partners contend with in their daily experience on the border (Jackson, et al. 2007; Sanders 2004; Sobo 1993).

Nevertheless, these notions of love and intimacy are also conflated with economics (Rebhun 1999; Sobo 1995a). For some female partners, going out to work is a form of protecting their male partners, whom they view as more likely to get arrested out on the streets for informal and illegal financial pursuits. For females, sharing their source of income is a form of care and support, a contribution to the relationship, and an expression that the male partner can count on her. For males, feeling accepted by their partners despite their failure to fulfill their traditional role as provider is an important source of emotional security. While conflict over gender roles and finances also occurs, the relevant point here is that females' sex work and males' acceptance of it bridges

forms of emotional and economic support. Emotions and economics are inexorably entangled in these relationships.

Most commonly, partners told us that trust, respect, and communication are particularly important features of their relationships. Trust implies many meanings, and is applied to the females' sex work, as males trust their partner not to get emotionally involved with clients and to use condoms apart from the main relationship. Trust also plays an important role in the couples' own non-condom use. Couples place value in trusting each other, and this trust is a defining feature demarcating the security of the main relationships in opposition to outsiders who are considered distant, unknown, and potential threatening to partner wellbeing.

Respect is another emergent companionate ideal among these couples, and is particularly important given that these partners feel a general lack of respect in other life areas. The partners in our study have often been through difficult lives marked by trauma, violence, and substance abuse, and many have not been treated well by their families or society at large because of their engagement in illegal and stigmatized behaviors. Moreover, male and females are often discriminated against and targeted by the police for arrest simply because of their appearance as a "drug user." For women, their work in the sex trade also relegates them to roles as sex objects whose worth can be bartered. Females' intimate partners, in contrast, have often experienced similar life hardships and sharing a mutual respect for each other provides support and helps distinguish the meaning of the relationship. Rafael, 42, has been with his partner Martina, 34, for nearly two years. They are part of the larger *Parejas* parent study dataset, but I spent a considerable amount of time chatting with him in our project offices one day about his

deportation, the rampant drug use throughout Tijuana, and their efforts to stay clean as a couple (she was an injector and they both used meth). In casual conversations with Martina, I learned that she has never lived on the U.S. side of the border, but a few of her regular clients are from the States, including one who she describes as an older gentleman retired from a prestigious government position who now smokes marijuana all day, every day.

In the following passage from his baseline interview, Rafael discusses his respect for Martina. He admires that her difficult decision to engage in sex work shows that she is a survivor against the odds:

> *Most people, people judge people like her [sex workers], like trash, you know? Like something that has no worth, we don't see if they have feelings or if it's someone who is worthy. Because she is making an effort, there are men as well as women that don't fight to make it, to survive, and she has done whatever she has to do as a way of [survival]. I think that it is difficult for a woman to make a decision like that one [do sex work] and it is difficult to find someone that will support them, someone that values them.*

Respect from an intimate partner as such helps combat the internalization of their vulnerable and stigmatized position in the larger social structure (Bourgois 1995; Quesada, et al. 2011; Rhodes, et al. 2011). Respect is an important building block of these relationships that resonates with partners of all ages. Many talk about the importance of speaking to each other with kind words, and not yelling or swearing at each other as other people have done, including past partners. Building off the ideal of respect, demonstrating an acceptance and understanding of the main partner despite harsh life circumstances is a key feature across these relationships.

Commitment

Couples carry on long term relationships for many reasons. This longevity in itself shapes relationship emotions in ways that appear to either strengthen or diminish partner bonds. Couples of all emotional attachment levels emphasize the importance of remaining together in the good times and the bad times (*en las buenas y las malas*). In particular, males and females express appreciation and gratitude for their relationship during times of illness – everything ranging from the flu, *la malilla* (drug withdrawal), to being attacked by an animal, to hepatitis and HIV. Having a sense of support and care through illness is particularly important in the border context, as many indicate that they have limited access to healthcare, and even when they do, they feel discriminated against and mistreated because of their identity as drug users.

For couples with high emotional attachment, the enduring nature of the relationship provides a sense of comfort and a prolonged opportunity for partners to demonstrate their care for each other. Partners of mid and lower levels of attachment often describe themselves as "comfortable" or "accustomed" to their relationship. Their familiarity, friendship, and other aspects of intimacy often keep these couples together and provide a sense of emotional comfort. Relationships among the lowest attachment couples often persist not because of their expressed feelings for each other, but rather for other reasons such as supporting mutual children together or sharing the material and emotional imperatives of drug addiction. Partners in these relationships are accustomed to each other and rely on each other for support and pooling resources given their economic and social struggles (González De La Rocha 2006; Rapp 1987). This is not to say that these relationships are completely devoid of emotion, but rather I suggest that material

needs are often more salient than emotional needs among these couples in terms of sustaining the relationship ties.

Love and sex work

Anthropologists working in diverse contexts have shown that the affective and material and economic motives of intimate relationships are inexorably bound and shaped by cultural ideals and gender roles (Lewinson 2006; Rapp 1987; Rebhun 1999). Modern partnerships integrate economic and emotional realms of experience, as partners demonstrate their love for each other through sharing their resources, goods, and services upon which their mutual wellbeing depends. Female sex workers and their partners may at times have difficulty resolving the work and private realms of their experience when sexual intimacy with outside parties generates the economic production within the relationship (Jackson, et al. 2009; Jackson, et al. 2007; Warr and Pyett 1999). In the context of female sex workers and their partners along the Mexico-U.S. border, sex work shapes and defines the meanings ascribed to these relationships in important ways.

Partners across all emotional profiles in *Parejas* define their primary relationships by contrasting its emotional meaning with the economic meaning of sex work. Intimate partners distinguish themselves from clients, the symbolic meaning of which becomes especially important in terms of condom use patterns (see Chapter 8). But the emotional security provided by these relationships is often important unto itself for both female and male partners. Among strongly attached couples, the importance of love and emotional intimacy within the primary relationship triumphs over potential threats posed by physical intimacy with clients.

Luis, 52, has been in a relationship with Paz, 40, for eleven years. They are long-time heroin injectors who live in Ciudad Juarez and have reached an agreement about the terms and meanings of Paz's sex work. Throughout their interviews, they express their strong love for each other. In one of the more powerful commentaries, Luis explains to the interviewer that he is not jealous of his partner's clients because the nature of their relationship and the type of emotional bond he and his partner share is profoundly distinct from other relationships:

> *…in a relationship like mine [with a sex worker] you need to define where sex ends and emotions begin (donde termina el sexo y donde comienza la emocion). I think it is the same for my partner because it is more of an emotional need that I need to give her because of her work and in that sense I don't think there is someone out there that loves her like I do (querer a ella como yo la quiero), I also don't think that there is another woman that will love me like she does (querer como ella me quiere). I don't feel that there is a threat so there is no reason for me to be jealous, because the physical is just physical and the emotional is a whole other thing.*

Most male partners distinguish that their feelings for their partner are genuine and experienced wholly apart from, and in spite of, their female partner's sex work. Repeatedly, both partners emphasized that sex work in this context is "only a job" for which emotions had no place. This rationalization is important in both partners' accepting sex work as part of the economic contribution to the relationship.

Emotionally close couples place emphasis on not getting emotionally involved with clients, and sometimes establish certain sex work "rules," like no kissing, holding hands, or engaging in oral sex. Female partners often do not get fully undressed or let clients touch them all over their body. For such male and female partners, infidelity is not necessarily viewed in physical terms so much as in emotional terms that imply

wrongdoing if crossing a line and doing “intimate” things with clients that should be reserved for the primary partner. In this context, the meaning underlying the physical acts is what holds importance, which is further discussed in relation to partner condom use in Chapter 8.

For many couples, love is also seen as a motivating force to try to get the female partner out of sex work. It is an expression of the male’s feelings and care for his partner, but it is also bound up in masculine notions of fulfilling a provider role. Men across all emotional profiles at times express feelings of inadequacy, depression, anger, and frustration about their economic prospects and the need for their female partner to resort to sex work as a viable option. These affective forms of embodied fatalism can influence the quality of their interpersonal interactions. Moreover, because women earn their own money, they have a sense of autonomy and control over the finances, even when sharing with their partners. This challenges conventional gender roles and perhaps further contributes to male feelings of marginalization and fatalism.

These findings provide empirical evidence to support Mercedes González De La Rocha’s (2006) proposition that political economic conditions have created a *radical exclusion* in Mexican cities in which male wage earners are marginalized, households are reconfigured in favor of women’s increased economic participation, earnings are generated from the informal economy, and the stress of poverty and social change manifests as emotional duress and social problems. In these conditions, men often feel powerless to help their partner leave sex work, creating a dynamic in which females’ increased autonomy has come at the cost of male partners’ lack of power and agency. The psychological consequences of this new social order may be embodied among males as

sustained drug addiction, participation in criminal activities, and even the pursuit of outside sexual relationships, as I suggest in Chapter 8. In the emasculating economic conditions of the border and the reliance on female sex work as a survival strategy, it may be that men feel a need to engage in self-destructive pursuits (e.g., drugs, crime, and risky sex) in order to compensate for their inability to embody traditional Mexican maleness (Alonso and Koreck 1999; Gutmann 2006).

Finally, the couples in *Parejas* are adamant that the male partners are not pimps. Although outsiders often view and even criticize their relationships as pimp-prostitute, the couples themselves experience their relationship very differently. In general, the context of sex work for the women enrolled in *Parejas* is organized and controlled by the female. This is particularly true in Tijuana, in which females often maintain regular clients through their own private arrangements (Robertson et al., *under review*). The male partners are not involved in her work, and they do not help her select clients or negotiate prices or types of activities to engage. In fact, males typically do not even inquire about or discuss her sex work, which is further addressed in Chapter 8.

This context of sex work is similar to the Dominican Republic where Brennan conceptualizes the women's sex work without pimps as "freelance" sex work in which the women exercise some level of agency and control over their work and their earnings (Brennan 2008). Throughout our sample, men rely at least in part on their female partner's earnings, but both partners tie this to economic need and the context of limited opportunities within the hyper-sexualized social conditions of the border (Bourdieu 1977). Within this context, they also place a different meaning on the money earned from sex work – it is not coerced and unreciprocated like pimp-sex worker arrangements, but

rather partners consider sharing of resources as a demonstration of the bounded affect of the relationship experience.

We did, however, hear a few scenarios in lower emotional attachment couples in which the male has encouraged the female to go with a client when they were in need of money for drugs. Katrina, 28, and her partner Enrique, 35, live precariously on the streets of Tijuana and have been in a relationship for three years. Katrina feels that her relationship is primarily based on their shared injection drug use and she said she "can't imagine it working" without drugs. Although her sex trading is openly known to her partner, she still felt shamed the time her partner slapped her and encouraged her to trade sex with a client they both knew. Claire Sterk (2000) has suggested that the addicted women in her urban U.S. studies work for "lover pimps." These men typically employ one woman and live with her as a steady partner, but also survive off of her earnings from sex work (Sterk 2000). In *Parejas*, partners sometimes blame rude behaviors, conflicts, and engaging in sex work itself as a consequence of their addiction, including lower attachment couples whose relationships are more firmly based on drugs than love. Yet Katrina said that scenario was rare and driven by drug withdrawal, and neither she nor other similar couples explicitly consider the male partners' role as a pimp. The subjective economic and affective meanings of these relationships remain distinct and experienced as a contrast to other types of arrangements.

At minimum, a phenomenological perspective suggests that the ways in which categories such as "pimp," "client," and even "sex worker" and "intimate partner" are locally constructed and experienced are important to consider because public health messages will be ignored if individuals do not perceive that such categories apply to them

(Ratliff 1999). In this context, it may be that female sex workers' intimate partners at times demonstrate manipulative "pimp-like" behaviors, which deserve further examination as socially structured opportunities that may place the female partner at heightened risk for HIV/STI. It may also be that we need to revisit and redefine what constitutes a "pimp" in modern times and consider a more nuanced interpretation of these men's behaviors and motives. These notions will be explored in future analyses, but suffice to say here that the female sex workers and their non-commercial partners in *Parejas* consider themselves to be couples like any other, but they happen to live in circumstances of high risk and constrained options.

Within this larger typology of companionate love and emotional closeness among female sex workers and their intimate partners in the Mexico-U.S. border region, the next chapter introduces the seven couples from Tijuana enrolled in my dissertation study.

CHAPTER 7: COUPLES ENROLLED IN THE DISSERTATION

Love and risk in ethnographic context

This chapter draws explicitly on my dissertation research to begin exploring the meanings and dynamics of intimate relationships between female sex workers and their non-commercial partners from an anthropologically-informed perspective. In this chapter, I introduce each of the seven couples who participated in my dissertation research in Tijuana. It is my hope that the analyses arising from the additional semi-structured and ethnographic interviews, photo elicitation project, and observations conducted as part of this dissertation will aid our interpretation and expand our understanding of the qualitative analysis of the 44 *Parejas* couples presented in the previous chapter. I collected additional data from five couples already included in this *Parejas* qualitative sample. The two additional couples recruited into my project conform to the same larger patterns of love and risk, and provide additional insights into these couples' lives.

I situate my dissertation results within the larger discussion of love and categories of *los involucrados*, *los queridos*, and *los enamorados* emotional attachment that emerge from the *Parejas* parent study. I draw on this framework as a starting point to construct ethnographic portraits of the *emotional lived experience* of "embodied structural vulnerability" of the seven dissertation couples in Tijuana (Rhodes et al 2011:211). Table 8 shows how these seven couples fall into the three categories of emotional closeness characterizing female sex workers and their non-commercial relationships in this context. The dissertation couples represent each category and aptly illustrate the range of possible

emotional profiles that were identified in the larger sample. In a reflexive style of writing (Hill, et al. 2010), I provide a brief introduction to each couple to set up the following two chapters that explore how emotions influence sexual and drug-related risk perceptions and practices.

Table 8: Couples enrolled in the dissertation research (n=7)

#	Emotional type	Names*	Age	Yrs	Drug use
1	*involucrados*	Gwen Ricky	32 46	2.5	She is a former injector in treatment; he smokes crystal meth
2	*involucrados*	Mildred Ronaldo	44 44	8.3	She is a heroin injector; he smokes crystal meth
3	*involucrados*	Celia Lazarus	36 43	5	Both inject heroin and crystal meth; he sometimes smokes crystal
4	*queridos*	Maria Geraldo	46 40	18.5	Both heroin injectors; she went into the hospital during dissertation
5	*queridos*	Mariposa Jorge	23 29	3	Both heroin injectors; sometimes smoke crystal
6	*enamorados*	Perla Saul	36 43	2	Both heroin injectors; she sometimes smokes crystal
7	*enamorados*	Cindy Beto	29 33	1.5	Both heroin injectors; sometimes smoke crystal

* All names have been changed to protect identities; Yrs = number of years the couples have been together.

Couple 1: Gwenevere and Ricky

I met Gwenevere, 32, in the lobby of our project office one day. We needed to take her photo for the credentials we give out for the *Parejas* project, so I asked her in Spanish if she could stand against the white wall as a backdrop and she said that would be fine, in English. We started to chat, and she told me she is originally from the southeastern U.S., but has lived in Mexico for many years, and has been in Tijuana since the last time she got out of prison. She has participated in other UCSD projects and always drops by the office for her follow-up interviews and to check on her STI test

results. She is HIV positive, but her partner (who is negative) does not like to use condoms regardless. Her candor with me as a complete stranger caught me off guard. Rarely does a five minute conversation leave such an emotional mark on a person, but I was unable to forget her after this encounter. Several months later, I recruited her into my dissertation study. As explained further below, her partner Ricky, 46, was also enrolled in *Parejas* at the time I stared my dissertation work, but I did not enroll him into my project. As such, this introduction focuses on Gwen's story.

Gwen wears an intense sadness in her face. Her long brown hair is usually pulled back in a ponytail, and she wears loosely flowing hippie-style shirts. When she told her story, she often skipped around between varies pieces of her life, and I often had to ask follow-up questions to sort out the sequences of events in my mind. Gwen moved to the West Coast when she was very young. Her childhood is mostly blurry to her, but she was raped by her father at age 11 and forced to drop out of school because of the resulting pregnancy (the state took custody of the child). Soon after her parents' divorce, she was shunned from both households and lied about her age to land a blue collar job to support herself. She sought refuge with a much older man, which she described as essentially her introduction into sex work. Gwen's early life circumstances shaped her experiences and interactions with men and forced her to depend on them from a very young age. She describes herself emotionally as angry and violent since her youth, on and off medication for depression, and at one point she was hospitalized for attempted suicide as a teenager.

When Gwen was 16, her mom remarried a Mexican national. She traveled to Southern Mexico for the wedding and decided to stay. A local family took her in, and she got a job in a local factory, learned Spanish, and became accustomed to the local culture

and life. She recounted the local public plaza on the weekends where they sold shaved ice and girls and boys would ask familial permission to take walks and hold hands in budding affection. Reminiscent of Jennifer Hirsch and colleagues' work in Mexico (Hirsch et al, 2002; 2007), Gwen described a social geography structured around traditional gender roles, concerns for family and reputation, and socially sanctioned courting rituals. To Gwen, "it was nice, probably the only time I can remember in my life being happy." But it only lasted for about two years.

In this town, families would give permission for their daughters (in this case, Gwen was like a surrogate daughter) to court potential partners. The family told her she was not allowed to see the boy who caught her interest, a family relative who they considered to be a "drug addict." Although they told Gwen she could date anyone else in town except for him, Gwen said he "stole" her away. They loaded her stuff on the back of his bicycle and she left her surrogate family for good.

She married Javier (the forbidden "drug addict"), illegally smuggled him into California, and had two children with him. She drove long-distance trucks high on cocaine to support the family, but also smuggled people across the border until she got caught and served time in prison. During this time, Javier had been having an affair, had a child with another woman, and eventually got deported and took all of his children with him back to Mexico. Gwen has not seen them since.

Gwen ended up in Tijuana after she was released from prison in 2004. She came to the *Zona Norte* (downtown area) to buy crystal meth and never left. She had done some informal sex work and experimented with drugs when she was younger, and had gotten into cocaine to stay awake as a truck driver, but she started heavily using drugs in

Tijuana. She also observed that other women in the *Zona* earned relatively easy money through sex work, so she tried her luck at it too. She picked up tips on where to stand, what to charge, and what to do from other more seasoned female sex workers. Although she has traded sex to survive for several years now, she never felt "any good" at it:

> *I was never any good at being a prostitute. I think I've always wanted to find somebody who was going to save me, and take me away, and fall in love…*

In Tijuana, it was easy for Gwen to transition to injecting drugs. The first time she injected, she was angry at her partner at the time and she let a man inject her who she did not even know. She "loved" the intensity of the high, and the route of administration directly into her bloodstream meant she did not need to use as much as with snorting, which made it more economical. Soon after, she started regularly injecting with that boyfriend, but she said he used it to try to control her and would not teach her how to inject on her own. When she was angry one day, she tried to inject herself and nearly overdosed. She threatened him that if he did not help her, she would end up killing herself. She gradually learned how to prepare and inject and went through a very heavy period of street-based use and frequent sharing with groups of people. With all the track marks on her body (evidence of darkened veins and needle marks on her skin from scarring and toxins introduced by injection drug use), she started to have difficulty finding clients. It got so bad that she "almost ended up dying out there." Then another male partner took her in.

She was walking down the street one day when a man yelled down to her from a second floor balcony; he saw that she was disheveled and he offered her a hot shower and change of clothes. He took care of the apartment building, and he allowed people to come

by and use drugs, mostly crystal meth, in the privacy of his own space and off the streets. They ended up forming a three-year relationship in which he ultimately infected her with HIV. She found out her status by participating in a previous UCSD study for injection drug users that had been running in Tijuana over a number of years. After she informed him of her status, they went to the doctor together and testing on him revealed a dangerously compromised immune system. The doctor told them it was likely that he had been infected for at least a decade. Gwen attributes her infection not to their unprotected sex, but to one time that they shared a syringe. He did not normally inject, but one day he asked her to inject him, because he wanted to know "what it feels like." On this one occasion, three years into their relationship, they used the same syringe. Gwen's attribution of this injection experience to her positive HIV status (Hewstone 1983) indicates that her perception of drug-related risk is more strongly related to disease status than to sex.

Gwen told me that she harbors a lot of anger and resentment because this partner actually knew he was infected through their entire relationship, but he did not let on. She attributes his infection to trading sex with other men when he was younger. She eventually left him, but says it is difficult for women to make friends with each other on the streets in Tijuana. It is much easier to partner up with men. She said that at least if you have someone to watch out for your interests and protect you if you get in a bad situation, you don't feel so "alone."

This is how her current relationship with Ricky started, which she described as "sick." They often get into physical fights and he is possessive and jealous. Gwen said she ended up in the same situation that many other women in Tijuana experience: the

relationship starts well and the male partner does not want her to do sex work, but he eventually rescinds because they need money. At one point, Ricky told her, "we know you're a prostitute, so go ahead. I mean, we need the money, and it's just going to be just for now…" But to Gwen, sex work has changed the dynamics of their relationship:

> *…but once that happens, the whole relationship changes, I mean, If you really care about me, you would never let me go… if you truly love me as much as you say, I don't care how much money it was for, I mean, you would've never let me… you would never exchange me for drugs, or for alcohol, or for rent… And every time you see me you want to have sex… it's almost like you want to have your own personal Paradita [sex worker] in your house … and it ends up being cheaper...*

Gwen said that relationships like theirs often develop because of the broader economic and social context of Tijuana. Gwen said that because it is more difficult for men to find real jobs, women fall into a "game" of thinking "oh poor him – he can't find a job" and reason that because he physically protects her and shields her from loneliness, she should reciprocate in other ways. As relationships like this begin to develop and persist, even if one does not feel love for their partner, it becomes easier to remain with that person rather than to pursue a relationship elsewhere. Moreover, the longer one is enmeshed in sex work and drugs, the harder it is to get out of it and make substantive changes. Here, Gwen reflects on staying with her current partner:

> *...it's easier to stay with him than it is to actually think that somebody else is going to accept me with HIV, is going to accept me with an alcohol and drug problem, is going to accept me being an ex-prostitute. I mean, it's like you don't really have that option anymore that somebody is going to say, 'Well, I want you to be the mother of my children, I want you to make a house, and we're going to have a wedding with a white dress, and everything is going to be…[her voice trailed off]. I mean, it's just not going to happen. So, it's easier to stay with the person that you know you've been through everything together, and they know you, you know them, it's more like a friendship…*

Gwen was actively attempting to make positive life changes for herself while I was conducting my dissertation research. She had recently gone to rehab, stopped using drugs, got a job at a beauty salon, and was regularly attending Narcotics Anonymous (NA) meetings as part of an effort toward recovery. For the first time in several years, she was seeking medical care and restarting a regimen of antiretroviral therapy. She was also trying to cut down on sex work, although she maintained two regular clients. They are older men, one of whom she uses condoms with, but the other one she does not. She has never revealed her HIV status to the client with whom she did not use condoms because she did not want to risk losing him. She reasoned that he is "old and didn't have much time left anyway" so their unprotected sex did not matter in the grand scheme of things. Occasionally, she still took on non-regular clients, but she always reveals her status so they can make the choice about using condoms (some of whom still opt not to).

Also as part of this larger effort at change, she and her partner had stopped living together. They still saw each other every day and she viewed them as remaining a couple, but she described her feelings for him as "cautious" because she felt unsure about what was going to happen. Ricky told her that he too was cutting down on his drinking and crystal meth use, but she did not see any evidence of it and she was not entirely confident that he was following through because he has always been in denial about drug use. He also recently moved back in with his ex-partner, a stripper at a local night club and the mother of his child. He swore to Gwen that they were not sexually active, but rather they were together for the living arrangements. She did not believe him. Given his refusal to even wear condoms with Gwen despite her HIV status, she also felt that it was unlikely he was practicing safe sex if he had indeed renewed his sexual relations with her. Gwen

reflected on this point, and called him “selfish” because he could potentially be infected and in turn infect his new partner (his baseline HIV test was negative).

After the interview, I gave Gwen the instructions and the camera and showed her how to turn on the flash; she spontaneously snapped a photo of me as the first one on the roll. I explained to her that I knew her situation might be a little bit different because she and her partner were no longer living together due to her efforts to get clean, but nonetheless it would be interesting to see what kind of role her partner currently plays in her life. She laughed and made a comment that through the photos, “his role would become apparent.” Unfortunately, as detailed in the methods chapter, I was never able to retrieve the camera from Gwen. She has been lost to follow-up, reputedly incarcerated for smuggling marijuana across the border. I have not been able to locate her. I introduced a fair amount of her story here because I did not have the chance to do any of the participant observation we had planned, or follow-up on the main themes of risk and how they were changing for her as she pursued sobriety.

I spoke with her partner informally soon after I could not locate her to assess if he had any information. He is quite tall, with graying hair, a thick mustache, and dark, intense eyes. He appeared to be tweaking on crystal meth during the interview, and his aggressive posture, incessant questions directed toward me, and harsh words (e.g. about Gwen, American women, drug addicts, and rehab) made me feel extremely uncomfortable. He did not understand why she had to devote so much time to the NA meetings and stated that their relationship seemed more distant since she got clean. He indicated that he did not know anything about her whereabouts. To him, they had essentially broken up as an intimate couple since she got out of rehab. He said he would

offer support if she needed him. Yet, he preferred not to know where she was. I did not enroll him in the dissertation study and he has since been excluded from *Parejas* (only the female partners are followed if the relationship dissolves over the study period).

Gwen's story is tragic and permeated with emotion throughout. Even her recent efforts to make positive changes in her life have been quashed by her life circumstances. Although Gwen had talked about wanting to fall in love, she had instead been victimized and later forced to become economically dependent on men:

> *I don't think I've ever been in love. (Laughter). And I don't think I even believe it … I ended up pregnant when I was 11 years old, I mean, I have been alone ever since. [Relationships have] always been more of a necessity than being in love or anything like that.*

Gwen embodied the anger, rage, resentment, and pain of her life's lesions (Finkler 1994) as a drug addiction that ultimately infected her with HIV, and further marginalized her socially and emotionally. Based on her experiences, love was not a driving force behind her relationships. Rather, her relationships, including that with Ricky, often persisted for material support to help her survive her history of family neglect, sexual abuse, mental health issues, limited education, incarceration, and drug abuse, particularly living as an illegal American migrant in the Mexico border region. Yet as much as these relationships helped her get by, they also placed Gwen at risk, as indeed one of the men who took her in off the street also deceived her about his HIV status and ultimately infected her. Gwen represents the extreme case in the sample, in which she internalized love as an impossibility for her life, particularly given her background and her sex work:

> *I mean, almost anybody who's a prostitute, I don't think the couple is as strong… It's almost always like a "I take care of you, you take care of me" kind of situation; it's not really a "I love you forever, too much" (Laughter).*

Couple 2: Mildred and Ronaldo

Mildred and Ronaldo, both 44 years old, have been together ever since she found out she was pregnant eight years ago. They live in a modest home in an outer neighborhood of Tijuana with Ronaldo's brother Marco and his new girlfriend. I had previously met them in the main project office, as they were one of the first couples to be enrolled in the larger *Parejas* study. When we had not had any luck recruiting them back into the office for follow-up qualitative interviews (in part because of the distance for them to travel), we decided to visit them at home and conduct the interviews there. During this process, I also recruited them into the dissertation research since they were more than amenable to inviting us into their home and I had already started to build rapport with them. Even more interesting, Mildred is an injection drug user, but Ronaldo smokes crystal meth.

Mildred feels comfortable with Ronaldo because they help each other and provide support, but they never tell each other "I love you." She is tall and lanky with long black hair and the lines etched on her face suggest hard living. His financial and material support, reliability in times of sickness, and their daughter have been important factors for her in sustaining the relationship. Ronaldo is tall and well built, and his graying hair is not long, but often appears windblown. He has gentle eyes and a dark mustache and he is sometimes almost giggly in his interviews, perhaps out of nervousness. He loves their daughter very much and she seems to motivate him to stay in the relationship. Otherwise, he often is confused as to how he feels about Mildred and he said that he is not sure if he loves her. Much of this emotional conflict centers on her sex work and their discordant drug use and sexual conflict, detailed in Chapter 8.

More recently, issues surrounding their daughter have introduced tension into relationship. Right before the dissertation project started, the state removed their daughter from their home and gave custody to Mildred's sister. Ronaldo has been devastated and broke down into tears while talking about it during portions of his follow-up interview for the main *Parejas* study. He said there is no point to living responsibly with her not at home, which is a reference to the frequent drug-related activity in their home, detailed in Chapter 9. Mildred said she is also upset, but spoke about it almost devoid of emotion.

The circumstances of their daughter's removal vividly demonstrate Mildred and Geraldo's structural vulnerability, including the discrimination that drug users often face in Tijuana. It all started when the police came into their home without a warrant and threatened to send their daughter to social services if Ronaldo did not provide them with information on the whereabouts of a fugitive. He honestly could not help them, and the following week, the police showed up again, and took Mildred and their daughter into custody, along with several syringes for evidence. Ronaldo said the police lied to social services and said they found their daughter two blocks away from the house because technically, the police cannot legally remove a child from their home without the presence of personnel from social services.

Their case was further complicated because once in custody, social services required her birth certificate. However, when she was born, they owed 6,000 pesos (about U.S. $450) to the General Hospital, who held her birth certificate until they could pay in full. Yet, Mildred and Ronaldo were never able to pay. Ronaldo expressed anger over their treatment by the criminal justice, health, and child welfare systems. Not having their daughter's birth certificate had also complicated their lives regarding the child's

education and healthcare. Without it, they have not been able to access free government health services for her.

During this process, the state authorities also mandated Mildred and Ronaldo to drug testing. In this time of crisis, they demonstrated their ability to come together and support each other in a joint effort to win back custody. Because the penalties are more severe for females in this situation (and could result in a mandatory two years of drug treatment), they obtained clean urine to fake her drug test results. He, on the other hand, submitted his own urine which tested positive for meth. This mandated him to parenting classes and "personal reconstruction" psychological sessions that tackled a host of issues dealing with emotions and mental health. They reasoned that if they had both tested negative for drugs, it might have raised suspicions and put them up to intensified scrutiny by the authorities. Instead, they rationalized that his testing positive reduced the potential hurdles they would have to confront to get their daughter back (as compared to if she had tested positive). Later, they could fake his urine sample as clean to demonstrate that he had transformed into a fit parent after passing the program requirements.

Neither Mildred nor Ronaldo appear ready to stop using drugs. They have both been to rehab in the past, but relapsed. As a long time injector, heroin profoundly shapes all aspects of Mildred's life, including her feelings for her partner and their daughter. When I asked her about the importance of love in her relationship, her answer wove between themes of drug addiction, sex work, and care for her partner.

> *Well, you know that with drugs… one becomes used to it with drugs, one becomes used to it because if he told me, "If I ever see you with another guy [client], right? I'm going to send you to hell…" But if I know that this guy is going to give me money to be with him for a while, well, I… I don't listen to him; I go carefully because I know that I can get fixed [earn money for drugs]. So*

> *then one gives drugs a priority. Not because I want to be mean to [Ronaldo], but because one has the necessity of going to get that, and then I don't listen to him, even though I say, "Well, if I love him, why should I hurt him," right? But, but then I say, "If I don't hurt him, I won't be able to get fixed." I'm not sure if you can understand what I said. I mean, drugs have a priority. But yeah, the affection that I have for him is very important and everything, but ….well, one gets used to drugs.*

Many of Mildred's project photos were drug-themed, suggesting the central role that heroin plays in her daily experience. She took several photos of purchasing and preparing drugs, and a graphic series of photos of the oozing abscesses on her brother-in-law Marco's leg (see Chapter 9 for details of their injection drug use). Yet, Mildred's favorite photos are of her dogs. She spoke at length about taking them in as neighborhood strays, cooking them chicken, and caring for them, perhaps more so than she spoke about caring for Ronaldo.

Figure 15: The neighborhood stray dogs. Photo by Mildred

Only four of Ronaldo's photos were somewhat viable to discuss during his photo interview and the majority of our interaction with him that day kept going back to his

daughter. The colleague who accompanied me to their home for his photo elicitation interview and I tried to console him by commenting that his photograph of a bicycle is one of the more artistic our entire sample. He said he did not have a specific reason for taking it and it holds no particular significance. Yet, it reminds me of his baseline *Parejas* interview in which he told a story about having to sell his bike because his daughter was hungry and they had no food. That discussion turned to how he loves his daughter very much and would sacrifice anything for her. If not a conscious invocation of his volatile emotional state about his daughter on his part, the bike photo in his photo elicitation interview certainly could tie back that initial *Parejas* interview to metaphorically represent what is broken in his life.

Figure 16: Broken bicycle, broken home. Photo by Ronaldo

Family and pooling of resources triumphs love in keeping Mildred and Ronaldo together. At the conclusion of the dissertation, he was finishing his last parenting classes and they still did not know if they would regain custody of their daughter. Even if they

do, it is unclear to me to what extent the drug use practices inside their home would change because of her return (detailed in Chapter 9) and what that would mean for the daughter's health and wellbeing. In the meantime, the issue continues to cause considerable strain on the relationship, particularly for him. Like several other couples in the larger *Parejas* sample, their child has been central in sustaining the relationship. It remains to be seen what will happen if they do not win their daughter back.

Couple 3: Celia and Lazarus

In the closing discussion of my methods chapter, I reflected on some of the challenges that I faced in conducting the photo elicitation component of my research. Besides losing Gwen to follow-up, it was Celia, 36, who complicated the photo project. Right before my project started, her partner Lazarus, 43, suddenly left one day and she did not know his whereabouts. He has taken off several times throughout their seven year relationship, but never for long periods of time. This time, she feared that conflicts with her two brothers with whom they share an apartment and the conflict in their sex life – or lack thereof – had finally driven him away. Afraid that she would be excluded from the project without him, she told me a series of suspicious stories and tried to recruit a friend to play the part of her partner. She eventually confessed, and I kept her in the study because her experiences are too rich to exclude. Her partner Lazarus suddenly returned right before I finished my data collection, so I eventually heard his side too.

I met Celia and Lazarus in the project office at least six months before I started my dissertation research. I screened and enrolled them into the main study, and conducted her baseline quantitative survey. She was difficult and impatient, but her story

was interesting. As a deportee who has served multiple prison sentences, she represents that migratory category in my dissertation sampling frame.

Celia was only two years old when her family moved from Ciudad Juarez to Southern California and the only life she has ever known has been on the U.S. side of the border. Most of her family still lives in California (except for the two brothers with whom she lives, both of whom are also deported). She has crossed back twice, but was apprehended and deported both times. She said a person gets desperate and will "do anything to try to go home."

Celia is a strong, outgoing presence in a room who always says what is on her mind, and typically uses multiple curse words to do so. She has a wiry build and she is always highly animated in her bodily movements, facial expression, and manner of expressing herself. She usually wears her straight black hair pulled back in a pony tail and loose fitting comfortable clothing, sometimes even oversized hospital scrubs. She told me that by wearing baggy clothing, she has been able to lie to the police that she is pregnant, so they will not take her to jail (the local jail, where participants are often taken to serve 36 hours for offenses and then released, apparently does not accept pregnant women). Her skin is often blemished with scabs from picking at it while high on crystal meth (meth causes some users to feel sensations under their skin and pick at it).

Yet under her hardened exterior, Celia is at times emotional. Since an early age, her life has been dramatically shaped by male partner influences. Her first main partner as a young teenager and the father of one of her children introduced her to crack, and she eventually started "hoing it" (exchanging sex) to get money to support their drug habit. She said she did it "because I thought he loved me." Before he went to prison for gang-

related activities, they promised each other that they would not fall in love or start a family with anyone else. She held up her end of the bargain, and even had two abortions to do so. He did not, but rather immediately got romantically involved with someone else upon his release. She has not seen him in years. She still has his name tattooed on her body and that relationship left on her an "emotional tattoo" (Winkler 2002).

Celia was not interested in having a relationship when she met Lazarus in a Tijuana shooting gallery about a year after her most recent deportation. She first got together with him because she is one of the rare women in the entire sample who cannot inject herself. He helped her and they started to spend time together, hustling, paying for hotel rooms, and using drugs together. He constantly pressured her to have sex with him, but she was not attracted to him; she called him a "border brother" (implying he was traditionally Mexican) whereas she always liked "gang bangers." Lazarus is on the short side and stocky; he has dark skin and dark eyes and close cropped hair often hidden under a baseball cap. He too often has scabs on his skin from picking at it while high on meth. Celia had always preferred tall, muscular tattooed types with shaved heads. But she said she eventually "felt sorry" for Lazarus and gave in and had sex with him. Afterwards she told me, "he wouldn't leave me alone."

Yet, they have stayed together for seven years because she has come to realize that he cares about her, and she is particularly grateful for the time he helped her through a grave illness when she could not take care herself of at all. They make a good team hustling for money and drugs and they have grown used to each other's ways of being. She said he was like "caveman" when she first met him, but she has helped refine him, taught him basic manners, and treated him well. His mom died, and he had no feminine

influences in his life growing up with his dad and all brothers. During the period he was gone, I asked Celia how she had been feeling without him:

> *Alone, just alone, fucking just hard on me, you know? Because like I said he was there, we were always together, always, always together. Even in the restroom I'm like "God damn it, can I take a shit? Fuck get out of here," you know? Because he was always wanting to be around me. 'Cause he says that, "It's 'cause you treat me like a mom sometimes," you know? 'Cause I was real motherly to him at times, you know? His mom died when he was two, so he didn't have you know motherly affection, you know? So when he met me I used to do a lot of things that you know a mom would do, you know? And that's why he said he got real attached to me too, and because I'm always defending him, you know?*

Like the case of Maria and Geraldo, who were separated by illness during the time of the dissertation research (see next case study), Celia and Lazarus's time apart afforded her an opportunity to reflect on what her relationship provides. She said she feels "safe" with him – not in the physical sense (despite living in a dangerous part of the city), but the financial sense. She also said she needs him in different senses of the word:

> *I need him financially and emotionally too, you know? Things that he does you know, makes me laugh, I don't feel alone, he's here with me, you know, I can talk to him about anything…*

Lazarus did eventually return home. As it turns out, he had grown "tired" of injecting and impulsively went to a rehab center in another town for three months to get clean. He started using again the day he got back to Tijuana. In my first interview with him, he similarly said that he is with Celia for economic reasons and drug use; when I asked if he loved her, he appeared somewhat confused about his feelings. His rambling answer evokes Spanish words of love of differing intensity, references her drug use, and finally draws the conclusion that it is desire that he feels:

> *Well, yes, yes, I love her (le tengo amor) and everything, but drugs also, I don't know, I don't know how to… it's her obsession to have it, but it's not love (amor), I do love her (la quiero), but I don't know, I mean, I don't know how to explain it, do you know what I mean? It's just a desire, I think, right?*

His desire (*deseo*) for her also suggests he equates sex and love. To Lazarus, sex is an important part of the relationship and Celia's regular rejections (discussed further in Chapter 8) cause tension and sexual conflict.

While all of Celia's photos for the project were taken during their period of separation, they were living together again when he shot his roll of film. Both of their photos were primarily street-based and offered me "tours" of the spaces where they spend time around the *Zona Norte*. The following photo was taken by Celia, and reveals a scene of the informal street economy of Tijuana in which they participate:

Figure 17: The informal economy in Tijuana. Photo by Celia

Both of their sets of photos capture the urgency and centrality of their daily economic pursuits, as well as the social nature of their lives. Just two of Lazarus's photos

depict Celia. In fact, he took off with the camera as soon as he received it, and Celia did not even know where he went to take photos or what he had captured on his roll of film. He had several photos of different people he knew from the *Zona*. He has lived there for nearly a decade and has a lot of social contacts with whom he passes time, sells clothes, and uses drugs. These contacts also introduce him to the females with whom he sometimes has sexual encounters, discussed further in Chapter 8 on sexual behavior. Lazarus also took several drug-related photos (described in Chapter 9), revealing his immediate immersion back into drug use after rehab. While he had difficulty selecting a favorite photo, Lazarus likes the following photo of graffiti on a Tijuana street:

Figure 18: Street graffiti in Tijuana. Photo by Lazarus

Couple 4: Maria and Geraldo

Maria, 46, was the first interview I conducted as part of the *Parejas* study. With the recorder already on, I asked her the standard, “do you have any questions before we

begin?" She first replied no, but quickly changed her mind and proceeded to grill me about what I was doing in Tijuana, what I was studying, what was anthropology, and if we actually wanted to do anything good in Mexico or we just thought drug users were "weird" and we wanted to study them. Probably a good ten minutes later, she was satisfied enough with my answers that we started the interview.

Maria and Geraldo, 40, met because of drugs. He knew that she smoked crack at the time, and purposefully started buying crack and coming around her San Diego neighborhood to invite her to use. Their now nearly 20 year relationship has been marked by periods of separation, including several years that he spent in prison in Tijuana. Although Maria had gone through rehab and gotten clean for several years while he was incarcerated, the day Geraldo was released from prison, where he acquired the habit of injecting heroin, she picked him up and he showed her how to inject. He lamented "you don't know how sorry I am" for introducing her to injection, and feels responsible for her severe heroin addiction. Maria, on the other hand, said that she was "tired of being sober" anyway. Geraldo said the image below symbolizes the many years he has spent in prison:

Figure 19: "We offer you the death penalty." Photo by Geraldo

I have had multiple interactions with Maria over the course of the study, and I had told her about the dissertation project while I was waiting for IRB approval. Her thick, wavy black hair loosely skimmed her shoulders, and she alternately appeared at the office heavily made up in lavender eye shadow and lip liner so dark it almost appeared black (with no lipstick) to alternately not wearing any makeup at all. Like Geraldo, she usually carried a backpack, which among other items, contained her syringes. Geraldo also has wavy black hair, and the longer hair in the back sticks out down his neck when he wears a baseball cap. He is extremely thin, but not at the point of looking gaunt.

While Maria had initially agreed to participate in the study, unfortunately, she fell gravely ill right before the project started. Geraldo called her family in San Diego, where she is from, to take her to seek medical care on the U.S. side of the border because the hospitals in Tijuana have a bad reputation for treating drug users poorly. As such, she was not formally enrolled into the dissertation project, but Geraldo, who remained behind in Tijuana during this time, participated in the study. He dutifully followed the directions in the photo project and showed up for all of his interviews on time, but seemed somewhat bewildered by why I wanted him to take photos, as indicated in the methods chapter. His photos are primarily drug-themed and mostly public in nature; he said if Maria had been there for the project, it would have been *"un otro show"* – or "another show," border slang to indicate it would have been another experience entirely. Without her, he indicated his experiences, and subsequently his photos, are more banal.

At the time of Maria's one year quantitative follow-up interview that I had administered for *Parejas*, she was just beginning to suffer from health issues. This visit to the office was a non-makeup day and I had never seen her in baseball hat before. Her leg

was in severe pain and although she cried throughout much of the survey, she insisted that she wanted to finish. This experience remains one of the most challenging surveys I have ever completed and I did my best to ensure the integrity of the data. To get through the interview, I gave Geraldo a dollar to get her cigarettes to take her mind off of her pain. We then ended up giving them part of their compensation ($5 each) during the interview so he could purchase drugs and they could inject. She was feeling sick from *la malilla* (drug withdrawal) and the incessantly repetitive questions of the quantitative survey irritated her; she cried and said I kept asking her the same questions over and over again. As with many epidemiologic surveys, the content of many questions were similar but the recall periods of behaviors and details elicited about specific behaviors varied.

Geraldo took a long time to get the drugs – Maria said he went to the canal to purchase the drugs (see Chapters 2 and 5 for photos and an explanation of the canal), but apparently went back to their house outside of the *Zona* to prep the syringe that he then smuggled into the office. She said they always use their own works, which is why he went home to prepare her own syringe. Back at the office, he pulled a syringe full of heroin out of a hidden compartment in his backpack and handed it to her. She took it and with barely a thought, stuck it in the top part of her right arm, right below her shoulder. I heard the skin pop and naively realized that is probably why they call it “skin popping” (injecting into the skin or muscle tissue, as opposed to the vein). Afterwards, I pointed out that there was some fresh blood on her arm, but she just wiped it off without flinching. I should point out that the injection scenario described above is in no way condoned as part of the normal procedures of the *Parejas* project, but that day I was desperate. So was Maria.

Maria made it through the interview, but she was already on the U.S. side of the border when I tried to contact them again to participate in the dissertation research. I invited Geraldo to participate anyway, thinking at the time that she would be well enough to participate later. He agreed, but I did not ask him about holding the interview in his home. I did not want to seem disrespectful of his relationship with Maria. I also knew that he lived at his dad's house, and he did not spend very much time there during the day.

In his first interview, Geraldo told me that Maria left for the hospital in the States about three days after their last *Parejas* interviews. She had an embolism in her leg (the lodging of an embolus, or a mass that causes blockage in a distant part of the body), and had been taking three 800 mg of "Adopren" (ibuprofen – he brought the pillbox to show me) far too frequently without eating in order to contend with the pain. One night, she started hallucinating and could not get up from the toilet; she thought she would drown in the ocean if she left the bathroom. Geraldo got scared and called her family to come help her. She later had a stroke and became infected with MRSA while in the hospital and had to stay under their care for about four months.

Geraldo wants to see her very much, but he privileges her recovery to his feelings or needs. He wants to give her space at home to recover with her family. He feels guilty that she has been living so many years with him in Tijuana and had not seen them. While he has lived in Tijuana for most of his life, knows a lot of people, and knows how to navigate the city, he often saw Maria struggling because she is not from there. In the following passage, he talks about how he sometimes saw her feeling alone and frustrated, which helped unite them as a couple:

> *It would make me sad to see her like that, and that made me get closer to her… because she's alone; she doesn't have anyone here.*

And that got me closer to her, how can I tell you? I would feel sad leaving her alone, crying….

Now, nearly 20 years later, he is the one alone in Tijuana and nearly crying. In his interviews, he was clearly distraught over her absence. They have remained together through many challenges, and he said "we are always together" no matter the circumstances. He knows they will come back together after this event as well.

Eventually, Maria ended up coming home from the hospital and she contacted me. I visited her at her mother's home in San Diego and spend the better part of an afternoon talking to her about her recent experiences and plans for the future. She laughed more often and more heartily than I had previously observed. She said she and Geraldo plan to get married and he too wants to get clean. She was already growing tired of being home and wants to go back to Tijuana to see him when she feels better. But she also wonders how their relationship will be together if they are both clean, or if she will want to feel "just one more shot" when she returns to Tijuana. Their story illustrates that intimate relationships are dynamic processes profoundly shaped by larger forces such as incarceration and illness. Geraldo said they are "always together," and indeed they are in the sense that they influence each other's behaviors and risk even in periods of absence (particularly in terms of drug use, discussed in Chapter 9). At the close of this study, she remained recovering at her mom's house and they had not yet seen each other. It remains to be seen what will happen when they reunite after this period of separation.

Couple 5: Mariposa and Jorge

The staff in Tijuana recommended that I recruit Mariposa and Jorge into my dissertation research. I wanted to make sure that I included the perspectives of younger

couples into my work, and at age 23, Mariposa is the youngest female not only in my sample, but the entire *Parejas* qualitative sample. She always dressed in oversized shirts and wears her dark hair tied back in a ponytail. Her clear skin and wide eyes give her a youthful appearance, and it was sometimes hard for me to fathom that she injects heroin and crystal meth and trades sex with much older clients from the U.S. side of the border. Often when I asked her questions she grew very quiet to think about her response and when she found her words, her face would light up as if she had just experienced an "aha!" moment each time.

Despite the centrality of drugs to their relationship, Mariposa and Jorge were the only couple in the dissertation project who did not to take any drug-themed photos. Asking about why this theme is missing from their photos led to an opportunity to learn more about the context of why they live in Tijuana. Mariposa did not want to risk her family finding any drug photos. They live in Central Mexico, but her mom and seven-year-old son come to visit every few months. Her mom had originally moved the family to Tijuana when she married an American man. During this period, her mom often crossed the border to shop in the States and sell the merchandise in Tijuana. When her mother's husband died, her mom and younger sisters returned south, but Mariposa stayed behind. Although all of her family is back in their home town, Mariposa said there is more freedom in Tijuana. To her, Tijuana is a crazier and more appealing place to live. She calls her lifestyle "fun and free" and noted that she can do whatever she wants, whereas in her hometown people are "discrete" about engaging in socially stigmatized behaviors such as drug use.

Jorge, 29, later told me the same thing about his home town in Western Mexico. He said people are more secretive there, whereas in Tijuana, behaviors are enacted out in the open and people can party as they please. He likened the atmosphere to his time living in L.A. before he got deported. Jorge did not take any photos of his drug use either, out of respect for Mariposa's wishes. In fact, they took a whole series of photos of him well dressed and posed with the intent to share these "respectable" photos with his family (there were not similar photos taken of her; her portraits were playful and casual). Even when Jorge came to the office for an interview, he was always well groomed in a button down shirt neatly tucked into jeans, his short hair shiny and greased with gel.

Like Mariposa's family, his family does not know that he uses drugs or that Mariposa is a sex worker. By capturing or avoiding certain images on film, they were trying to manage the personal images they projected in real life. They may be young and free in Tijuana to do as they please, but they are still careful to manage their reputations back home. It also appears that the same discretion they were raised to value has translated to the context of avoiding overt discussion of sexual risk within their relationship, as I discuss in depth in Chapter 8.

Mariposa and Jorge are a *querido* couple, who say they love each other. In addition to love, Jorge also finds respect to be important in a relationship:

> *Well, it's respect. Respect is the most important… and love (el amor), right? Because where there is love and respect, a couple can move forward. But if there is a lack of respect, and bad words, it'd be like a toy only. I'd play with her and… but there's always been respect, and love, and affection between us, right?*

Mariposa said that being together is most important to her and that Jorge has demonstrated his commitment by standing by her. They spend the majority of their days

together, mostly alone injecting in their room as much as their finances allowed. They both said that they feel much happier when they are high, but they often bicker when they are experiencing *malilla.* Some of their photos evidence the playful nature of their relationship, as they were taken while they were high and goofing around for the camera.

Mariposa and Jorge live in a hotel room downtown and the majority of their photos depict each other in their room together. Jorge told me that they recently moved there after their previous residence had been broken into, and nearly all of their belongings were stolen. They feel more secure in this new location which has staff working the front desk 24 hours. Their room has whimsical feel, almost a like a child's bedroom or a college dorm. It is decorated with all types of accoutrements like stuffed animals, dolls, and flowers. The Virgin of Guadalupe, a poster of Tinkerbell, and Mariposa's colorings adorn their walls – one of Mariposa's favorite photos was of a poster of Minnie Mouse that she had colored in and wrote "Mariposa y Jorge, Te Amo" (which appears blurred in the photo because it is their real names).

I conducted all of their interviews individually over the course of three separate interactions at the UCSD office in Tijuana, but unfortunately I did not have the opportunity to visit where Mariposa and Jorge live. As indicated in Chapter 5, I gave each couple the option of doing a home-based photo interview either individually or separately, but respected their right to decline. I asked Mariposa about her preference first, but she deferred to whatever Jorge wanted (which in itself suggests possible asymmetry in the dynamics of their relationship). When I asked him about his preference, he selected to do individual interviews in the office because "there are secrets." These

secrets and his emotional reasoning for keeping them form a key part of the analysis and discussion on sexual silence in Chapter 8.

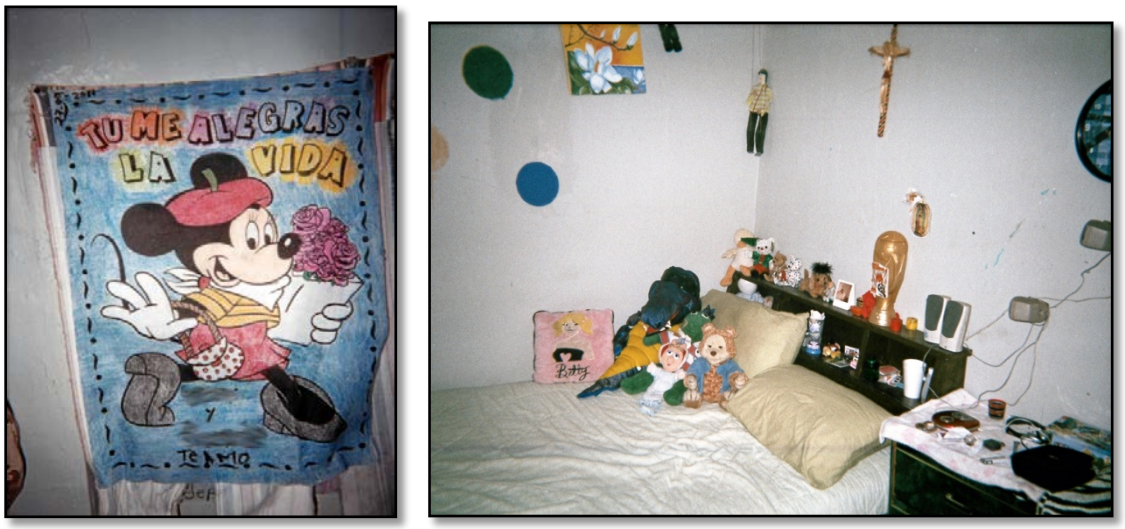

Figure 20: Minnie Mouse poster (left) and the hotel room. Photos by Mariposa

Couple 6: Perla and Saul

I met Perla, 36, and Saul, 43, when they returned to the project office to retrieve their HIV/STI test results as part of their participation in *Parejas*. Perla later told me that she was terrified to receive her results, but had to play it cool in front of her partner. Because we were still looking for couples with whom to conduct qualitative interviews for the larger project, we capitalized on their interest and availability and invited them to participate. My colleague and I added my additional dissertation questions to the standard semi-structured follow-up guide and afterwards, invited them to participate in the photo project. They seemed genuinely interested in the cameras.

Perla has a tattoo of the three tiny dots in a triangular formation, just like I have noticed on other participants. She said it signified "*la vida loca*" (the crazy life) and her story certainly did not disappoint. Perla has a youthful appearance and I even

complimented her on her clear skin when we were making small talk. She is full figured with a round face and expressive eyes and animated style of communicating. Saul is short with a slight build and he is the more reserved of the pair. His slender face often wears a serious expression, but he is kind and open in the interviews.

Perla and Saul recently moved back to Tijuana from the coastal resort town where they had been living near her family. They met in a rehab center in Tijuana years ago, but did not get together as a couple until several years later, after Perla moved back down south and Saul traveled there to find her. She said that her family had forced her into rehab, as is commonly permitted in Mexico. Perla was left all alone after her young son died in a tragic motorcycle accident and her daughter had run away with her boyfriend. She embodied her grief and loneliness as a profound depression during which time she drank heavily, used drugs, and lost her will to live. She marked that as a turning point in her life – she said her whole persona changed and she does not think she has been the same person ever since. Now at least she has Saul to counter her loneliness and they spend most of their time together.

The photo below depicts the small memorial for her deceased son that decorates one wall of the main living space in their apartment. During the home-based photo interview, she showed a colleague and me the photo and nearly broke down into tears while telling the story of his death and her burden of the loss. As a precaution, I blurred her son's face in the photo in order to protect his identity.

Figure 21: Rest in peace. Photo by Perla

Family is important to Perla and Saul, but in reality, they do not see them very often. Saul's mom is in her 80s and in poor health from skin cancer and diabetes. Perla said Saul left home at a young age because his mom's new partner never accepted him. She expressed outrage at how Saul's mom has neglected him throughout his life. He rarely sees other family members either, who mostly live in the States, except for a sister who lives in the same Tijuana neighborhood who they can often count on for material support.

Perla and Saul were clean for five years after their stint in a Tijuana rehab together, and they were clean when they first started their relationship two years ago. But they recently moved back to Tijuana to be closer to his family (despite the negligible support they provide) because of his progressive illness. Saul has advanced cirrhosis and often vomits blood and has bloody bowel movements; he sometimes requires blood transfusions and he recently almost died during a transfusion. He can no longer work as a mechanic, so she takes care of the finances. Perla must remain strong for Saul, and she provides him with reassurance of her commitment to him:

> *He worries because he can't work too much. I tell him, "Don't worry, I'm going to help you, because we're 1, not 2, but 1." When things are going well, okay; I'm not going to leave because he can't give me money, or support me, I am not going to leave. I'm going to stay here with him no matter what.*

Part of that "no matter what" has turned out to be their mutual relapse into heroin use. Perla and Saul turned back to injecting heroin when they arrived in Tijuana because the temptation was too much to overcome their depression. Perla said it was easier for them to stay clean in her hometown because there was not a heroin market there. Their heroin use, as depicted in their heavily drug-themed photos, influences their relationship and sexual practices, which is further discussed in Chapter 8. Their photos strikingly reveal the insular nature of their relationship, as most are confined to their home and are of each other. Perla also took a series of photos of her daughter and granddaughter that she was extremely anxious to view during the interview; this represented a rare occasion that the family got together and her persona lit up at their viewing. Normally, however, Perla and Saul mostly depend on each other and pass the days together at home.

Beyond their drug use, they each spoke at length about their strong love for each other, which has been shaped and strengthened by Saul's experience of illness. Saul's story illustrates that it is not only the female partners who find emotional refuge in their male partners, but that male partners' lives are also subject to the transformative forces of love. Because of Perla, Saul is no longer alone out in the streets engaging in risky, public injection practices with social acquaintances as he has in the past. Mostly isolated from his family, save for some assistance from his one sister, he does not have anyone else on whom he can depend except for Perla. Perla's commitment to him and her ability to

provide financially and care for him through his illness is essential to his subjective sense of wellbeing:

> *Well, I love her a lot; she has supported me a lot through my illness, in everything. I only count on her, she's for me. I can now say that she's everything for me. I don't have anyone else, in my mind and everywhere, it's only her.*

Couple 7: Cindy and Beto

I first met Cindy, 29, in our project office in the red light district in late 2010; I was there one day while most of the field staff was out to lunch when she came to our door and called out the name of our field coordinator at the time. I asked her in Spanish if I could help her, and she switched into English and told me she had an appointment for the *Parejas* project. She agreed to do the interview with me, and the anthropological method of "being there" ultimately revealed its vital importance. Our qualitative interview that day was warm and friendly and our quantitative interview a few weeks later further solidified the seeds of our relationship. It was during that quantitative interview that I asked, "on a scale of 1-10, how much do you trust your partner?" and she responded "13." This, in part, began to give me the idea for the whole dissertation project.

Cindy was deported from the U.S. after having spent the formative years of her life in San Diego under her grandmother's care. (We spoke in English when her monolingual partner was not around; when he was present, we spoke Spanish but often vacillated between languages in a border-style Spanglish. She often code switches multiple times within the same sentence.) Cindy has long, impossibly thick black hair and a slender yet curvy figure that she often shows off in tight jeans. She is outgoing,

talkative, and funny. She sometimes cried during her interviews when recounting deeply moving events in her life, and alternately laughed heartily when telling other stories.

She had been heavily involved in drugs and was selling large quantities at the time of her deportation for robbing an ice cream shop at gunpoint; her story of calmly asking the cashier for all her money invoked Gina Davis in the film *Thelma and Louise*. Estranged from her family, she got by when she first arrived in Tijuana with the help of another deportee who introduced her to a man with whom she was able to stay in exchange for cleaning his house. Soon after, she moved in with a boyfriend who sold crystal meth. He was often angry and violent and he had even killed her kitten. Cindy broke up with him and escaped death before he angered his dealers, who ultimately locked him and his brother and girlfriend inside their house and burned it to the ground.

Born and raised in Tijuana, Beto, 33, only completed school through the third grade, got involved in drugs and went to prison at a young age, and at one point married but never felt connected to his non-drug using wife with whom he had two children. During his marriage, he navigated a period of sobriety and held a regular job, but he never felt content. Yet Beto is hardly the stereotypical image of a long-time drug user with a prison record who steals (bikes, stereos, wiring out of houses, and other opportune material goods) to hustle for drugs and their livelihood. He has a slight build, and shaved head often hidden under a baseball hat, pretty brown eyes, and sometimes the same scabs on his skin as Celia and Lazarus do from smoking meth and picking at themselves.

Beto is soft spoken and at times he became emotional when he talked about the importance of his relationship with Cindy, including recounting the following quote. Here, he had been talking about going through a heavy period of crystal meth use, when

he incessantly picked at his skin and scratched himself all over his body to the point that his clothes uncomfortably stuck to him. Meth users say they sometimes feel like there are bugs underneath the flesh or pimples on the surface needing to be squeezed and extricated. Users also say the resultant wounds and visible scratch marks can lead others to identify them as drug users and act in discriminatory ways toward them. Yet, Beto said Cindy remained with him, accepted him, did not judge, and instead offered her support during this time. This quote is also indicative of how he feels about his relationship with her in a more general sense:

> *"But then you find the person with whom you can really share who you are, what you feel, and you look at another person just like you, who is docile, who is kind, loving, sensitive, the smallest thing can hurt them and they can cry like a child, that things do not always seem like they really are … "*

Beto affectionately calls her his *sirenita* (little mermaid) and *la chamuca* (the devil). The former is one of many terms of endearment for her, like the love messages he scrawled for her in marker all over the wall inside their home (discussed in Chapter 9). The latter nickname references that they considered themselves to be partners in crime, and she sometimes encourages him in ways to behave badly, like procuring additional drugs or taking an opportunity to steal something. When explaining to me *la chumaca* side of the coin, Beto told a story of how Cindy recently encouraged him to steal a bike from someone outside in the street whom they had been watching through their window. Alternately nodding off and tweaking (obsessively focusing on) on the rocks on the street, the victim was too distracted by his speedball high (a mixture of heroin and cystal meth) to notice before Beto snatched the bike and pedaled away. He later sold it for 100

pesos (~ U.S. $10) and three tamales. As she often did, Cindy seemed proud of him as he told the story.

Cindy told me that Beto is "different than any other partner I've had" and the dynamics of this statement became evident to me through their photographs and my observations in their home, mostly discussed in Chapter 9. She told me: "He's my friend, lover, husband, my buddy…." and Beto likewise shared the sentiment. He buys her candy and snacks and playfully smacks her on the rear when she is not expecting it in everyday displays of affection. As the ultimate sign of love in Cindy's eyes, he has wholeheartedly accepted her dog Pimienta (dogs' names have also been changed to protect identity) as part of their family, even though he has never cared for dogs and did not think they belonged inside the house. When they first got together, Cindy asked if she could bring Pimienta to live with them, and was prepared to leave if he had said no. The first night, to Beto's dismay, Pimienta slept in the bed with them. Yet he tolerated it for her and he has gradually come to accept the dog and her subsequent litters of puppies. Cindy told me that Pimienta has had the same father for all three litters of puppies over the past two years or so, and this dog always comes back to check on her after she gives birth. She said that like she and Beto, the dogs are in love. Even more endearing to her, baby Sebastian, one of the puppies from the most recent litter, has grown particularly fond of Beto and he has reciprocated her affection, as indicated in the photo on the next page, one of Cindy's favorites.

Figure 22: Beto and baby Sebastian. Photo by Cindy

The majority of Cindy and Beto's photos are centered on their daily activities and drug use together at home. She also took a number of photos of Pimienta and the puppies**.** They also took several impressive couple self-portraits (Mariposa and Jorge were the only other couple to do so). My favorite was taken by Beto as they sat outside in the driveway waiting for the *connecta*; they are both wearing sunglasses and leaning closely toward one another, and Beto has a cigarette precariously hanging out of his mouth. While they granted me permission to use all of their photos, I opted not to do so in this dissertation in order to protect their identities, which is further discussed in Chapter 11 on the ethical dimensions of the project. For now at least, the reader will have to trust that their photos captured a spirit of love and contentment in a larger context of risk.

Summary

The goal of this chapter was to introduce each of the couples in my dissertation study through the use of interview data, photos, and reflections on my interactions with each partner. Devoting a small section to each couple intends to humanize these

relationships and illustrate the similarities and differences between the couples as a means to contextualize the following chapters on sexual and drug-related risk practices. The order in which the couples were introduced roughly approximates their level of emotional attachment from lower to higher intensity, which is reflective of the range of emotional categories that emerged from the parent study qualitative data. Gwen and Ricky, Mildred and Ronaldo, and Celia and Lazarus represent *involucrado* couples, or those couples who do not consider themselves to be in love as much as they are like close friends who care for each and help each other pool resources to use drugs and get by on a daily basis. Mariposa and Jorge and Maria and Geraldo are *querido* couples, or the typical emotional profiles that emerged from the *Parejas* data. While pooling resources and using drugs are vital aspects of their relationships, they love and care for each other, and like Maria and Geraldo, these types of relationships are often long-term and enduring of difficult life circumstances. Finally, Perla and Saul and Cindy and Beto are *enamorado* couples who profess that they are in love and that their relationships have been transformative in their lives, which observations helped corroborate.

Clearly, like the data from the larger *Parejas* qualitative sample, the emotional dimensions of these relationships are much more complex than these three categories suggest. Rather, the categories serve as a heuristic to help us organize our understanding of emotional meaning and how this may relate to HIV risk. In the next chapters, I draw on semi-structured and ethnographic interviews, photo elicitation interviews, and observational data to ground my analysis of couples' sexual and drug-related risk perceptions and practices in ethnographic detail. The couples' stories are woven into the discussion and illustrate how the affective dimensions of HIV risk matter.

CHAPTER 8: SEXUAL RISK

As Dennis Altman asserts in his book *Global Sex*: “Sex is framed by social, cultural, political, and economic factors - and remains a powerful imperative resistant to all of these" (Altman 2002:2). This chapter examines the influence of love and other emotions on sexual risk perceptions and practices among female sex workers and their partners. Analyses necessarily consider individual agency as well as the structural influences that shape a complex array of overlapping risk behaviors among all couples. For all partners, sex acts are imbued with subjective meaning depending on the relationship type and context of the sexual act. This analysis begins by examining the experience of sex within the primary relationships of the dissertation couples, including the meanings and motivations of condom use. Evaluation of affect then quickly complicates when moving into the realms of the female partner’s sex work and male and female partner outside (non-client) forms of sexual risk.

Research on sexual practices is often difficult to conduct because it takes place out of the public purview, and the study of secretive sexual relationships can be particularly challenging (Clanton Collins and Gregor 1997; Smith 2008). Clandestine relationships are probably universal in all cultures, but by nature are underreported as individuals will go to great lengths to keep them secret (Clanton Collins and Gregor 1997). Sexual secrecy is a key feature throughout this analysis. Unlike the following chapter on drug use in which I am able to amplify my analysis with observational and

photographic sources of data, this chapter necessarily and exclusively relies on self-reported behavioral data from qualitative interviews. Although two of the participants took photographs of other sexual partners – Celia took several photos of her clients and Jorge took a photo of a casual sex partner, discussed in depth below – I have chosen not to show these photos in the dissertation because it would not explicitly add value to this work but may jeopardize confidentiality. Instead, I examine the specific risk behaviors that partners report and look to how partners talk about the meanings and motivations underlying their sexual decision making – both within and outside of the relationship – in light of the larger social, cultural, and economic contexts in which various types of sexual encounters are permitted.

Sexual practices

I begin by exploring the sexual behaviors of the dissertation couples within their intimate relationships. I examine the patterns and meanings of their sexual behaviors in light of the contextual factors that shape them. I also evaluate the subjective dimensions of condom use within the relationships, including the specific motivations underlying the unprotected sex that all couples engage in with each other and how these motivations differ from condom use with other outside clients and casual partners.

All dissertation couples reported having at least semi-regular sexual relationships. The regularity of sex intersected with contextual factors, such as children living with the couple, drug use (e.g., either dulled by heroin addiction or provoked by the use of stimulants), and the female partner's sex work. For *involucrado* relationships like those of Gwen, Mildred, and Celia, discordant sex drives tied to their partners' crystal meth use frequently causes tension and conflict. Conflicts also start over male partner feelings of

jealousy and anger and the perception that their female partner more frequently engages in sex with outside partners rather than with them. Like other heroin users, Mildred explains that after she injects, “all the emotion is gone” and she is not interested in sex. Ronaldo, nevertheless, constantly wants sex after he smokes meth. Mildred has at times wondered: “I don’t know how we’ve lasted, that is why we argue so much, because he only wants to be having sex and I don’t.” She feels that she often has to “give in” and have sex with him to assure his continued economic and material support, rather than engaging in sex as a pursuit of pleasure. He, on the other hand, does not feel that she engages him frequently enough and, unbeknown to her, he sometimes sought sexual release with outside partners, discussed further below.

Like Mildred and Ronaldo, Celia is uninterested in sex whereas Lazarus has a stronger desire for sex, also tied to his use of crystal meth. Celia often suffers from health issues such as pain and bleeding during and after sex, which she attributes to having a hysterectomy, and she feels that her partner is insensitive to her sexual health. She also said she simply is not interested in sex because she is “always too loaded” and more concerned with “trying to figure out a way to get money” than having sex. Like Mildred, Celia views sex as an obligation tied to concerns about ongoing economic and material support. Sometimes Lazarus gets angry and passive aggressive if he feels sexually unsatisfied and he will refuse to go out and hustle. In these cases, Celia feels coerced into giving in because she needs his help to maintain her drug use. This, in turn, makes her passive aggressive and the obligation rather than sentiment becomes clear. He at times complains that their sex is emotionless, almost like he is paying to have sex in a client-sex worker arrangement. According to Celia:

> *[Lazarus tells me] "I feel like I'm having sex with one of these paraditas [street-based sex worker]," because you know how they do it, they just pull their pants down and "Hurry up" you know? That's how I do it with him you know and he goes "I feel like I'm having sex with one of these broads…"*

Moreover, Lazarus gets jealous of her work and feels like he is sexually neglected when she sees her clients. She will often tell him that she does not have sex with her clients; this is partially true, as she also cleans and does one client's laundry, but other times, she does have sex with them but denies it to Lazarus. Sometimes she simply gets fed up and scolds Lazarus for thinking that there is some sort of competition between him and the clients:

> *I go "is that how much you think of yourself? That you're going to actually think that I would prefer having sex with this old geezer than with you? I mean not that you're all that or anything you know what I'm saying but come on, there's no comparison. I mean is that how much you fucking, is that how your self-esteem is? Where you think that I'm going to choose this old geezer over you? Come on man. I mean that's like if you were to go with this old ass wrinkled ass lady you know and you come back with money and I know she was your trick whatever and I'm going to be jealous over that? Hell no."*

Mildred and Celia represent the extreme negative cases of these couples' sex lives, but only Cindy and Beto spoke in their interviews about the pleasurable aspects of their sexual relationship and indicate that they have sex regularity. They are openly physically attracted to each other and constantly playfully touch each other and kiss in their interactions, which is perhaps an indication of the passionate or romantic love in their relationship. For Perla and Saul, who are discussed in depth later in the chapter, their sex life has been disrupted by his illness which has profoundly reshaped their relationship experience, but has not necessarily weakened their bond as a couple. Moreover, their renewed heroin habit dulls their sex drive. Maria and Geraldo's

separation during this study due to her illness obviously also interfered with their sex life, though not their commitment to each other.

These general descriptions of couples' sex lives are also reflected in the larger *Parejas* qualitative sample: sex has a place in these relationships, but given the larger context of couples' drug use, sex work, health issues, and daily struggle to get by, it is often not a key feature keeping these relationships intact.

Condom use in the intimate relationship

In accordance with the international literature, neither the dissertation couples nor the couples from the larger *Parejas* qualitative sample used condoms within their relationships (Deering, et al. 2011; Jackson, et al. 2007; Ngo, et al. 2007; Ratliff 1999; Sanders 2002; Stoebenau, et al. 2009). Only one couple used condoms with any consistency in the larger sample, and that was only due to her recent HIV diagnosis. As condoms were clearly rejected as inappropriate within the context of female sex workers' intimate relationships, it becomes important to delineate the subjective motivations and feelings that partners link to their non-use.

Emotionally close couples like Cindy and Beto, Perla and Saul, Mariposa and Jorge, and Maria and Geraldo, all justify their non-condom use for what I call reasons relating to "meaning." These partners share the sentiments that "we are a couple" so we do not need to use condoms, "we love each other," and the male partner is "not a client." Some couples specifically invoke the word "trust" and reason that because the female uses condoms with clients or the males do not have outside relationships (though this may be based on perception rather than reality), there is no need for condoms. To Cindy,

using a condom with Beto would not be the same experience, either physically or emotionally:

> *Well, to me, it [sex with a condom] doesn't feel the same, it really doesn't, one. And two, I mean, you feel closer to the person without a condom, and you feel more like you're trusting each other; you really, truly, trust him by not using a condom with him. By mentioning a condom, or wanting to use a condom with him, you're kind of telling him that you don't trust him much.*

Again, this finding is reflected in the larger qualitative sample, as more than half of the sample reports not using condoms for reasons relating to "meaning." Meaning is the most prevalent non-condom logic in the larger sample, and is more commonly expressed among emotionally close couples. For these couples, subjective notions of love, trust, and the desire to demarcate the main relationship as fundamentally different from sex work impedes condom use in this context. As such, *non-condom use defines the very essence of many female sex workers' intimate relationships.* It is a conscious behavior that upholds the primary importance of the main relationship and establishes security and intimacy not only for female partners (Allen, et al. 2003; Sanders 2002; Sobo 1993), but for male partners as well. Saul, for example, expresses similar sentiments linking his non-condom use with Perla to feelings of closeness and trust:

> *Well, I think it's due to trust, and for the way it feels different, too, right? It feels different, and overall, well, I'd imagine it's trust, the trust to know that I'm well, and you're well, and we're more united, I think, right? [It is] a more intimate relationship, right? To not use condoms, right?*

As such, simply instructing partners to start using condoms without considering the emotional context surrounding this behavior could fundamentally alter the meaning of the relationships by casting suspicions or creating emotional barriers between partners.

Not all sexual behavior is motivated by logics of affect, however. In less emotionally intense relationships like those of Gwen, Mildred, and Celia, other reasons for partner non-condom use include "not liking condoms," and that partners have "not been sick" thus far in the relationship. Not liking condoms appears related to cultural scripts dictating that condoms and pleasure are mutually exclusive (Gómez and Marin 1996). The logic that partners are "not sick" appears to be an embodied sense of fatalism that a mere condom will not provide salvation from the larger health, legal, and social threats looming in their risk environment. In these cases, partners have already tested their fate and have not yet suffered the distant consequences of illness, which draws into question any purpose of behavior change. Even in closer relationships like that of Maria and Geraldo, fatalism comes into play. Maria does not use condoms with Geraldo both because of her feelings for him and that she knows he does not like to use them. In the following passage, Maria talks about the possibility of becoming infected:

> *I don't think I will make him[Geraldo] sick, I don't know, maybe I will one day, I haven't gotten there yet though, and he doesn't like them [condoms], but he always says if he ever gets sick he knows who he's coming after, yeah right cause you're never with nobody else….*

Maria is one of the few women who always uses condoms with clients because they "don't have enough money to pay me not to use a condom." Yet, as implied in this passage, she has suspicions that Geraldo has had other sexual partners during their nearly 20-year relationship, though that they do not talk about it and she prefers not to know (this later point is taken up at the end of the chapter). Indeed, he has had other partners, but said he used condoms with them. Although they never talk about her work either, he assumes that she uses condoms with her clients. According to this logic, they do not have

to use condoms together because the practices of using condoms with outside partners will likely keep them safe from disease. Essentially, this is a form of "negotiated safety," which means partners do not use condoms within the relationship, agree to mutual HIV/STI testing, and agree not to have outside sexual partners or to use condoms when they do (Corbett, et al. 2009). While they have not explicitly agreed to these parameters, they make assumptions about each other's behavior and let fate dictate the outcome.

The widespread non-condom use within these relationships suggests that partner subjectivities (e.g., feelings of trust, leaving it up to fate, condoms are not pleasurable) motivate their behaviors. Given the improbability of condom use within the primary relationships, it is important to evaluate each partner's sexual risks outside of the main relationship, including sexual partner type, corresponding condom use with these partners, and the motivations underlying these behaviors. First, I examine the female partners' sex work and client relationships.

Sex work

By design, all female partners in *Parejas* have active clients, the overwhelming majority of which are regular clients with whom the women form ongoing relationships (rather than one-time clients). Among the seven women in my study, all maintain regular clients. Only Mariposa supplements her regular work with one-time clients when she needs additional money for drugs.

Across all couples in the *Parejas* sample, female partners maintain that sex with clients is overwhelmingly not for personal satisfaction and there is no emotion involved (Robertson et al., *under review*). As discussed in the conclusion of Chapter 6, female partners in this context essentially work as "freelancers" in their sex work, and arrange

their own informal agreements with regular clients (Brennan 2004). While some of the women consider these regular clients as "friends" on whom they can count for support, the emotional investment is qualitatively different than it is with their main partner.

Women in loving relationships talk about the "feeling" in the sex with their intimate partner as contrasted by simply providing a service to clients without emotional investment. Cindy, for example, currently engages in sex work with four regular clients. Many of her interactions with these clients are longstanding and sometimes do not even involve sex so much as informal money lending. She has also received material goods, such as jewelry, clothes, and household items. Beto knows some of these clients, and he even asked one of the men for financial help one at point when Cindy was bedridden with a lingering illness and needed to see a doctor.

Cindy clearly distinguishes the boundaries of her work from her relationship with Beto. In this passage, she demarcates the meanings of "intimate" sexual activities that should be reserved for a meaningful relationship. She embodies the sexual experience with Beto as a pleasurable pursuit that she enjoys and from which she derives meaning. When working, Cindy disengages her mind from her body:

> *I mean, it's a job that I'm doing; I'm not doing it for pleasure; I'm not doing it because I like it, or nothing like that. What I like, I do it with my husband, and only him, and I enjoy it only with him. When I do this, I don't enjoy it, I'm like putting my mind out of my body and like you're borrowing a body, and my mind is just leaving, you know, to complete the job, get some money, and that's the way I take it. When I explain this to all of them, because some of them try to ask me like, "Give me a kiss …Oh, hell no! Especially not a kiss; that's sacred; that's like so special; that's something you give to someone you love."*

Even for the women in less emotionally cohesive relationships, the distinction between the intimate partners and the clients is evident. For the women in this study, sex

work is a job and means of survival in a broader context of poverty and limited opportunities. If the women's regular clients are nice guys who they can count on as friends, it is all the better, but none of them are looking for love outside of their current relationship.

Condom use with clients

All of the seven women report regular clients like the arrangements of Cindy and Maria, and all of them clearly separated the meaning of their intimate relationship from the transactional basis with these other men. Even in the absence of the female partners' intimate feelings for clients, condom use negotiation can be difficult. Only Maria and Celia both reportedly use condoms all the time with clients. For the rest of the women, however, inconsistent condom use with clients stems from a host of contextual reasons that have been previously reported in the literature. Among the women in this study, consistent condom use with clients is not feasible when clients offer more money (De la Torre, et al. 2010; Gertler, et al. 2005), refuse to wear one (Choi and Holroyd 2007; Pauw and Brener 2003), when condoms are not available or easily accessible (Muñoz, et al. 2010), or *malilla* (drug withdrawal) militates against successful negotiation of risk reduction practices (Romero-Daza, et al. 1998; Shannon, et al. 2008).

Mildred maintains two or three "amantes" (literally 'lovers,' but here she is referring to her clients) that she regularly sees to earn money. Her inconsistent use of condoms with these men happens when she does not have condoms available, she feels *malilla* and needs money, or she just wants the sex to be over with quickly, in which condoms sometimes get in the way. In the following passage, Mildred reflects on the difficulty she often has in consistent condom use with clients:

> *I mean that…with some I do use condoms, when I have because to find a condom it's a big problem and there are times that they tell me, they say to me come to my house, oh ok I will be there in half an hour, or forty five minutes, I will go, I take a shower and to find a condom and there are times that I can't find one and um, and that is the reason why sometimes I don't wear one, other times because they ask me to do oral sex and I know that I have to use a condom either way but it is just that my clients sometimes don't want to, well…um other times that I haven't used it, it was because, because they don't want to use them, those assholes…*

Cindy has similar reasons for inconsistent condom use with clients, including not having them available due to cost or client refusal. With several of her clients, she does not have a problem negotiating condom use and they are respectful of her. Nevertheless, she has issues with one regular client in particular, as indicated in the following passage:

> *Him [regular client], I don't trust very much. I don't trust him very much; eh, I think he's with other girls a lot. And he's stubborn, and he's old, and he doesn't want to use condoms all the time; and I make him, I try to make him, but then he's sneaky; he tries to take them off; not cool.*

For Cindy, even if her condom use with clients is inconsistent, it is not for reasons of emotional betrayal of Beto. She loves and trusts Beto, but does not feel these emotions for her clients. At least she never openly violates the intimacy of her relationship with Beto by kissing a client on the lips, as she discussed earlier. Cindy's underlying motivations for her behaviors and the nature of her sex work speaks to the importance of the subjective meanings of specific sex acts and how this can vary depending on the person and context. Her story also underscores the notion that penetrative sex and intimacy can be mutually exclusive, and that for the women in this study, contextual reasons, rather than affect, drive non-condom use with clients.

Maria said that one of her clients fell in love with her and did not want to use condoms as a display of his feelings toward her. She even felt guilty about it; she did not mean for that to happen and she did not want to do him any emotional harm. With Geraldo, whom she called "the love of her life," sex had "feeling" in it. With clients, it was strictly an economic exchange that she wanted to disengage from as soon as possible so she could get high. A firmly raised Christian, Maria said that God watches how people treat each other. She did not want to hurt him and be punished herself with the same fate. Still, she did not reciprocate his intimate feelings and she was able to refuse his insistence not to use condoms. Recent research with clients in Tijuana suggests that some men seek out the same female sex workers for reasons of companionship and intimacy to sooth their embodied position of risk within a broader environment characterized by deportation, incarceration, social isolation, and other alienating forces that deplete human self-worth (Goldenberg, et al. 2011).

The types of relationships the female partners have with regular clients appear to shape their condom use patterns. The level of familiarly and quality of the client relationship may influence women's ability to negotiate consistent condom use. For example, Cindy said her other clients are respectful of her and usually supply the condoms, whereas the one problematic client remains insistent about getting his way. When she is experiencing malilla and needs money, or she does not have access to condoms, she is then particularly vulnerable to relenting to his insistence. These trends were also reflected in the larger *Parejas* qualitative data collected from the women in Tijuana and are being further explored in dissertation work by my colleague Angela Robertson (Robertson et al, *under review*).

Outside sexual partners and overlapping risks

While a growing body of cross-cultural work has illustrated that large scale economic, social, and cultural changes have likewise transformed the role of personal relationships to emphasize love and intimacy rather than obligation (Coontz 2006; Hirsch 2003; Rebhun 1999), these changes have not led to corresponding decreases in male infidelity (Smith 2008). Infidelity has been documented cross culturally (Tsapelas, et al. 2010). While conventional wisdom asserts an innate male drive toward sexual pleasure, more nuanced analyses suggest that males may seek outside sexual refuge to fulfill other needs that have been shaped by the broader sociocultural context (Smith 2008).

Outside forms of male partner sexual risk are common across couples, despite the emotional closeness of the main relationships. In all but one of the seven couples, the male partner reported having an outside sexual liaison with another female at some point during the current relationship. Only two males with outside partners reported condom use. None of these sexual partnerships have been long term arrangements.

The dissertation's findings reflect patterns in the larger qualitative dataset, in which about one third of male participants report outside partnerships, with whom condom use is inconsistent. While men across all emotional categories in the *Parejas* dataset report additional partners, a greater proportion of those in the lowest emotional attachment category are more likely to do so. For the majority, outside sexual relationships are not long-term or regular pursuits, but rather casual partnerships that occur only a few times, if more than once. Men frequently construct these encounters as unplanned opportunities to pursue sexual pleasure that they keep separate from their main relationship. These outside relationships appear to fulfill a different type of need.

Among less close couples, male partners sometimes deliberately seek outside sexual relationships when they are in a fight, feel emotionally distant from their main partner, or if they experience regular sexual conflict with their partner. Ronaldo, for example, has periodically had other casual partners during his conflictive relationship with Mildred, and his most recent liaison occurred with a work colleague. Because this outside partner is not a drug user, he did not perceive her as "risky" and he did not use a condom. He does not like using condoms anyway and he says he is not sick. Ronaldo does not tell Mildred about his outside unprotected encounters, nor does Mildred reveal her unprotected encounters with clients to Ronaldo.

The motivations and meanings of outside sexual relationships and associated condom use can get complicated. To illustrate the overlapping sexual practices and meanings ascribed to outside partners and clients, I highlight two unique stories of sexual risk. The first example focuses on a male partner's sexual risk, while the second looks at a rare case of a female partner who in addition to sex work, pursued a non-client sexual relationship with a married man.

The first case is Mariposa and Jorge. Their relationship serves as a particularly rich example of multiple, conflicting, and hidden forms of sexual risk. Jorge has been in jail twice during their three year relationship, and after the first time, Mariposa confessed that she had been with other men for money during his incarceration. This made Jorge angry at first, but he has become accustomed to it because they need the money. He has a semi-regular job, but does not earn enough to get by. Besides, the more they make, the more times they can afford to inject during the day. Although he is aware of her sex work, they do not discuss it directly and they do not broach the topic of condom use.

Mariposa and Jorge do not use condoms. Mariposa told me they used condoms in the beginning of the relationship, but after they moved in together and established themselves as couple, they stopped. Jorge told me they have never used condoms because they trust each other. She has three primary clients who regularly come around to look for her; two are older Americans who cross the border specifically to be with her. She does not use condoms with one of them because he pays her well and she obliges because of the difficulty in finding clients willing to pay well these days. Another client is older and on some sort of medication which prevents him from being able to perform sexually. With him, all she has to do is take off her clothes and let him look at her. She finds non-regular clients as well when she and Jorge need money, but she always uses condoms in those circumstances because the men are unfamiliar to her.

Unbeknown to her, Jorge has had three other sexual partners during the course of their three year relationship. He uses condoms with the other women because he does not have the same trust in them as he shares with Mariposa. At the time of the first interview, Jorge said he had not been with anyone else for about three months, but probably would again if the opportunity presents itself. Jorge engaged in these outside sexual pursuits to satisfy his appetite for sexual variety apart from the routine sex with his partner. While he sometimes takes advantage of opportunities to use drugs and engage in casual sex with other women, there are distinct differences between these partners and Mariposa:

> *And with the others, it's like for pleasure, right? It's like feeling oh, like a man, good! (Laughter) Right? With her, one only does it for love, and with the other ones I don't. I'm very, like a bull, right? And one does different things…. I'm not as forward with my wife as I am with them. With them, if you want, you can do it like this, or this, and this, or that, and with her it's only like this, and that's it.*

Jorge frames his discussion of sex with Mariposa as standard and lacking variety whereas outside partners allow him the freedom to open up, experiment, and enjoy a variety of activities that are incongruent with the image of the good wife, even if the wife herself leads another sexual life (Castaneda and Ortiz 1996; Hirsch, et al. 2002).

Akin to some of the female sex workers who use condoms with clients to distinguish their main relationships from their work, Jorge used condoms during his outside encounters as a physical demarcation of his emotional boundaries. He does not express the same love or trust for these outside partners as he feels for Mariposa. He also feels guilty about indulging in outside sexual pursuits. Thus far, he has been able to keep his outside sexual relationships a secret from his partner so that he does not hurt her and break the trust.

As indicated in Chapter 5, I gave each couple the option of doing a home-based photo interview either individually or separately. When I asked Mariposa, she deferred to Jorge, who selected to do individual interviews in the office because “there are secrets.” I conducted Jorge and Mariposa’s photo elicitation interviews individually.

Indeed, the “secrets” Jorge alluded to as part of his photo project turned out to be a series of photographs of one his outside partners. Though she is not identifiable in any of the pictures, he did not grant me permission to use the images of this woman. In two of the photos, she is sitting on the bed in the hotel room where he lives with Mariposa; she is hunched over with her head in her hands. In the other, she is passed out in the bed next to her purse full of her drug paraphernalia. Jorge said she had just gotten into a fight with her partner, an older American man who smokes crystal meth and sometimes gets violent with her. They had been in a particularly nasty fight, so she went to his room to seek

condolences and smoke crystal meth. Although they did not have sex on that occasion, they did several months prior in an open hotel room they found down the hall from Jorge's room. She too is an American living in Tijuana and the way Jorge talked about her physical appearance and the sensations and passion of their sex, it was as if she provided him with an exotic physical escape from his normal routine. Again, a reading of the subtext alludes to the commonly held notion that the steady partner is not supposed to be very good at sex; it defines her as a "decent" wife, even if she has outside sexual encounters with clients (Castaneda and Ortiz 1996). Perhaps not breaking this good wife image makes it all the more important not to talk directly about sexual risks.

As detailed in the methods chapter, the photos invited an emotional quality to his interview that illustrated his subjectivities surrounding sex with Mariposa versus with this other woman. After we had gone through the photos, he looked at the photo of the other partner and indicated that relationship was just physical. He then looked at a photo of his partner Mariposa, and indicated that their relationship is emotional – she is the one he really loves and she is in his heart. He looked deeply at Mariposa's photograph and clenched his fist to his heart as he spoke. Just based on how he looked at the photographs, he appeared to be genuinely enamored with her even in light of engaging in a passionate, physical form of intimacy with another woman.

Based on my interviews with Mariposa, she does not appear to know about this woman or any of the other outside partner that he has been with. She did, nevertheless, tell me she is suspicious of other relationships he has with gay men who sometimes give him money. She said she does not know anything about them or what kind of relationship

he has with them, and she does not want to confront him and find out. I asked her why she didn't want to talk about it with him:

> *Because if I ask him, "Are you gay, or what?" Nombre, chale! (Oh God, wow! Implying a feeling of simultaneous surprise and disappointment). I ask him, "Why do they come to look for you? No one just gives you free money." Then I stop asking questions because that's how we start arguing.*

She would rather not know, and rather not fight about it if she were to confirm her suspicions. Jorge did not mention these men in our interviews, only females in the questions about outside sex partners. He also told me that he earns money from working at a "swap meet" (an adopted English name for informal places that sell a variety of used and recycled items, akin to a flea market) several days per week, and did not talk about other sources of income. Looking back, it is unclear if I did not ask specific enough questions about male sex and he was able to elude the topic, he did not feel comfortable revealing this type of information, or if nothing sexual actually takes place between him and these friends.

This case study provides an interesting ethical exercise in sorting out conflicting and secretive information that was shared with me in confidence in separate interviews. In summarizing Mariposa and Jorge's sexual risk, we know with certainty that he engages in secretive outside pursuits but uses condoms for emotional reasons. She mostly uses condoms with clients, but will forgo condoms for additional monetary incentive. Neither of them can be sure of each other's outside sexual risks because they do not discuss it so as to preserve the illusion of fidelity and avoid conflict that could damage their emotional bond. Mariposa and Jorge's story strongly illustrates the importance of subjective meaning and context in shaping sexual risks.

The next example from my work is Perla, whose recent sexual behaviors explained why she was so nervous in returning for her HIV/STI test results the day that I met her. At the time of the first qualitative interview, Perla was not doing sex work because she had just secured a job at a market. Nevertheless, she had recently engaged in sex work prior to moving back to Tijuana. She is also one of the only women in the whole qualitative sample who reported an outside, non-client sexual relationship.

Perla's sexual risk history is complex. Her partner Saul's chronic illness has disrupted their sex life for some time. This prompted her to form an ongoing relationship with an outside partner to help her fill a physical void from her less frequent sexual encounters with Saul. She said that her other partner was married and their secret arrangement was purely to party and have sex: "there was no love, there was nothing there … he is a friend for nothing more than sex." To mark these emotional boundaries, she used condoms with him but never with Saul.

Moreover, at the same time, Perla also maintained several regular clients. She reported sometimes not using condoms with one of these men not because she had feelings for him, but rather because he paid her more money for unprotected sex, which she could then use to provide for Saul's medical expenses. Saul trusts her completely and does not know about any of her outside partners, including her sex work. By not telling him, she has preserved his trust and the emotional integrity of the relationship. Perla's outside sexual activities and condom use patterns serve to illustrate the physical and emotional intricacies of sexual intimacy, once again reinforcing the idea that sexual risk behaviors are shaped by the context, partner, and symbolic meaning of the act.

Perla later told me that she currently does not care about sex, and she and Saul have not been having much sex because of his illness. She does not want him to exert himself too much in case he starts feeling bad or vomiting blood. She does not have any plans to seek a relationship elsewhere either. Her decreased prioritization of sexual pleasure may be due to a combination of factors, including Saul's continually declining health, their change in living situation, their renewed heroin use (which, as indicated earlier in chapter, many partners have indicated dulls their sexual appetite), or her nervousness over her HIV/STI results. Nevertheless, she has realized that their diminished sex life does not mean that the overall quality of their relationship is in danger. She told me that his illness – an experience marked by mutual support, caring, and commitment en *las buenas y las malas* – has brought them "closer" as a couple. In the current context of their relationship in which they live isolated as a couple contending with economic hardship, terminal illness, and relapsed heroin injection, *why would she confess her sexual transgressions to a trusting and unsuspecting Saul?* Moreover, because she came out clean on her recent HIV/STI tests, what would be gained?

"Sexual silence"

The social tolerance for outside sexual partnerships is largely culturally regulated, and shapes patterns of communication surrounding the (non-)disclosure of such sexual practices (Clanton Collins and Gregor 1997). As Hirsch and colleagues (2007) have documented, modern shifts toward loving and intimate relationships have not corresponded with increased sexual communication between partners (Hirsch 2007). The resulting silence surrounding sexual topics pervades much of Latin America can be widely applied to different types of sexual partnerships, such as men who have sex with

men and male sex workers (Carrillo 2002; Padilla 2007). I suggest that the same constructions of silence apply to the couples in *Parejas,* both in terms of sex work and outside non-commercial partners.

Complex and secretive patterns of sexual risk behavior are evident throughout the dissertation and larger qualitative sample. The majority of partners do not discuss sex work or outside partners in order not to hurt each other's feelings and to preserve peace in the relationship. Emotionally close couples do not want to break the trust in the relationship. Not talking about sex work also serves to evade conflict, as some male partners are frequently disturbed by their female partner's sex work and feel angry, jealous, and upset by it. These partners tend to avoid topics related to sexual behavior and sex work so as to avoid verbal and physical conflicts.

Researchers have suggested that this silence creates an illusion of fidelity, preserves the emotional integrity of the relationship, and diffuses any questions that might shatter this mirage (Padilla 2007). Mark Padilla's work with male sex workers in the Dominican Republic is particularly relevant in this context. Drawing on Irving Goffman's work on stigma management (Goffman 1963), Padilla (2007) invokes the ideas of the "little lies" that individuals tell to preserve their image with others. People may know about particular behaviors, but culturally prescribed values of sexual discretion reinforce lies and silence surrounding sex.

In the Dominican context, there was literally an unspoken tolerance of certain behaviors between the male sex workers and their female steady partners – a social permission for certain sexual behaviors to coexist, so long as it was not discussed openly. Moreover, male sex workers expressed the notion that their female partners who derived

financial benefit from their work essentially relinquished their right to probe about these outside encounters (Padilla 2007). With female sex work in the *Parejas* sample, the subtext of male partner acceptance hinges on financial gain in light of limited other options. Nevertheless, male partners typically do not want to know about the female's clients or get involved with her sex work, nor do the female partners want to share any details of their work and potentially upset their partner. I find Padilla's description of couples' unspoken acceptance of sex work as a "mutual pretense" fitting in the context of the Mexico-U.S. border (Padilla 2008:50).

The context and (non-)disclosure of male's outside sexual partners conforms to similar tactics of identity management, but these sexual pursuits differ from sex with clients in their motivation. Male partners' outside sexual pursuits are not sought for financial gain like the females' clients but rather they are acts of male agency in part structured by gendered social geographies of sexual opportunity (Hirsch, et al. 2007). Men take advantage of outside opportunities of sexual pursuit, often for socially sanctioned objectives of sexual variety and pleasure. One interpretation of this behavior is that females' increased economic contributions have come at the expense of male economic exclusion and social marginalization. This may prompt males to engage in self-destructive behaviors such as risky sex to compensate for their inability to embody traditional Mexican cultural ideals of masculinity (Alonso and Koreck 1999).

These outside partnerships are also kept secret from often unsuspecting female partners as part of a larger and pervasive "sexual silence" in Latin America (Carrillo 2002). Sexual silence refers to the complicated set of strategies that individuals employ to avoid speaking directly about sex, while simultaneously maintaining a thinly guised

communication about it (Alonso and Koreck 1999). Hector Carrillo's work with men who have sex with men in Mexico, for example, explored how sexual silence was a strategic tactic employed by socially marginalized individuals to avoid certain kinds of sexual disclosure. Silence was similar to stigma management, but also served to uphold ideals of culturally acceptable social and sexual identities in a context in which "normal" sexual behavior is quite narrowly defined (Carrillo 2002). For the male partners in this study, their silence about outside sex partners appears, on a personal level, to preserve the emotional integrity of their primary relationship. On a wider social and cultural level, this silence also preserves prevailing ideals about gender roles and cultural norms of masculinity (Alonso and Koreck 1999).

In sum, sexual silence serves to maintain an appearance of conformity, even when sexual relationships fall outside the boundaries of traditional acceptance (Carrillo 2002). For non-traditional relationships like that of female sex workers and their intimate partners, neither partner divulges their sexual behaviors nor asks the other about theirs, even if they know or suspect outside relationships take place. In other words, both partners use silence as a tactic to manage their sexual affairs and find acceptance in each other and society writ large. Ultimately, however, from the perspective of HIV prevention, secretive, overlapping, and unprotected sexual acts are embodied as forms of heightened risk for HIV/STI by all partners involved. Moreover, these forms of sexual risk overlap with drug-related risk both within and outside of the relationship, as taken up in the next chapter.

CHAPTER 9: DRUG-RELATED RISKS

Ethnographic observations

When we arrive mid-morning, Cindy and Beto had already been waiting for the "connect" for several hours. She said they woke up "really sick" and she sold her cell phone to get money for their "cure." She appears anxious and preoccupied, sniffles frequently, and even though the dry heat of the day has not yet kicked in, she is sweating profusely from la *malilla* (drug withdrawal syndrome). She brings a couple of chairs outside so that my colleague and I can sit comfortably in the shade of their front yard while she anxiously joins Beto out on the street corner to connect.

The "connect" in their Tijuana neighborhood, or means of purchasing drugs, consists of drug dealers who drive their vehicles through a designated neighborhood route throughout the day, slowing down when their customers whistle or otherwise motion for them to pull over so they can a purchase a "*cura*" (cure or dose; "*curarse*" or "to cure" is also used as a verb meaning "to inject") of drugs. The corner in front of Beto's family property is a popular stop, where as many as 15 to 20 local addicts can start to congregate as early as 7 am to procure drugs. Black tar heroin and crystal methamphetamine, the predominant drugs in the regional drug market, are wrapped in small plastic packages and encased in a colored balloon to indicate the drug type – blue and red balloons are 50 pesos of heroin, while yellow, pink, green, and sometimes black are 50 pesos of crystal. For their morning cure, they need 100 pesos of blue or red (equivalent to about ~ $8-10 U.S.). Although we do not see the purchase from our vantage point, we note their success when they suddenly hurry back inside their fenced property and disappear into their

room. After a minute or so, Cindy pokes her head outside the blue and white striped curtain that covers the doorway of their single room structure and asks if it would be "helpful" to watch them use. We humbly accept while I do my best to conceal the adrenaline running through me as we enter the intimate social space of their home.

Geographically, their home sits on property left by Beto's great grandmother and matriarch of the family to all of her kin; there is one central house facing the street and the descendants have all been allowed to build small structures on the long, rectangular property for themselves (at the time of fieldwork, there are twelve structures occupied by 15 adults and 5 children living in an area that must be about a quarter of an acre). Beto built most of their home himself, and it is modest and clean with simple functional furniture. L-shaped, the main living area is a square with an additional area that juts out to the left of the front door; this private space is closed off by blue and green curtains and is just large enough to accommodate their bed. Her drawings adorn the wall above a table to our right; one sketch depicts the side profile of a sexy woman with a curvy backside in red underwear. Cindy had told me that she loves to draw. In the far right corner, there is a cluttered wooden desk that stores several pairs of high heel wedges on the bottom shelf. A blue loveseat under their single window faces the entrance. The thick, black burglar bars are not enough to obstruct their gorgeous view of hillsides of colorful houses, a colonial church steeple, and tall purple mountains in the distance. The outside of the window is adorned with a little painted birdhouse and miniature Mexican flag. To the left, there is a dresser, shelves, and a little foam dog bed covered in a quilt; her dog Pimienta just had a litter of three puppies.

Figure 23: By the light of their single window is where they prefer to inject.

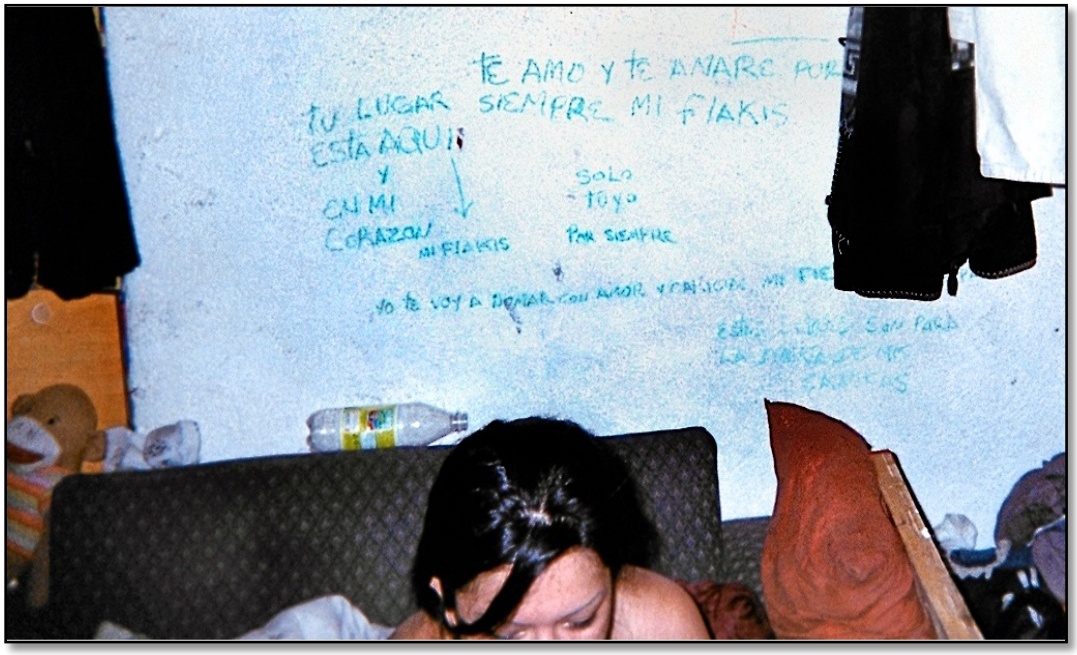

Figure 24: The writing on the wall: "*I love you and I'll always love you my skinny lady*" and "*your place is here → and in my heart.*" Photo by Beto

Notable on that wall are a series of messages Beto dedicated to Cindy in scrawled marker, including: "*te amo y te amare por siempre mi flackis*" (I love you and I will always love you, my skinny lady).

It is a comfortable space. As we settle in, Beto is already stirring the black tar heroin and water in his cooker, the bottom of a soda can, with the butt of a syringe plunger. We do not see him heat the drug, but I know the sticky consistency of black tar necessitates heating it to liquefy it into an injectable form. As he stirs the murky mixture in the bottom of the cooker, she reaches across the room to her dresser and explains to us that for a filter, "you can get the cotton from anywhere, socks, underwear, a shirt, cigarette, or whatever…" as she grabs some cotton from the inside of a sock from their drawer. Their syringes are stored out in the open, on top of their desk in the right hand far corner of the room. She first tries to hand him a syringe from on top of the desk, but he immediately indicates "no, that one," so she grabs another one, which he agrees is OK. She selects her own syringe from the same vicinity. There are at least three syringes lying on the desktop, and at least one other one on the table to the right. He prepares everything on the floor in the light of the window; without electricity and even in the daytime, it can be difficult to see, especially if the task at hand requires precision. Beto uses the sock fluff as a filter to draw up the entire heroin mixture into his syringe before removing the plunger from her syringe and "backloading" half of the liquid into it (a process of carefully squirting half of the drug mixture from one syringe into the other). On the floor near the cooker, I notice the drug wrappers and balloons. Apparently, the heroin balloons are blue today. There are a small cadre of ants crawling around near the works that later dissipate somewhere.

Figure 25: Drawing up the heroin into a syringe. Beto will draw up the entire solution and squirt half of it into another syringe for Cindy. Photo by Angela Robertson

After they each have their loaded syringe in hand, they start the injection process. We all grow quiet and concentrate; they on injecting, and us on observing them injecting. The drug mixture appears black and thick inside their syringes. They each try multiple sites of injection on their bodies in a struggle to find relief from their malilla. A couple of times throughout the process, which lasts about 45 minutes, they hold their syringes up to the light of the window, flick it with a thumb and middle finger several times to knock the air out, then lick the needle before their next attempt at insertion into their bodies.

Cindy first sits on the floor and intently looks for veins in her right foot. She said she had luck there the day before, but after several futile attempts, she announces “there aren’t any today.” She had previously told me that successful injection episodes for her can take a while, up to several hours. Beto estimated that she has taken up to five hours. But this morning she is sick, so she eventually resorts to injecting herself in the muscle in

her upper left arm. She is slow and precise about inserting and withdrawing the needle from her arm, but it does not appear to take nearly the effort or concentration she exerted in examining her foot. She explains to us that while the rush is not as intense as through the veins, it nonetheless provides relief from the withdrawal symptoms. Immediately afterwards, she points out to us that her runny nose is now fine "without even blowing it," and that she has stopped sweating. Her mood lightens.

Meanwhile, Beto ties a tourniquet (a strip of a rag) on his arm and starts to attempt injection inside his upper left arm. She relays that she too used to inject in her armpit and underneath her arm, but that she can no longer find a vein to hit. As he struggles and wiggles the needle inside his flesh, she gasps "¡cuidate!" (be careful) but he says it is too late... he has already injected some drops, but only created a burning sensation from missing the vein. He tries again and the same thing happens, but this time it is worse. He pulls the needle out, but his arm is already starting to swell and his skin is raising into what appear to be bright red hives. His arm, face, and chest turn red and glisten with sweat, and he appears to be in pain. His hand becomes puffy, nearly twice its normal size. He then holds it out to us and instructs us to feel it – it is rock hard to the touch. He can barely grasp his fingers into a fist, as he demonstrates by trying to pick up a coffee mug on the table. Although he lifts the mug, he is only able to do so because it is large enough to remain lodged in his swollen, semi-clenched hand. He indicates that he wouldn't be able to grasp anything more delicate than that. He said that this "mano de popeye" (Popeye hand) happens frequently when you hit a "nerve" and that it takes a while for the symptoms to subside, maybe an hour or two.

Attentive to his discomfort, she then tries to help him inject. They get a mirror – they have a collection of small, rectangular mirrors on their dresser and behind us, near their bed. They prop the mirror up in the light of the windowsill and she first tries to inject him into his left collarbone area – she tries a few times, and he grimaces during the process. They are facing the window, with their backs to us, but the sounds he emits evidence his pain. I catch a few glimpses of his expression in the right angle of the mirror and he is obviously uncomfortable. She apologizes for hurting him, and says she cannot find a vein. She sits down on the floor, and almost by chance observes a potential opportunity in his leg. She instructs him to stand still as she examines his right calf and quickly affirms her luck. She ties the tourniquet at his knee, loudly slaps his right calf to fully engorge the vein, and patiently injects the rest of the contents of his syringe into the vein in the back of his calf. She hits him relatively easily, at least compared to their other attempts on their bodies. Once they are finished, she stands up, and they embrace and kiss. The process is complete. They are cured.

- Edited fieldnotes, 08/17/2011

Framework for studying drug-related risk

This chapter examines the influence of emotions on injection drug-related HIV risk perceptions and practices among female sex workers and their non-commercial partners. This analysis is premised on the idea that the emotional imperatives of drug injection cannot be evaluated apart from structural and biological dimensions of drug use that also invariably shape each partner's HIV risk. I frame my analysis within the broad injection drug literature and draw on semi-structured and ethnographic interview data,

photographs, and observations to provide a micro-social level glimpse into the creation and experience of risk among female sex workers and their partners in this context.

I conceptualize Tijuana as an injection risk environment (Rhodes 2009) that shapes and constrains injectors' ability to engage in safer drug use practices (see Chapter 2). I also incorporate the biological (Kaushik, et al. 2011) and behavioral (Grund, et al. 1996; Koester and Hoffer 1994) mechanisms that introduce risk throughout the injection process into my analysis. Within this context, I attempt to understand the social level in which drug use occurs among these couples.

The heart of my analysis of drug-related risk examines the social spaces and social dynamics of each of these couples' drug injection practices, starting with reflection on the observations of Cindy and Beto offered in the opening vignette of this chapter. Through my fieldwork, I realized that the typical spaces – both physical and social - in which couples inject drugs are microcosms of insight into larger structures of risk (Latkin, et al. 1996; Tempalski and McQuie 2009). As suggested in my fieldnotes, Cindy and Beto's typical social space of injection is at home together. Perla and Saul also typically inject at home together. Mildred injects at home, but as her partner does not inject, she frequently interacts with his brother Marco and with the other social contacts that regularly come to her home to inject drugs. Celia and Lazarus use drugs together, but circumstances often prevent them from confining their use to occasions when they are together or even at home. The primary results of this chapter present ethnographic data collected from these four couples to illustrate how the physical, social, and emotional spaces shape couple injection risk practices.

I chronicle these injection spaces through the extensive use of observations and photos where possible in order to illustrate the *emotional lived experience* of injection drug use in these different contexts. The structure of this chapter is inspired by the style of Bourgois and Schonberg's ethnography *Righteous Dopefiend (*Bourgois and Schonberg 2009), though admittedly my timeframe of research was much shorter due to constraints in time and funding. Yet the spirit of the idea remains intact: grounding my discussion in ethnographic detail enables me to account for specific patterns of risk and interpret the larger findings from the *Parejas* qualitative data.

I close the chapter by reflecting on the couples' behavioral patterns in light of the contextual factors that shape injection. My discussion focuses on one of the study's main research questions, the link between emotions and injection drug use practices among couples. Moreover, I provide reflection on feminist perspectives of injection and the deeper emotional underpinnings of drug addiction. I conclude that affect differentially shapes drug-related HIV risk perceptions and practices among couples, but cannot alone account for them.

Structural factors and risk in Tijuana

The injection drug use patterns within female sex workers' relationships are shaped by, and cannot be understood apart from, the broader political economic, cultural, and social conditions of the Mexico-U.S. border in which they occur. As discussed in Chapter 2, I conceptualize Tijuana as an injection "risk environment" (Rhodes 2009) that renders users particularly vulnerable to specific types of social and health-related harms. To briefly summarize, Mexican black tar heroin and meth dominate the local drug trafficking routes (Bucardo 2005; Ciccarone 2005; Ciccarone 2009). Although personal

drug possession has been nationally decriminalized and harm reduction services are technically available in Tijuana, local "off the books" policing practices frequently impinge on injectors' ability to adopt safer injection behaviors (Strathdee, et al. 2005; Pollini, et al. 2008; Pollini, et al. 2011; Volkman, et al. 2011). Rhodes and colleagues (2011) suggest that punitive policing practices ingrain a pervasive sense of powerlessness among vulnerable populations who embody its consequences in a "fatalistic acceptance of harm and suffering" (Rhodes et al 2011:212). Participants in my study repeatedly spoke about their fear of getting arrested on drug charges and held in jail for a customary 36 hours (or worse), and many reported that this happens even without valid charges.

Moreover, while syringe purchase without a prescription is legal in pharmacies, studies indicate that drug users are sometimes denied access because of discrimination and inconsistent pharmacy policies (Pollini, et al. 2008; Pollini, et al. 2010a; Pollini, et al. 2011b), which is directly linked to practices of sharing syringes with other drug users (Pollini, et al. 2010a; Strathdee, et al. 2005). For some, the cost of syringes in a context of limited resources is also a barrier to safe injection. Syringes typically cost about 13 pesos (equivalent to ~ U.S. $1), but some injectors have reported being charged up to 45 – 100 pesos (~ U.S. $3-10) for syringes in some pharmacies (Strathdee, et al. 2005).

Finally, the injection risk environment of Tijuana includes the larger context of limited economic opportunities, migration and family separation, deportation, social exclusion, violence, policing practices, and sex work that characterize the border (Larios, et al. 2009; Strathdee, et al. 2008a), and constitute what Singer (2001) conceptualizes as the "oppressive forces [that] create the social, emotional, and physical conditions that invite and sustain drug dependency" (Singer 2001:204). Strathdee and colleagues (2008)

found that structural factors such as migration and arrest for track marks (scars that appear along the veins from repeated injection in the same sites) were associated with elevated HIV prevalence in a cohort study of injection drug users. These findings support other studies linking mobility and HIV risk, as discussed in the political economy section in Chapter 4 and which informed my sampling frame as explained in Chapter 5. This body of literature links the complexities between mobility, shifting cultural ideals, adoption of new behaviors, mixing of social networks, and new ecologies of economic and social vulnerability that create the conditions amenable to spread diseases such as HIV (Deren, et al. 2003; Goldenberg, et al. 2012; Hawkes and Hart 1993; Romero-Daza and Himmelgreen 1998; Shedlin, et al. 2006; Soskolne and Shtarkshall 2002). The significance of the track marks finding may be tied to policing practices and risk, as discussed above, or may literally mark injectors' bodies and their vulnerable position in society and serve as a proxy measure of the stigma and discrimination that they often face that reinforces their social marginalization and perpetuates patterns of risk (Rhodes, et al. 2007b; Simmonds and Coomber 2009).

Mechanisms of injection-related risk

Before exploring the specific social scenarios of couples' risk, comment on the specific mechanisms that introduce HIV into the process of injection drug use are warranted. In addition to HIV, I widen the focus to include other health-related injection harms. This section examines the pathogenesis (mechanisms by which disease is caused) of microbial infections among injections drug users, with specific reference to heroin and meth, the predominant drugs in the Tijuana market. Pathogenesis of injection-related microbial infections can be caused by four mechanisms: contaminated drugs, the drug

users' own commensal flora, drug preparation practices, and sharing contaminated drug paraphernalia (Kaushik, et al. 2011).

Drug type and flora-related related risks

Black tar heroin is often impure and cut with adulterants, and its injection has been associated with bacterial skin and soft tissue infections (Ciccarone, et al. 2001; Kaushik, et al. 2011; Phillips and Stein 2010), wound botulism (Davis and King 2008), necrotizing fasciitis (flesh eating bacteria) (Kimura, et al. 2004), and abscesses (Binswanger, et al. 2000). These infections may be due to contamination of the heroin itself (which may contain heat-resistant bacterial spores) or the practices associated with injecting it. The properties of black tar heroin may accelerate venous inflammation and scarring, which can lead to "skin popping," or injecting directly into the muscle or skin rather than the vein (Ciccarone 2005). The transition to skin popping carries heightened risk for bacterial and soft tissue infections due to the concentration of irritants and bacteria that the practice introduces directly into tissue (Murphy, et al. 2001). Such venous sclerosis may also prompt users to seek injection assistance from others, which has also been linked to risk for abscesses, possibly because those who provide assistance may be more colonized with bacteria than average injectors (Rhodes, et al. 2007a).

On the other hand, HIV infection rates have been found to be lower on the U.S. West Coast, where black tar use is endemic, compared to the East Coast, where powdered forms of heroin are more available (Ciccarone and Bourgois 2003; Garfein 2004). A recent cohort study of more than 1,000 injectors in Tijuana found a crude HIV prevalence rate of four percent (Strathdee, et al. 2008a), which is lower than global estimates of HIV prevalence among injectors which ranges from 12-40 percent depending on the region

(Mathers, et al. 2008). Researchers have hypothesized that the chemical properties of black tar heroin shape drug use practices, such as heating the solid heroin into an injectable liquid solution and rinsing out syringes with water to prevent clogging, which may be protective and account in part for variation in HIV prevalence rates at the population level (Ciccarone and Bourgois 2003). Moreover, while transition to skin popping is associated with bacterial risks (Ciccarone 2005), as a route of administration it carries a lower viral risk, including HIV transmission, because it avoids direct contact with the bloodstream (Ciccarone and Bourgois 2003; Rich, et al. 1998).

Drug users in Tijuana have reported using meth of different colors, including clear, white, yellow, and pink, which may indicate the mixing of various adulterants that signify various levels of purity. Studies have suggested that colored meth (mostly white) was associated with increased odds of having an abscess, or a collection of pus and infected material in or on the skin that may occur from a bacterial infection (Strathdee, et al. 2008c). Pollini and colleagues (2010) also recently found an independent association between abscesses and smoking meth in a sample of drug injectors in Tijuana (Pollini, et al. 2010b). The association between smoking meth and abscesses is unclear, but researchers suggest that the skin picking and open wounds that frequently are side effects of meth use, as well as cracked lips and mouth sores associated with smoking meth, may invite pathogens into the body and render it susceptible to infection (Cohen, et al. 2007).

As suggested by studies (Pollini, et al. 2010b; Strathdee, et al. 2008c) and my own observations of participants, abscesses are a common bacterial health issue among injectors in Tijuana. Abscesses can result from missed injections (injecting into the tissue surrounding the vein), injecting a contaminated drug solution, failing to sterilize the

injection site prior to injecting, using unclean injection equipment, or skin-popping. In Pollini and colleague's (2010) study discussed above, an array of factors in addition to smoking meth were significantly associated with abscesses, including injecting with a family member or spouse, seeking injection assistance, trading sex, and reporting that police activities dictated where injectors use drugs (Pollini, et al. 2010b). Findings suggest that factors on multiple levels conspire to distribute bacteria among vulnerable drug users and perpetrate health harms.

Finally, drug users' own commensal flora serves as a reservoir of a wide range of potential pathogens. In addition to abscesses, other common bacterial infections caused by users' flora include endocarditis, or inflammation of the inside lining of the heart chambers and heart valves (Cooper, et al. 2007; Spijkerman, et al. 1996) and cellulitis, a common, but potentially serious bacterial skin infection which occurs when one or more types of bacteria enter through a break in the skin (Binswanger, et al. 2000; Lloyd-Smith, et al. 2008). Nevertheless, data on many common bacterial infections among injectors in Tijuana are largely lacking.

Drug preparation and "sharing" risks

The risks associated with drug preparation practices and the sharing of contaminated injection equipment comprises much of the focus of the injection literature on health-related harms. In general, needle sharing has garnered the most attention from researchers because the practice potentially places users in direct contact with other users' blood, which can introduce viral risk for HIV, Hepatitis C, or syphilis infection (Cleland, et al. 2007; Grebely and Dore 2011; Hahn, et al. 2010; Jarlais 2010; Koester, et al. 2005; Loza, et al. 2010; Mathers, et al. 2008; Santibanez, et al. 2006). Further,

practices like "registering" (or called “reporting” in Tijuana) and "booting" may elevate users’ exposure to blood borne viruses. Registering is defined as drawing blood into the syringe to verify connection into a vein, while booting involves multiple repetitions of drawing up the blood and re-injecting it. These practices can leave trace amounts of blood inside the syringe that can be passed to the next user (Shah, et al. 1996).

When discussing HIV risk, researchers frequently use the gloss of syringe "sharing," which technically indicates that a syringe is used by one injector and then passed to the next injector for re-use. The individual who re-uses the needle after someone else engages in “receptive needle sharing,” which constitutes a risky form of sharing (Magis-Rodríguez, et al. 2005). But as ethnographers have made clear, “sharing” can occur in many forms and contexts (Page 1997). For example, “pooling” refers to storing syringes in a common source, rendering it likely that users will confuse each other’s syringes or reuse will occur (Page, et al. 1989).

More frequently, injectors engage in multiple forms of “indirect” sharing of the ancillary equipment needed for the injection drug process (Koester and Hoffer 1994). The water, cooker or spoon (in which drugs are heated), and filter (e.g., cotton that filters the impurities of the drugs when drawn into the syringe) can also become contaminated and passed onto multiple users (Koester, et al. 1990; Koester and Hoffer 1994; Needle, et al. 1998). Once prepared, the drug solution may be pulled up and divided among two or more users in one of several manners. Users can draw up the solution into the syringe to measure the amount to divide and squirt the other participants’ shares back into the communal cooker, from which other users then draw up their own share (Finlinson, et al. 2005; Koester and Hoffer 1994). Alternatively, users can draw the entire amount of drug

solution into one syringe, which is then used to “frontload” or “backload” the shared portion directly into the other users’ syringe by removing either its needle (front) or the plunger (back) and carefully squirting a portion of the drug solution inside, which can contaminate both syringes (Grund, et al. 1991b; Hagan, et al. 2001; Stark, et al. 1996).

All of the above “sharing” practices have the potential to transfer viruses from one user to another, even if the same needles are not used. Laboratory tests of injection drug equipment from Miami area shooting galleries have provided evidence that HIV can contaminate all types of equipment. In one study, antibodies to HIV-1 proteins were detected in 12 of 23 (52%) visibly contaminated syringes, in three of 17 (18%) cottons, in three of 21 (14%) cookers, and in one of 17 (6%) rinse waters samples (Shah, et al. 1996). Other laboratory studies have confirmed viral presence on needles and ancillary equipment (Chitwood, et al. 1990; Shapshak, et al. 2000).

As anthropologists have pointed out, studies that use the gloss of “syringe sharing” often obscure the multiple points of risk that can occur during the injection process (e.g., indirect sharing) in which viral and bacterial risk can be introduced (Finlinson, et al. 2005; Grund, et al. 1991a; Koester, et al. 1996; Koester, et al. 2005). This focus on syringes also misidentifies injectors as having an obsession with needles, when it is actually an obsession with veins that lie at the heart of the cultural complex of drug injection (Page and Smith 1990). Finally, researchers’ needle “fetish” often disassociates it from the social context in which sharing occurs (Grund, et al. 1996).

Couples’ injection spaces of risk

Importantly, all of the above mechanisms of risk are interrelated and none happen within a vacuum. Rhodes and colleagues’ (2005) definition of the risk environment

includes “the spaces, whether social or physical, in which a variety of factors exogenous to the individual interact to increase vulnerability to HIV” (2005:1026). Physical and geographic spaces have been found to importantly shape injection practices based on factors such as the cleanliness and privacy of the injection space (Brouwer, et al. 2008; Généreux, et al. 2010; Latkin, et al. 1996; McCurdy, et al. 2006; Page and Fraile 1999; Pollini, et al. 2009; Rhodes, et al. 2007b). Moreover, researchers increasingly have devoted attention to the social influences on injection practices, including the roles of social networks on use patterns (Costenbader, et al. 2006; De, et al. 2007; Latkin, et al. 1996; Neaigus 1998; Neaigus, et al. 1994; Needle, et al. 1995), and the key importance of sexual partners in these networks (Costenbader, et al. 2006; Grund, et al. 1991a; Latkin, et al. 1995; Needle, et al. 1998; Prithwish, et al. 2007; Unger, et al. 2006). In the next section, I incorporate the idea of injection “spaces” (geographic and social spaces) into a framework that puts the couples’ spaces of injection as a starting to my analysis of drug-related practices and perceptions.

It is at this micro-social level that ethnography can make important contributions to understanding the settings and interpersonal contexts in which “sharing” occurs, as well the meanings that users ascribe to such practices (Bourgois 1998b; Finlinson, et al. 2005; Page and Llanusa-Cestero 2006; Page and Singer 2010; Singer, et al. 1995). Despite the enormous contributions of ethnography to understanding injection risk, rarely have analyses of intimate couples’ drug use been offered in the literature.

Couched within the above discussion of structural and mechanical aspects of injection risk, I now turn to the dynamic spaces and micro-social processes of injection drug use among the couples in my study. Within the context of Tijuana as an injection

risk environment that determines drug selection, shapes risk practices, and renders users vulnerable to specific health-related harms, I present the drug injection practices of the four couples with whom I engaged in ethnographic fieldwork. The couples are presented in two groups in order to compare the affective dimensions of injection practices and risks: the first two couples are emotionally close (*enamorados*) while the second two couples are not as close (*involucrados*). (I did not have an opportunity to conduct observations with a *querido* couple, whose injection risk practices tend to fall somewhere in the middle of the continuum of risk practices presented in the following sections.) I begin by reflecting on the specific dynamics my colleague and I witnessed during the observation detailed in my fieldnotes that opened this chapter.

Los enamorados and injection risk

A week or so after observing the Cindy and Beto's injection episode described in the opening of this chapter, I interviewed each of them individually to assess if we had witnessed a "typical" injection episode. Beto indicated that for the most part, that is the way things happen: they wake up and need to immediately cure, and they do so together in their home about three or four times a day. Sometimes Cindy helps him inject, but he usually does not help her because it is difficult to find viable veins in her body. He too has trouble injecting her, which can lead to potential conflict that they wish to avoid. That day, Beto was having a hard time and she wanted to help.

They both said they usually injected with their own syringes, but they typically store their syringes together in an eyeglass case (if not left out in the open as we observed), which means the "pooled" storage of their syringes can lead to mixing them up on occasion. They mark the syringes (e.g., they bite the plunger to indicate

ownership), but they often violate these terms of "ownership" when the circumstances require it. The greater difficulty that Cindy has in injecting compared to Beto means that she requires a newer needle, so he will often use the older syringes to ensure that she uses the sharpest one available in times of scarcity. As part of a moral economy of drug use (Bourgois 1998b), they stash the used syringes to give to people who come by to inject and do not have their own, but as a risk reduction strategy, they never ask for them back.

They both said they lick the needle out of custom; they said some of the drug comes squirting out to the tip and they can taste it. Beto also said that he sometimes squirts the water used to rinse the syringe into his mouth to settle his stomach. There are very few articles in the literature on the topic of needle licking, but findings also indicate that users do this out of custom or not wanting to waste drops. From a health standpoint, however, licking the needle could introduce risk for bacterial infection with oropharyngeal flora (Binswanger 2000; Duetscher and Perlman, 2008).

Figure 26: The tools of injection: eyeglass case of syringes, balloons of heroin, lighter, cooker, and water. Photo by Angela Robertson

Cindy said that most atypical aspect of what we had witnessed was that she usually has to take more of her clothes off to look all over her body for veins, “like in the pictures,” but that she did not want to undress in front of us. The pictures she referred to were taken by Beto on his first roll of film as part of the photo elicitation project capturing the difficulty she has injecting. There were a series of photos showing her looking for a vein and two depict her injecting into her breast. Although she is not entirely recognizable, as a precaution, I blurred her face in the photo used below.

Figure 27: A ‘typical’ injection episode. Photo by Beto

In trying to decipher Beto’s missed injection and resultant “Popeye hand,” I consulted several colleagues, who in turn consulted physicians across the country to assess what we had witnessed. According to one medical expert:

> *Injecting into an artery is most likely to be the culprit, as there would be substantial regional and distal reaction to the drug, not so different from accidental arterial injection in medical settings. If you think anatomically, it makes sense - you are injecting concentrated toxins that run into capillary beds, they seep into*

> *tissue, and cause an intense inflammatory response. It does not appear to be hitting a "nerve." Although hitting an artery is painful as they are full of nerves, hitting a nerve would have produced different results, such as uncontrolled jerking of the extremity, searing pain, and paresthesias [a sensation of tingling, pricking, or numbness]" (personal communication via email, 2011).*

Clearly, the proximate physical risks of injecting often transcend the potential distal threat of HIV infection from sharing syringes. Arterial injection can led to tissue ischemia (insufficient blood supply to the tissue) and in severe cases, compartment syndrome, a life threatening compression of nerves, blood vessels, and muscle inside a compartment of the body (usually the forearm or leg) that can lead to tissue death from lack of oxygenation (Funk, et al. 1999; Twaddle and Amendola 2008). Moreover, close examination of the photo above and my personal observations of Cindy's skin bring into light the bruises and sores all over her body from the difficulty she has in finding veins. This is why she sometimes "skin pops," or shoots directly into her skin or muscle when she is feeling too *malilla* to wait for relief, as we had witnessed. Biologically, females have smaller veins then males, and may be at heightened risk for such skin and soft tissue infections because of difficulty in accessing their veins (Spijkerman, et al. 1996). Such skin infections may relate to tissue trauma, the direct effect of drugs, tissue ischemia, and introduction of bacteria into the injection site (Ebright and Pieper 2002). Although injection into the veins carries other physical risks, it avoids the localized concentration of irritants and bacteria that skin popping introduces directly into tissue (Murphy, et al. 2001). Cindy also told me that her difficulty finding veins has even led her to start injecting into a delicate vein in her forehead. She found this vein one day while bending over and looking into one of the many mirrors in their room; she does not know anyone

else who uses this route of administration, and worries that the beginning of a tiny track mark will worsen.

Even so, Cindy and Beto inject multiple times per day, and a colleague and I witnessed several subsequent events that always followed a similar structure. On another occasion, we spent the entire day at their house: we observed several injection episodes, saw them smoke crystal meth (which they said was rare), learned how to make tortillas, played darts, told stories, and took group photos in their front lawn before we left. As excerpted from my fieldnotes:

Beto is finished injecting in maybe 30 minutes while Cindy continues with her back toward us and facing the window, trying to find a vein on alternate sides of her stomach and lower front hip area. Meanwhile, Beto tells us a story to entertain us while she chimes in. It is the legend of Mata Hari, a famous Dutch exotic dancer who was executed for espionage in France in World War. Except in this version, she is from Japan, and she killed her well-endowed lover, stuffed him like a trophy, and kept him in her closet so she could think about him and masturbate. One day, she jumped off a building to her death, with his severed, gigantic penis in her mouth. His penis was rescued and is persevered in a museum exhibit called "the universe's most beautiful penis." They keep emphasizing that it is a "true story." Beto is alternately animated and half closing his eyes in a daze as he tells the story; it seems like waves of calm keep pouring over him and his eyelids are too heavy to fight it…

He used one syringe and she is using another, but she said it isn't working and she cannot find a vein during his storytelling. He takes her syringe, skillfully backloads its contents into the one he had just used, and gives it to her to try again. There is syringe

sharing throughout all of the injection episodes we had witnessed, and they share the same water for everything. The short, dark blue glass jar of water is wide and rounded at the bottom, curving into a more narrow lip; after the syringes are used, he dips them into the water to draw it up to spurt out its contents to rinse at least 3-4 times for each used syringe. They do this same cleaning process for both of their syringes, as well as the syringe used by their friend Chato, who soon after shows up for injection assistance.

Beto injects Chato in the bottom of his forearm. They had also taken a photo of him getting injected in the neck; he comes to their house every day at times that accommodated his work schedule to have Beto help him. He lives at home with his family and does not want them to know about his drug use, so they do him a favor in giving him a "safe" place to use that provides protection from arrest and access to clean supplies. Chato and Beto are behind us injecting, but I try to casually glance back a few times. He has his own cooker and syringe, but they share the water throughout the process (from the blue bottle). I do not see the source of the cotton. Beto ties up his arm and slowly injects into the underside of his left forearm while he holds it up with his elbow parallel to the floor… Beto takes several minutes to insert the needle. I glance back and see the dark liquid inside of the syringe, then I look back again and they are done. Chato is thoroughly entertained that we have been there all day hanging out, yet did not inject. Chato leaves him drops as "payment" like he usually does.

- Edited fieldnotes, 09/06/2011

Figure 28: Assisting a friend. Photo by Cindy

As alluded to in my fieldnotes, Cindy and Beto share their home with a friend in a moral economy of drug use (Bourgois 1998) that secures additional drops that they always split between them. Cindy later told me that Chato tries to stretch out a small amount of heroin to use throughout the day; he purchases one *cuartito* (about half the size of a pencil eraser) for 100 pesos ($8-10 U.S.) and tries to stretch it out into three or four injections in a single day, as compared to Cindy and Beto who prefer to use one *cuartito* each for each injection. Beto said he sometimes has difficulty finding Chato's veins and might have to try five or six times, which take up to a half hour. Cindy and Beto attribute this to his physical health: Cindy called him "lazy" and "chunky" and said that because he sits at his job all day and does not get any exercise to keep his blood circulated, he does not have viable veins. Because of this, after just three years, he is already having difficulty accessing his veins and needs to seek assistance. A harm reduction brochure

that I consulted later offers exercise tips on improving vein visibility in the body (Harm Reduction Coaltion n.d.), so Cindy may be right about Chato.

To Cindy and Beto, they provide Chato with a "safe" place to inject, off the street and out of purview of the police. They provide "clean" supplies for him – a cooker (separate from the one they use), water (from the blue bottle), and new cotton. After Chato cooks the drugs for his injection, he leaves them about 10 drops in the cooker that Cindy and Beto then split between them. This process introduces potential risk to Cindy and Beto because they use the same drug solution that came into contact with Chato's syringe that he used to draw from the same cooker (Koester, et al. 1990; Koester and Hoffer 1994).

I include fieldnotes and photographs detailing injection interactions with Cindy and Beto in an attempt to illustrate the *lived experience* of their drug use. Despite being surrounded by drug use and risk, the word that comes to mind to describe the social atmosphere of their home is "festive." From a phenomenological perspective, they alternately share the horrible effects of drug withdrawal and the pleasurable effects of their altered chemical states while spending time together. Their mutual effort to secure drugs and inject together demonstrates their care for each, and their syringe sharing is a naturalized reaction to threats of scarce resources. Like their non-use of condoms, sharing drugs and syringes is a self-evident and defining trait of the relationship itself: *they share because they are a couple.*

Perla and Saul are similarly accustomed to injecting at home together, yet their drug use practices are even more insular than Cindy and Beto's – they live further outside of the *Zona Norte* and never entertain company. They mostly keep their drug use a secret

from their neighbors and their families. Conducting the photo interview in their home opened up a space to observe two discreet injection events, described below.

Perla arrives to meet us at the office very well dressed in a deep purple sweater, full makeup, and her hair slicked back. It is her birthday and she has the day off. She worked late the previous night at her convenience store job, and stayed with a friend downtown so she could meet us at the office in the morning. We take a communal van to her neighborhood on the outskirts of the city; the more people who pile into these vans with semi-structured routes around the city, the cheaper it is for everyone. She sits in the front and leans back to talk to us throughout the ride. She tells the driver that we work for a public health project and provide tests to help them with their health, *but we also pay them – could he believe it?* We also talk about our families; she has younger siblings and her partner Saul has older siblings. Saul has lived in the States and most of his family is still over there, but he was deported– she whispers it was for drugs so the van driver would not judge, but we later found out that he was framed for murder. Saul's short stature, small frame, and soft-spoken nature did not leave the impression that he had served eight years in a California prison for murder and has otherwise spent many years living out on the streets and heavily using drugs.

Their neighborhood is nestled in the crackled hillsides on the outskirts of the city. The narrow and steep roads snake underneath homes perched precariously on cliffs and we exit at a corner market in a small town center. Perla's real destination, however, is to head around the corner to her dealer's house. She said Saul has been at home alone since she left for work yesterday so he will be really sick from drug withdrawal when we arrived. The *connecta* (place to buy drugs) is a non-descript house where some young

males milled about outside; another male wearing a San Diego Padres jacket rode up on a bike and stopped in while she was inside. We then all pile into a taxi and take off up another impossibly steep hill until we reach their modest apartment building at its crest.

She said it is much better where they live now; during the first week they moved back to Tijuana about a month prior to enrollment in *Parejas*, they stayed in a hotel in the *Zona Norte*, which she described as a loud, rat-infested hole where she witnessed someone get shot in the street out front. Where they live now, they are more socially isolated, but she said it is more peaceful and "good people" live in that neighborhood, except for them because they use drugs (yet there is a *connecta* there, suggesting that other people in the area use drugs as well). Importantly, Saul's sister lives down the street and provides them with forms of material support when she can.

Their front door opens up into a kitchen with one large window facing out front, underneath is a counter and sink full of dirty dishes (though they cook at his sister's and sometimes at the neighbor's house because they do not have a stove or refrigerator). We walk through to the bedroom, adorned with two red couches without backs, wooden dressers, and a bed in the far corner next to the bathroom in which the door handle is falling off. It is a simple and clean, and they keep the screen door open most of the time except when they cure (see below) to let the breeze come through.

Saul is obviously sweaty and feeling sick when we arrive, and she asks if we mind if they cure right away. We do not. He preps the heroin on one of the dressers. He does not have a lighter, so he mixes the sticky heroin and water in the spoon with the friction of his finger. While he prepares the drugs, she said they talk about wanting to quit every day. They store a collection of syringes in a shared eyeglass case, from which he selects

two. He draws up half of the brown liquid in one syringe and half in another that he gives to her. She excuses herself and goes into the bathroom; I knew from previewing the photos that she injects in her leg, which would require pulling her jeans down. He sits on the bed and injects in the top of his right hand. When he finishes, he emits a long, low sigh to indicate he is already feeling relief. In contrast to Cindy and Beto, they both inject quickly, it must have taken less than five minutes. She said she does not have trouble hitting her veins, and he does not either. He rinses his syringe out with the water from the cup he used to mix the heroin, and she rinses hers out under the bathroom faucet. He then draws up the residual heroin from the cotton – *la sica* or *el algoa* are used for "cotton shot" in Spanish – and indicates that the watery leftovers from the cooker are for later on, when they need a little boost. He caps the syringe with the shot already prepared and puts it in the bottom drawer of the dresser. Although they use their own syringes, other forms of indirect sharing are evident (water, cooker, cotton, and the preparation of the cotton shot in a used syringe).

Right after they inject, we start the interview. He is quiet and nodding off at first and she is very talkative, but a little later into the interview, they reverse roles. The overwhelming majority of their photos are drug-themed and reveal that they spend most of their days at home together injecting. They do not use drugs with others or share outside of their relationship, but they share syringes with each other when they do not have the resources to each have their own syringe. Moreover, we had just witnessed them share the drugs, cooker, and water. Earlier, she told me that she sometimes smokes meth with her friend from her work, but she does not inject apart from him. His illness mainly confines him to the house, so he does not have the social opportunities to use without her.

Several photos into the batch, a series of shots depicting drug preparation come up and I ask them for more details about the process. He starts to explain, but then they ask if they can cure again and show us. Their first injection was “small” anyway.

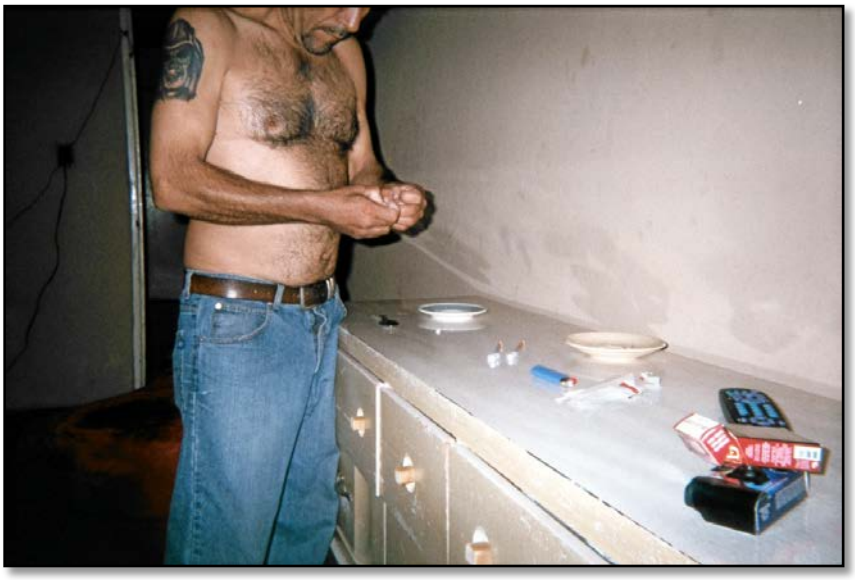

Figure 29: Preparing the cure. Photo by Perla

Saul shows us the little blob of black tar heroin in a baggie, but Perla distracts me through much of the process, as she is eager to see the photos of her family in her roll of film. My colleague is able to catch more of his explanation and pay better attention, and I begin to realize that it may be better to have more than one person observing couples injecting. When he is done heating the mixture, he draws it up into two syringes and says “ladies first” as he hands her a syringe. She asks if we want to see her inject, and promptly pulls down her jeans to inject in her usual spot, her left inner knee. Her skin in the surrounding area appears lumpy and where she had just injected is still red and a little bit bloody – she said it hurt a little, but she is easily able to find her vein there. In the meantime, he injects in his inner left elbow, where he said he often uses. Neither has any

trouble finding a vein and they both rinse their syringes in the same manner as before. He draws up another cotton shot and stores it for later.

Figure 30: Heroin and Oreo cookies in bed. Photo by Saul

I later reflected on the interview and observations. When she had asked if it was "helpful" for us to watch (just as Cindy had), I said yes, that observing their practices is "interesting." They joked that they would make the "sacrifice" to inject in front of us and agreed that it was likely "interesting" for students like us to learn from, but that for injectors like them who actually live the experience of heroin injection, it is "hell":

> *Saul: It's time to get out of this. It's a hell, this is hell. First, to get [heroin], and second, one doesn't have veins. One's massacring his entire body, umm… one's self-massacring all the time, there are infections; I mean, when one doesn't have one, you don't care, and the only thing you want is to get fixed, to get something inside you. It's such a bad feeling of desperation; your bones hurt, you get diarrhea, nausea, and then it's hard to go to the bathroom. It's a hell, a complete hell, completely ugly.*
>
> *Perla: It's the same every day, it's the same.*

Perla seemed visibly troubled at verbalizing the monotony of their daily existence and the similar monotony of the drug theme throughout their photos. I felt horrible that I essentially had called the emotional and physical anguish of their drug addiction "interesting." I felt voyeuristic and have wondered ever since: *are we just gazing at their drug use? Is this actually helping anything?*

Triangulated with their qualitative interviews and photographs, our observations suggest that injection drug use has once again become a focal point of Perla and Saul's lives and their relationship since moving back to Tijuana. Aside from her work and his sister's proximity, they are relatively socially isolated and count on each other for support. His illness in particular has helped bend traditional Mexican gender roles and she provides the majority of financial and drug-related support. Furthermore, his sister and her family do not know about their drug use, and they have to work to maintain its secrecy. At one point, Perla worriedly said that if her family happened to come by, no offense, but she would have to sweep up all of the photos and hide them. It does not appear that they actually drop in all that often, however. Perla's family photos were taken on a visit to the daughter's house for her granddaughter's birthday.

Saul said that when he used to use drugs in the streets, it was very different because he had to worry about the police and he did not always have to resources to use clean needles for every injection. Now that he and Perla are together, his use is confined to the comfort of their home, and they only share together. Like Cindy and Beto, they prefer to use their own needles, but will sometimes share. They share because they are a couple and love each other, but mostly out of commonsense necessity when material resources are scarce.

Toward the end of the interview, after we had talked about their drug use and how their relationship had changed, Perla told me: *"somos uno, no somos dos, somos uno"* (we are one, not two, we are one). In essence, she is referring to the intrasubjective experience of their relationship. They take care of each other in a general sense, of which their shared drug use is a focal point. She also said it is OK that Saul was not working, that she could fulfill that provider role; she also did not mind helping him in his illness or providing his cure. In turn, they joked that he is a *mandolin* – a man that does as he is told by his female partner. Saul cooks (she hates cooking) and provides emotional support.

Perla was emotional and impassioned when talking about their relationship, and I had even felt a little bit teary-eyed at one point. They also shared an intimate corporality, as they sat close together and she held onto his arm at the end of the interview. They appeared to genuinely care for and love each other. They portrayed their drug use with a much heavier heart than did Cindy and Beto, in part because their use helped them cope with his terminal illness. In the context of their mutual emotional and biological imperatives of injection drug use, the insular nature of their relationship, isolated physical space in which they reside, and strongly shared sentiments toward each other, their forms of sharing during the injection process made sense. As such, the question in my mind became: *why would they not share?*

Los involucrados and injection risk

Mildred, whose partner does not inject, always injects at home as well but her experience contrasts with the cases presented above. Holding the interviews at her home over several different occasions shed insight into the social dynamics that shaped her HIV risk. Lodged between the contrast of a burned down lot strewn with garbage and a

newly constructed two story house that could have been right out of a San Diego suburb, Mildred and Ronaldo live in a modest, single story structure with tenuous roof and one partially broken window facing the street. The road in front of their house gets impossibly rutted and muddy after even modest rain, and on several occasions my colleague and I had to carefully navigate a path around the puddles just to get to the front door without slipping in the mud.

Their front door does not open all the way into the dimly lit entranceway because of the discarded toilet lodged in the corner. The entranceway is half dirt and half tiled, but quickly leads into the tiled kitchen to the right, where there is a table in the middle of the room and a set of uncomfortable wooden chairs where we conducted the interviews. In the right corner there is a tall wooden cabinet of kitchen gear next to the barred window facing the street; along the other wall are a refrigerator, microwave, and a sink area decorated by a half torn-up ET movie poster. An archway cut out of the wall to the left leads to a cluttered living room with several couches, a large TV, and other random knickknacks under constant besiege by several kittens and small dogs. Behind the living room in the very back of the house are two doors; one is her and her partner's bedroom and the other belongs to his brother Marco and his new girlfriend.

Marco was always in the background during our interviews. Quiet and polite, his right arm was nearly completely skin grafted because of a serious abscess. He greeted and escorted to the back bedroom the consistent flow of mostly male drug users coming through the home throughout the day. Mildred told me that certain friends come by to inject there safely off the streets, and sometimes she or Marco provide individuals with injection assistance. This foot traffic had led the authorities to stake out their home and

through a series of events, eventually led them to take their daughter away, as detailed in Chapter 7. She said she has since become crafty about hiding her syringes in case the police return and demand to search the premises. She said they used to hide syringes in the beams in the ceiling (as I had observed Cindy and Beto do), but that the police know to look there. She pulled out a new syringe from under a piece of carpet in the corner of their living room as an example. While Mildred and Ronaldo said that they cared less now about who came and went through their home because their daughter was already gone, I am unsure if the same small-scale *picadero*, or shooting gallery, practices were not already evident before her departure. This was not by our accounts a truly open shooting gallery as often depicted in the literature (Bourgois 1998a; Carlson 2000; Fiddle 1967; Murphy and Waldorf 1991; Page 1990; Philbin, et al. 2008b; Reyes, et al. 1996), but rather their home was a controlled setting where access is restricted through personal relationships with the gatekeeper in charge (Weeks, et al. 2001).

As an injector, Mildred serves a gatekeeper role, as does Marco. Mildred told me and a colleague that the same group of users regularly comes in the morning and late afternoon or evening for their fix; many of them have regular jobs during the day and are able to schedule their heroin use around work hours. One afternoon, a couple showed up; it turns out that she is Marco's ex-partner who had brought her "Sancho" and nine-year-old son along. The couple disappeared into the back bedroom with Marco while the boy entertained himself in the living room with the various pets that ran about. After they left, Mildred explained their relationships to us and commented: "we are very modern."

These "modern" relationships put aside any leftover romantic negativities and sexual jealousies as they continue a social relationship based on shared drug use.

Sustaining these relationships is an opportunity to provide a favor to them of using their space and possibly using their injection equipment when needed, and they return the favor in the form of money or drops. While calling the ex's new partner "Sancho" in Mexican slang can have negative connotations implying that it is a wife's lover on the side or just a casual sex partner, the whole social arrangement appears to be agreeable to all those involved. I wondered what the little boy thought his mom was doing.

Triangulated with interview and photo data, observations suggest that Mildred's HIV risk is embedded in a larger social network. Mildred showed us that she has her own stash of syringes in an eyeglass case (just like the other couples), some of which were so old that all the numbers had completely worn away. She said she has used syringes up to 20 times before discarding them. She cannot always afford new syringes and moreover, there is risk in being stopped by the police on the way home from the pharmacy which is not close to her home. It times of shortage, she, Marco, and others share syringes and they always draw from the same drug preparations (unfortunately, we were never granted access to directly observe any injection practices here). As such, sharing even ancillary equipment interconnects all of their family and social contacts in a potential HIV network: Ronaldo has outside sexual risk that he brings to his sexual relationship with Mildred, who brings her own client-based sexual risk and drug-using risk. These outside sexual partners introduce their own unknown risks from other members of current and recent sexual and drug-using networks. Moreover, Marco, his new girlfriend, his ex-girlfriend, and her "Sancho" each introduce into the network their own potential risks from other sexual and drug-using partners, not to mention the additional unknown risks

introduced by the other male acquaintances that frequent their home to inject. In short, Mildred's "modern" social arrangements could amplify her risk for HIV transmission.

Mildred's photos further illuminated injection processes in their home, as she had several photos of purchasing and preparing drugs. She also took a graphic series of photos of Marco's oozing abscess on his leg.

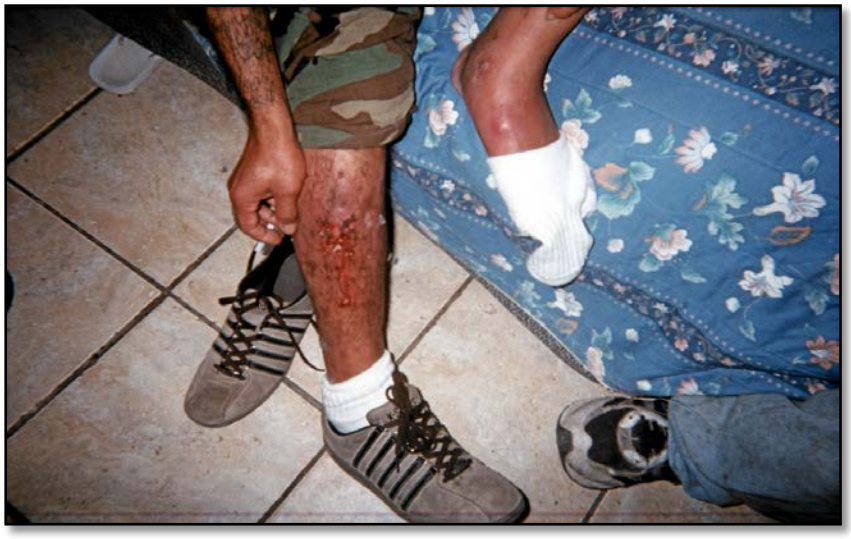

Figure 31: Marco's abscesses. Photo by Mildred

In fact, more than half her roll of film was dedicated to Marco and drug use, and there was not a single photo of her partner Ronaldo. She indicated that he is shy and did not want his photo taken, but she also conveyed the sense that they do not spend a lot of time together and that her drug use is prioritized over other aspects of her life. On the other hand, she and Marco interacted very closely, and it was Marco who came over to look at some of the photos during her interview, not Ronaldo (though Mildred interjected during part of Ronaldo's photo interview, as depicted toward the end of the methods chapter). In this sense, the trust and familiarity that the first couples in this chapter

demonstrated in their drug use practices was essentially co-opted by Marco. While family and extended social network help provide Mildred with the resources and space that she needs to maintain her addiction, it also puts her into situations of higher risk for HIV through sharing ancillary equipment with multiple social contacts.

Similarly, Celia injects at home in a social environment shared by family members and other contacts that come through on a daily basis. Similar to Mildred and Ronaldo's home, Celia's apartment functions as a social refuge for drug users. Her apartment is located within close proximity to the canal, where she often spends time and appears to know everyone. Living in the heart of the *Zona Norte* has provided her with a micro-level view of the Mexican drug war, as suggested by my fieldnotes:

Celia told me that last night the "cartel" had come through the neighborhood – 6-8 trucks of men, all young, the oldest of which was "maybe late 30s," all had guns, some of whom seemed to have large guns that sounded like automatic weapon of some sort. Some climbed up on their roof, and others manned all corners as lookouts. Apparently, they went to the connects and told the sellers they had to start paying a new guy now – they declared that "you're either with us or against us" and if they did not want to change, they would take care of it – implying that they would probably be killed. She said she had heard that the main guy for the area had been killed and maybe these were the new people taking over the local market. She said she was scared because they have come around previously and killed people – she personally knew someone who was killed, and they reportedly put a bullet through his forehead and cut off his penis. She went to his funeral, but it was closed casket. On this night, they stayed inside, but apparently her brother Oscar had "some dumb broad" over who wanted to go outside and observe the

ruckus. Celia wondered, was she crazy? It happened as it was getting dark, and Celia wanted to move the sofa in front of their door to block it because it does not entirely shut and lock. While her old apartment had a really secure door that the cops could not get through when they came looking for Oscar one time, this one was not as safe. They also have a gated door on the street that leads up to a narrow concrete staircase up to their apartment that appears foreboding, but that does not lock either and the cartel guys used it to run upstairs and access their roof. I went up that staircase to their roof the other day and they have a good view of the area and can see much of the canal and all the surrounding streets … insight into the micro-environment of the drug war in Tijuana …

- Edited fieldnotes, 10/21/2012

In light of life in such a harsh risk environment marked by drug violence, police brutality, homelessness, and the unsanitary environmental conditions of the canal, Celia and her brothers (and her partner Lazarus, when he is around) often let people who live in the canal stop by their place to take a hot shower and get a change of clothes. Celia and everyone else in the household participate in an informal economy of selling second hand clothes in the streets, and they always have fresh clothes to spare. Upon one visit, a colleague and I met a deathly gaunt 13-year-old boy sleeping in her brother Chanu's bed who they said used "everything" (different types of drugs). On another, we interacted with a skinny "hit doctor" named Tito that they recruited to help them all inject. "Hit doctors" are skilled at finding veins for users who have trouble locating viable veins in which to inject, or who need help to inject ("hit") areas of the body that are difficult to reach without assistance. Users in Tijuana often solicit hit doctors to inject in return for a small sum of money or extra drops from the prepared mixture (in essence, Beto acts as an

informal “hit doctor” for his friend Chato, as described earlier in this chapter). In a study of injectors in Tijuana, users frequently reported seeking assistance, which was associated with being female, having migrating to Tijuana, recently having an abscess, engaging in receptive syringe sharing, and having been arrested for carrying syringes (Robertson, et al. 2010), all of which describe Celia (she had not had a recent abscess at the time of the study, but she has had them in the past). Tito had been out on the street with a makeshift cardboard tray wrapped around his neck selling gum, candy, and knickknacks, and he tried to sell me a dusty pack of “zebra striped” fruit flavored gum. He helped Celia and Chanu inject in the bathroom. On this particular occasion, I was not able to observe all of the injection process, but I did see Chanu fetch a new syringe right out of the package for Tito to inject him in the leg. After they were finished, Celia and Chanu let Tito take a shower and they gave him a fresh change of clothes. Chanu mentioned that Tito has been looking for a girlfriend, but it is difficult to find a suitable romantic partner on the streets of Tijuana.

When Celia’s partner Lazarus is there, he is always able to hustle enough money for her to eat and cure throughout the day. Without him, her drug use is not guaranteed and she sometimes does not eat any real food besides Ramen noodles for several days at a time. She said she uses drugs less often without him - not by choice, but because she often cannot earn enough money on her own. With Lazarus gone, her less frequent drug use is also more outwardly social. As one of the only women in the study who cannot inject herself, she has to find a hit doctor like Tito or ask her brother Chanu to inject her in the neck due to the extensive venous scarring throughout her body from years of drug use. The neck is a highly dangerous area of the body in which to inject because of its

close proximity to the carotid artery, a major blood vessel that carries blood directly to the brain. Hitting the carotid artery could prove fatal, and damaging the jugular vein could complicate blood circulation to the brain (Harm Reduction Coaltion n.d.). A study of drug users in Vancouver found that jugular injection was associated with being female, trading sex, seeking injection assistance, and daily heroin or cocaine use (Hoda, et al. 2008), again, all of which describe Celia (except that she uses heroin injected with meth, as cocaine is not widely available in Tijuana and expensive when it is).

Lazarus would say "ladies first" (like Saul) and inject Celia before injecting himself. This is partially out of respect, but also because if he injects first, he gets too high and cannot properly inject her, which leads into arguments. Even so, Celia sometimes does not trust him to inject her, especially in the dangerous neck area where she is already developing a callous. She trusts her brother though, and a colleague and I witnessed an injection event similar to the photo below, taken from Celia's first camera.

I have written consent to use the photo on the following page, but I have intentionally blurred their faces to protect their identities. In the original photo, the intense concentration on her brother Chanu's face is striking. What follows the photo is an excerpt of my fieldnotes of a similar observation:

Figure 32: Injecting in the neck. Photo by Oscar

A colleague and I stopped by Celia's house to pick up her camera. Her brother Chanu invites us inside for some water and she said "yeah, and you can see the dope I'm about to buy!" We agree that we want to see, which Chanu finds amusing. Celia knows everyone in the area and she is often the one who purchases the drugs because her brothers and partner are targets to get picked up by the cops. She usually goes to the canal to connect, but the cops have been staking it all day; just that morning she had witnessed someone try to run away from the cops into the busy highway, where he immediately got hit by a car…

It does not take her long to score. When she arrives, she throws three tiny silver wrapped packages of heroin and one small plastic wrapped baggie of crystal meth on the table and declares: "that's what dope looks like." Chanu retrieves their plastic tool box of works and begins prepping the drugs. He said he always stands when he preps, so I stand up to better observe him place the little black balls of heroin in the spoon (a large

tablespoon with the handle cut off). He has a little container of water from which he draws up a nearly full syringe, squirts it into the spoon, heats it for maybe 5-10 seconds, and mashes and stirs it with the back of the syringe plunger before adding the baggie of crystal and stirring to dissolve it. He puts a piece of cotton from the toolbox into the cooker and draws up about one third of a syringe for Celia and helps her inject. Celia comments that the syringe is "pretty new." She said it is difficult to get them from the pharmacies, the price has increased, and some places don't like to sell to drug users. There is also the risk of getting caught by the police; if the syringe package is unopened, she said you might be OK, but if not, they will likely take you to jail (even though carrying syringes is legal in Tijuana).

Celia stiffens up her body, leans back slightly and holds her breath while Chanu pokes the needle into the front of her neck; in contrast to Cindy's assistance to Beto, he does not seem all that gentle about it. He is unable to hit her, so she lets out her breath. He then tries her inner arm near the crease of her elbow; he inserts the needle and seems to wiggle it around underneath the skin, but she tells him he missed. I ask if it hurts and she says yes. She said to hit her in the neck again, so he makes a second attempt – he said that we are making him nervous so it is not easy. He again tries in the front of her neck where she is developing a track mark. He wedges the needle inside, again not very gentle, and taps down on it to further insert it; he then draws a significant amount of blood back into the syringe to "report" (or register that he indeed hit a vein) and then injects all of its contents into her neck. She lets out her breath. Even after that trauma, there is no visible blood on her. The whole process maybe lasted 20 minutes.

He uses the same water to rinse out her syringe twice and discharge the water into the trash can. He then fills two other syringes, one at a time, with the rest of the drug mixture and puts the capped, loaded syringes inside their drug toolbox. Instead of injecting himself, he makes a gigantic bowl of Ramen noodles (three packages worth) in the microwave and obsessively continues to rinse the water out and refill it to reheat it until we have to return to the office about 15 minutes later. We later found out he waited until we left to inject because he felt self-conscious.

- Edited fieldnotes, 10/18/2011

In sharp contrast to the other couples, Celia spends a considerable amount of time out on the streets and in the canal, which invites constant opportunities for her to share drugs and syringes with others. Certainly, she did when her partner Lazarus was gone, but both of them told me that they openly share with others even when they are together. Sharing syringes is never preferred, but she often does not have the resources to have her own new one for each injection and she never carries them when out on the street for fear of being stopped by the police. She is further at risk because she often seeks injection assistance from “doctors” in the canal, and has to rely on their works. Recently, one of the doctors had told her the syringe was new, but she later realized that the package had been already opened and she was not so sure.

This is the social environment to which Lazarus returned after his stint in rehab (see their couple introduction in Chapter 7). Although he was gone through the first part of my project, he quickly returned to injecting upon arriving back to Tijuana. Part of his rationale for impulsively leaving for a rehab center in another town for three months was having grown “tired” of injecting. He had also been having some health issues and was

finding it increasingly difficult to inject. Because most of his veins are scarred, he turned to injecting into his groin area, but even that was becoming complicated. Celia said that during sex, she could feel the tips of broken needles that were lodged in his groin area poking her and that he had developed what she called a hardened “third ball” (an abscess in the groin area that she likened to an additional testicle).

During my first interview with him, Lazarus lifted up his shirt to show me the bloody soars all over his stomach, and then showed me an area of his left forearm, which was hard and swollen, and another hard nodule on top of his hand. His forearm looked especially red and a recent needle mark looked fresh and bloody. One of the photographs of his project depicts him injecting in his groin, so he evidently went back to his old ways. Groin injection is a risky practice that may lead to vascular and circulatory complications such as deep vein thrombosis, ulcers, and arterial infections (Mackenzie, et al. 2000; Rhodes, et al. 2006b). Lazarus said he used again the first day he got out of rehab, and within just two weeks, he was already back to using heavily. In fact, during our first interview he said he had not slept in several days because of a meth binge, and his constant twitching, fidgeting, and coughing rendered the whole conversation difficult. Like many of the other couples in *Parejas* expressed, remaining clean within the risk environment of the Mexico-U.S. border is often a frustrating and elusive pursuit.

Figure 33: Injecting in the groin – again. Photo by unidentified friend

Discussion

By drawing on semi-structured and ethnographic interview data, photographs, and observations to document the spaces and dynamics of injection drug use, this chapter provides a micro-social level glimpse into the risks experienced by female sex workers and their partners in Tijuana. Focusing on the physical settings and social dynamics of the couples' injection episodes provides a vital window to understanding their concrete HIV risks. By understanding the specific, we are often able to humanize and better appreciate the general kinds of conclusions that emanate from this type of work (Biehl 2001). The style of this chapter also intended to evoke an emotional response from the reader, and ground the following discussion of drug-related risk practices and perceptions in the everyday *emotional lived experience* of the couples in the study.

Untangling the emotional imperatives of injection drug use among female sex worker couples in this context is a primary question of this research and messy to answer.

My discussion covers three major points. The first section discusses the interplay of emotion and structure in shaping injecting practices among both partners. Emotions matter, and there is a general trend in sharing behaviors among couples based on their emotional connection and social spaces of injection. The second and third points of discussion organically emerged out this of this research and bear mentioning for future work: the need for feminist analyses of couple-based injection practices in order to better understand their risk within a relationship context, and the need to widen the emotional lens in examining the meanings ascribed to drug use that move beyond simple notions of sharing injection equipment as points of intervention.

Love and injection?

All couples in which both partners inject engage in indirect sharing practices, including using the same drug solution, cooker, and filter (Gyarmathy, et al. 2010; Koester and Hoffer 1994). This makes practical sense, as black tar heroin is sticky and must be heated with water to transform it into an injectable form; this is more easily accomplished through in a "wet" form of sharing, as opposed to powdered forms of drugs that can be more easily divided (Bourgois, et al. 1997). Nevertheless, this form of sharing is also the case when partners use drugs outside of the realtionship, which could place both partners at risk for HIV infection (Koester, et al. 2005).

All couples in which both members are injectors share syringes within the relationship when circumstances call for it. The ideal of a new, sharp, clean syringe for each injection – particularly for more addicted, frequent injectors – is largely unrealistic given the broader material and social contexts in which these couples' injection practices are embedded. Partners share syringes when they each do not have a new one available

(Grund 1996) or one partner's becomes clogged or too old to reuse (Smyth and Roche 2007). Such shortages are shaped by structural reasons such as limited economic resources (Shaw, et al. 2007), restrictive syringe access (Neaigus, et al. 2008; Pollini, et al. 2010a), and the embodied fatalism of anticipated punitive police practices in purchasing and carrying syringes despite its legality in Tijuana (Pollini, et al. 2008; Rhodes, et al. 2011; Rhodes, et al. 2006a; Volkmann, et al. 2011; Werb, et al. 2008). Relying on their relationship is the logical option when ideal injection conditions prove elusive (Lam 2008). As such, sharing within the relationship is a naturalized, commonsense behavior – like not using condoms with each other, *couples share syringes with each other because they are a couple.*

A general trend in the dissertation sample, as well as in the larger *Parejas* sample, suggests that emotionally close couples (*enamorados* and some *queridos*) are more likely to confine their sharing to inside the relationship and less emotionally close couples (*involucrados* and some *queridos*) are more likely to share outside of their relationships. To elucidate these patterns of risk, I return to the couples' social spaces of drug use portrayed throughout the ethnographic descriptions in this chapter, which in part reflect the emotional closeness of their relationships. The injection spaces of Cindy and Beto, Perla and Saul, and Mariposa and Jorge (whose data are based on self-report and details are not covered in this chapter) are typically confined at home and with each other. These patterns suggest the private and socially isolated nature of these couples' injection practices. Other work has suggested that couples who spend most or all of their time together are more likely to share (Bryant, et al. 2010). Love and emotional closeness appears to play a role in their risk management, but it also may be that emotionally close

couples are more socially isolated, rely on each other more generally, and do not have the same socially structured opportunities that present increased chances to use drugs apart from their partners and share with others.

In contrast, partners in less emotionally close relationships like Mildred and Celia tend to use drugs in social contexts in which frequent outside syringe sharing occurs in among family and friends. These women do not exclusively rely on their partners. Mildred's partner does not even inject, which sometimes puts distance between them. For the less close couples in this dissertation, the social networks in which their relationships and behaviors are embedded play an important role in shaping HIV risk (Finlinson, et al. 2005; Grund, et al. 1996; Latkin, et al. 1996; Unger, et al. 2006).

At the same time, however, even Cindy and Beto, an *enamordao* couple who consciously declared they do not share outside of the relationship, help a friend inject in their home and inadvertently and indirectly place themselves at risk in a process of securing extra drops of drugs to share among themselves (by pulling up the drops of drug mixture from a shared cooker). They are conscious about restricting their outside syringe sharing (they offer used syringes to friends but do not ask for them back), but perhaps unconsciously place themselves at risk with their friend because the reward involves securing additional drugs. In this case, ethnography reveals the messiness of human behavior that is otherwise not captured by other research methods (Bourgois 1998b; Page and Llanusa-Cestero 2006). It also suggests that messages about syringe sharing have reached drug users, but that researchers and practitioners may want to strengthen messages about the risks of indirect sharing during injection episodes.

Feminist perspectives on injection

In addition to the main question about the role of emotions in shaping HIV risk behaviors, my work suggests the importance of emotions more broadly construed. I begin the discussion with a feminist critique of the extant literature on drug use that often paints a dichotomy of female injectors as emotional and weak and male injectors as practical and in control (Barnard 1993; Bourgois, et al. 2004; MacRae and Aalto 2000). I contend that analyses of injection drug use are at times filtered through commonly held Western cultural beliefs that "women are emotional and therefore unreasonable, while men are rational and temperate" (Finkler 1997), which may oversimplify gendered perceptions and practices. The females in my study necessitate a more explicitly feminist approach in understanding drug use within an intimate relationship context. This proposed approach considers female partners' behaviors not simply as reactionary to their male partners, but as acts of agency in their own right. This point invokes the work of de Beauvoir, who proposed that females challenge their status as men's "Other" in part by becoming economically self-sufficient, creative, sexually empowered, and independent (de Beauvoir [1949] 1961; Ortner 2006).

Indeed, the women in *Parejas* directly challenge notions in the published literature that consistently portray female IDUs as victims whose drug use is controlled by male partners who emotionally extorted them for their own selfish gain (Bourgois, et al. 2004). In contrast to the literature that has reported a gendered division of labor in drug using couples (Simmons and Singer 2006), the women in this study often earn money to purchase drugs, take on the "male" role of procuring drugs, know how to inject themselves, and sometimes inject their partners as symbols of their care for them. Such practices demonstrate their commitment and love, but are also motivated by practical

reasons of contributing their share to the relationships and protecting the male partners from the police.

Cindy, who injects herself and at times injects Beto, told me that she prefers to earn money from her clients to help maintain her and Beto's drug use, rather than him "risking himself" to regularly commit crimes (even though her work puts her at risk). Beto has spent years in and out of prison and alone on the streets using drugs, and they are determined to stay together and prevent him from being re-incarcerated:

> *We love each other a lot. We found our other half, we found the one we were looking for. It's cool stuff. I always tell him he's never gonna be alone again, since he has me, he'll never be alone again. He'll always, always have someone that worries for him, that looks after him, and I told him I might just be a lady… but I can take care of him too. There's things that I can do to take care of him, to look after him to make sure he's okay, he's safe. Not just because he's a man he's gonna be the one to take care of me, I can take care of him too and I'll always take care of him in any way that I can. Always, always, always.*

Likewise, a colleague and I witnessed an example of Perla procuring drugs for Saul, and she said in her interview that it does not matter that his illness prevents him from being able to work. She is capable of taking care of both of them because they are "one." Even Celia, one of the only females in the dissertation project or *Parejas* sample who does not inject herself, is by no means completely vulnerable. Although her partner's contributions make things easier for her, she still regularly earns money for drugs and procures drugs because she perceives herself as less at risk of arrest than if her partner or brothers attempt the same task. She even ventures alone to dangerous locales to procure drugs, including recently venturing into the canal at four in the morning, because she said "everyone knows me" there.

These behaviors must be contextualized within the broader risk environment of the Mexico border, which is characterized by poverty, violence, limited educational and economic opportunities, police harassment, and drug-related conflict. It may be that female sex workers in this context are different than women portrayed elsewhere and reflect the changing roles of globalized women more generally (Nilsson and Gustafsson 2012). In urban Mexico, this is characterized by shifting gender roles where females are becoming the new heads of households, which is reshaping their social roles and relationships (González de la Rocha 2007). The dynamics of these relationships may be a unique expression of these larger trends of modernity.

Micro-level analyses help us recognize individual agency in the face of abject poverty and structural constraints (Agar 2004; Bourgois and Schonberg 2007). As many male partners recognized, this female embodied resiliency has merited their respect and admiration for surviving amidst their difficult life circumstance. Here, Beto separately echoed Cindy's perspective that she is strong and caring:

> *… more than anyone, she's done more for me than my entire family, she, I mean… she didn't have any obligation, nor any need, she could, I think, right? She could, she's a woman that knows how to move forward by herself, right, in any way, but she knows how to do it; she doesn't need anyone, nor is she dependent on anyone, she's strong.*

Embedded in patterns of drug use and displayed more generally in these relationships, the strength and agency of the female partners is a defining feature of modern relationships in this context and constitutes a key theme of these analyses. This work suggests that feminist perspectives should be incorporated into studies of drug-related HIV risk in sex workers' intimate relationships.

The emotional underpinnings of injection

The final discussion point, I wish to address is the wider role that emotions play in drug use beyond simple notions of syringe sharing. At a fundamental level, emotions invite and sustain the drug addiction of many partners, and the shared emotional experience of drug use becomes woven into the very fabric of the relationship. Among the couples in which both partners inject, couples discussed a deep understanding of each other's addiction.

All couples in my study already had histories of drug use when they met each other and formed relationships. Often, they started their path to drug use as an emotional reaction to cruel life circumstances. Beto, in fact, calls drug addiction an "emotional disease" that he has suffered from since his unhappy childhood. Gwen used drugs to counteract her anger from early sexual abuse and abandonment. Cindy and Saul started using for similar reasons of family rejection, and Perla used because of family tragedy. Celia started using drugs because she thought her partner who introduced her to drugs loved her. Mildred continues to inject until "all the emotion is gone" and she cannot feel anymore. For nearly all partners, drug use represents the cumulatively embodied emotional insults of past and present (Brems, et al. 2004; Dayton 2000; Elster 2000; Klein, et al. 2007; Rugani, et al. 2011; Walton, et al. 2011; Wang, et al. 2010).

There is also the emotional experience of current drug use itself to address. Couples often discussed feeling happy and satisfied when high versus conflictive when they are experiencing drug withdrawal, and they will go through great lengths in a process of "care and collusion" to help each other get well (Simmons and Singer 2006). Here I apply Connors' (1994) examination of drug withdrawal and its influence on risk behaviors as bridging physical and emotional pain to the experience of intimacy within

these relationships. Connors argues that withdrawal is not simply physical pain and discomfort, but rather "a more complex constellation of symptoms" that represent the embodied emotional turmoil of being a drug user, such as feelings of rejection, shame, inadequacy, and social isolation (Connors 1994:62). Within this context, couples help each other to alleviate these shared physical and emotional symptoms of withdrawal. Through this pain, partners express solidarity through acts of sharing drugs and needles to alleviate each other's *malilla* (Connors 1994). But these actions also signify the embodiment of being a socially marginalized and stigmatized drug user more generally, and particularly among close couples, demonstrations of love, care, and understanding of their partner's needs are privileged above all else, including the threat of HIV (Rhodes and Cusick 1998; Simmons and Singer 2006).

Yet even in absence of each other, the emotional underpinning of these couples' drug use is evident. As a final point in this chapter, I wish to examine the case of Geraldo. Like Celia and Lazarus, Geraldo's drug use is social and street-based. He lives at home with his family, but as the only drug user, he does not use drugs there out of "respect" for his father. As such, he (and Maria too, when she was living with him) has to spend much of the day on the streets and sometimes at his sister's house in order to use.

His photo project provided insight into his drug use and his time spent apart from Maria. Several times a day, Geraldo frequents a *picadero* downtown, depicted in the photo below, to receive help injecting in his neck from another male friend, who it turns out is also enrolled in *Parejas.* I learned more about the specifics of his risks through a series of photographs centering on his drug use. In public places, users have to worry about constant threats from law enforcement. He said that in the *picadero* there is an area

of garbage in one corner that conceals a hiding place for users to take refuge when law enforcement comes by. There is no running water.

Figure 34: A *picadero* in downtown Tijuana. Photo by Geraldo

Within this environment, he tries to implement strategies to reduce his risk. He buys his own syringes, and uses them about three times each before discarding them or giving them away to someone (he does not ask for them back). He uses a plastic spoon to cook the heroin so it can be discarded afterwards. He sometimes shares drugs though; the 40 people or so who visit daily help each other out with drops when someone is in need as part of the moral economy of injection drug use (Bourgois 1998).

He said that although he used to share syringes, he has made the conscious effort to not share outside of the relationship anymore because of Maria's influence. Maria discussed the risks of sharing with him at length and apparently imparted a fear in him of contracting HIV from drug injection practices. He has respected her advice, even when she was not with him to see his behavior. Unfortunately, I did not have the opportunity to

observe any of his drug use to confirm his reports. The photo below depicts him getting injection assistance in the neck. This practice presents its own set of physical risks, discussed earlier in the chapter in the context of Celia's drug use.

Figure 35: Injection assistance in the neck.
Photo by unidentified friend

Most striking about Geraldo's discussion of his drug use are his emotions bound up in it. Geraldo's reaction to his separation from Maria was overloaded onto his current consumption. He became visibly upset at least twice during his initial interview with me when talking about her and about his drug use. When I asked him if his drug use had changed since she was gone, and he said he had been using drugs more heavily to cope:

> *Yes, I am using more [drugs] …. So that I don't remember much of what is going on, I leave reality, and well, I feel better [he is really sad, and nearly crying as he speaks]. But yes, I'm using more.*

Geraldo's sentiment aptly supports the literature suggesting that individuals often use drugs to numb trauma, stress, and other forms of emotional pain (Dayton 2000; Rugani, et al. 2011; Sinha 2008). During our last interview, Geraldo explained that although he missed Maria a lot and thought of her daily, he did not want to talk to her on the phone, as that may incite her to want to come back to Tijuana and start the same patterns over again. He then showed me a photo inside his wallet from about six years ago after he had gotten out of prison and she had been clean on the U.S. side. He pointed out that she looked "fat" (in an endearing way, referring to her as healthy, not skinny from drug use like now) and he said that it is better for her to continue her recovery and get healthy again. He feels guilty that she has spent many years in Tijuana, alone except for him, and had become emotionally distanced from her family when geographically, they were so close. Now, in their separation due to her illness, they continue to share their love for each other and she wants him to get clean. While the outcome of their situation remains to be seen, he said they will always be together.

CHAPTER 10: DISCUSSION

Reflections on Risk

Female sex workers and their non-commercial male partners along the Mexico-U.S. border experience love and emotional fulfillment in their intimate, non-commercial relationships within the broader context of economic hardship, sex work, drug addiction, violence, and social exclusion in which these relationships were embedded. Through a phenomenological lens concerned with subjective meaning and experience, we see that these couples experience varying degrees of emotional closeness, love, and companionship. By privileging the possibility of love in sex workers' relationships, this research begins to open a space to humanize and appreciate the complexity of these partners as unique, feeling individuals who require thoughtful, tailored prevention programs beyond individualistic approaches targeted at changing the "irrational" behaviors of "risk groups" (de Zalduondo 1999; Ratliff 1999; Schoepf 2001).

Looking broadly at the *emotional lived experience* of these couples, female sex workers and their partners are involved in modern, "companionate" style relationships based on notions of intimacy and commitment, which shape sexual and drug-using practices within and outside of the relationships. This work adds to a growing body of scholarship on the cross cultural relevance of companionate style relationships and on the importance of love in decision making and wellbeing (Hirsch 2003; Padilla, et al. 2007; Romero-Daza, et al. 1998; Sobo 1993; Warr and Pyett 1999), and extends it to include

the perspectives of female sex workers and their non-commercial male partners, which are rarely discussed (Jackson, et al. 2009; Lam 2008; Levina, et al 2012).

Although researchers and public health practitioners have rarely addressed notions of love and emotion as having a place in female sex workers' relationships, perhaps because of the physical nature of her labor, this view mistakenly conflates notions of physical and emotional intimacy. Cross cultural data suggest that love and sex are independent motivations and states (Lindholm 1998). Studies of couples involved in outside sexual partnerships, such as swingers (married couples who have sex with other married partners for pleasure) have shown that such couples are just as capable of conducting loving relationships as those who practice monogamy. Wiliam Jankowiak and Laura Nixon (2008) showed that swingers in Las Vegas, Nevada, evidenced the same commitment and shared relationships values similar to mainstream American ideals of spending time together, trust, honesty, caring, sacrifice, and sharing, which may or may not include sexual intimacy (Jankowiak and Nixon 2008). Moreover, popular media have devoted increased attention to alternative relationship arrangements that include various forms of sanctioned outside sexual partnerships (Black 2012; Block 2009; Oppenheimer 2011), perhaps supporting Gidden's (1992) prediction that new and open forms of sexuality will continue to define and redefine the relationships of modernity.

Although the context of sex work in Tijuana greatly differs from swinging in Las Vegas, the point I wish to make is simply that whether motivated by pleasure or economics, sexual and emotional intimacy in "modern" relationships takes distinct forms. Female sex workers' relationships in this context represent forms of intimacy that are framed by social, cultural, political, and economic factors (Altman 2002). These

relationships are part of a larger shift toward modern, companionate unions that privilege emotional intimacy and develop along with other processes of social transformation (Hirsch, 2003; Rebhun 1999; Coontz 2005). In Tijuana, the sexual relationships of female sex workers and their partners are shaped by a "sex scape" (Brennan 2004) that naturalizes sex work as a viable economic option amidst limited alternative means of survival. Engagement in sex work is promoting women to the head of the household and shifting gender roles within a larger context of male marginalization and "radical exclusion" of the urban poor more generally (González de la Rocha 2007). Arguably, the broader context of poverty, social marginalization, stigma, and discrimination that many drug-using female sex worker couples experience may elevate the love and emotional refuge *both* partners find in each other to a level of paramount importance in their lives.

This study supports Ratliff's (1999:87) assertion that "a sex worker's occupation does not negate her ability to love and experience the same emotions as others," and I further assert that the same holds true for the often forgotten male partners who love their sex worker wives and steady girlfriends. Thus far, male partners' emotional perspectives about their intimate relationships have largely been left out of HIV prevention efforts (Higgins, et al. 2010). This research underscores the important role of male emotions in influencing sexual risk behaviors in often complex ways, discussed further below.

Males tend to be just as emotionally invested in these relationships as females, and often speak in strong language about their feelings for their partners. Close couples discuss the love and trust they perceive in their relationships and other companionate ideals, such as support, understanding, commitment, and respect (Hirsch and Wardlow

2006). To some degree, all couples care for each other and provide important forms of economic and emotional support (Hardt 2011; Rebhun 1999).

Yet, as Hirsch and colleagues (2007:993) have suggested, sometimes "love alone is not quite enough" to provide each other with protection from HIV and other health harms. In addition to the phenomenological focus of female sex workers' relationships, I invoke the concepts of the *risk environment* and *structural vulnerability* to explain how structural factors interact with notions of love and intimacy as important drivers of sexual and drug-related risk for both partners (Quesada, et al. 2011; Rhodes, et al 2011). The Mexico-U.S. border risk environment (Rhodes, et al 2005; Rhodes 2009) is a historically produced social and geographic space of heighted risk for a variety of health-related harms. Tijuana is characterized by poverty, violence, migration and deportation, drug use, commercial sex, excessive policing and human rights abuses, discrimination, and social marginalization. Within this risk environment framework, the concept of structural vulnerability recognizes female sex workers' and their partners' disadvantaged position within these larger structures of risk (Rhodes, et al. 2011). The love and emotional union within these relationships both drives risk and acts as a refuge from it (Corbett, et al. 2009; Rhodes and Cusick 2000; Sobo 1995a).

Emotions differentially influence sexual and drug-related behavioral patterns, but cannot entirely account for all forms of risk. In general, I agree with Nguyen Tran Lam's (2008) conclusions in regard to drug involved couples in Vietnam. This work asserts that within the intimate relationship context, non-condom use was primarily driven by subjective meaning, while sharing drugs and syringes is more about convenience and the shared experience of injection (Lam 2008). Nevertheless, I also contend that patterns of

risk can also be more complicated than that, depending on the overall emotional content of the relationship and motivations of partner commitment.

This study shows that multiple forms of overlapping sexual and drug-related risk are evident among all couples, both in the dissertation and larger *Parejas* qualitative sample. Across all dissertation couples, none use condoms within their relationship, most women report inconsistent condom use with clients, most males report outside sex partners, and all couples in which both partners inject share syringes at least some of the time with each other. Because there is risk throughout the lives of all couples, it is important to evaluate the subjective and structural reasons driving risk behaviors in the specific contexts in which they are embedded. The remainder of this chapter summarizes and reiterates the key findings related to emotions and sexual and drug-related risk HIV risk, as elaborated in Chapters 6 through 9.

Sex and Condom use

In agreement with the international literature, this research suggests that female sex workers and their intimate partners do not use condoms with each other (Deering, et al. 2011; Jackson, et al. 2007; Ngo, et al. 2007; Ratliff 1999; Sanders 2002; Stoebenau, et al. 2009). Among close couples, subjective desires to demarcate the main relationship as fundamentally different from sex work militates against the use of condoms in this context. For these couples, condom use undermines emotional connection and relationship authenticity. As suggested in other studies, condoms in this context not only act as a physical barrier to prevent the exchange of bodily fluids, they also act as a symbolic barrier to trust, intimacy, and love (Castaneda and Ortiz 1996; Corbett, et al. 2009; Sanders 2002). Unprotected sex upholds the primary importance of the main

relationship and establishes security and intimacy for both partners in contrast to client relationships (Corbett, et al. 2009; Romero-Daza, et al. 1998; Sanders 2002; Sobo 1993). As such, *non-condom use defines the very essence of many female sex workers' intimate relationships.*

Nevertheless, condom use practices are more nuanced than that. Less close couples forgo condoms for reasons of "not liking condoms," and rationalize that partners have "not been sick" thus far in the relationship, rendering the perceived need for behavioral change as minimal. Not liking condoms appears related to cultural scripts dictating that condoms and pleasure are mutually exclusive (Gómez and Marin 1996; Philpott, et al. 2006; Race 2008). I interpret the logic that partners are "not sick" as part of an embodied sense of fatalism that a mere condom will not provide salvation from the larger health, legal, and social threats looming in their risk environment (Meyer-Weitz 2005). No matter the motivation, unprotected sex within these relationships is normalized and volitional.

In contrast, the motivations and ability to use condoms with clients and outside partners are highly context dependent. Most female sex workers do not have outside non-commercial relationships. Instead, women often maintain regular clients for financial support and rely on their intimate partner for forms of emotional support. Most women report inconsistent condom use with clients, which stems from a host of contextual reasons that have been previously reported in the literature. Among the women in this study, consistent condom use with clients is not feasible when clients offer more money for condomless sex (De la Torre, et al. 2010; Gertler, et al. 2005) or refuse to wear one (Choi and Holroyd 2007; Pauw and Brener 2003), when condoms are not available or

easily accessible (Muñoz, et al. 2010), or when *malilla* (drug withdrawal) militates against successful negotiation of risk reduction practices (Romero-Daza, et al. 1998; Shannon, et al. 2008).

For female partners, client condom use is not driven by the same affect and relationship obligations they feel toward their intimate partner, which suggests not only the importance of emotions in shaping their relationship risk but highlights the occupational hazards of sex work (Katsulis 2008). Males, on the other hand, appear to have more sexual agency in their outside relationships. Their differing motivations and patterns of condom use are taken up in the next section.

Male emotions and forms of sexual risk

This research suggests the centrality and complexity of male partners' emotions in shaping these intimate relationships and associated patterns of HIV risk. In addition to the intensity of love and trust that some males feel, male partners across the sample also at times experience emotions such as anger, jealousy, and inadequacy as affective reactions to their partner's sex work (Jackson, et al. 2009). These findings are suggestive of the unique conflation of economics and emotions in these relationships (Rebhun 1999), which in turn shape forms of sexual risk in multiple ways.

In some cases, it is evident that male partners are emotionally bruised by their female partner not only challenging traditional gender roles by earning the money in the relationship, but by doing so exploiting their sexuality with other men. Ronaldo does not have the economic or social power to prevent his partner Mildred's sex work, and he feels that he is forced into accepting it. In the following passage, Ronaldo reflects on how he feels about sex work:

> *Well the thing is that, well what can I do, the only thing that I do is bless myself, what else can I do? The one to blame is me, well that is how I feel, and I feel guilty because for the same reason we go back to the same story of the drugs…. at the beginning yes, I would get upset [about sex work], it would make me upset but little by little, I had to get used to that well… I mean there are obstacles, that you are imposed I think, that life puts in front of you... I am not going to be able to prevent her from working in that [sex work] you know? Meanwhile like that I am not going to be able to control her, do you understand? While she is like that I won't be able to prevent that… but what can I do? I have to put up with it.*

Like other male partners in this study, Ronaldo feels helpless within the broader context of poverty and limited opportunities in Tijuana. The historical and social forces that have produced the border risk environment (Rhodes 2009) infamous for drugs, sex, and vice, has also created sex work as a gendered *habitus* (Bourdieu 1977), or a naturalized acceptance among women that sex work is the only means to survive. The economic exclusion and marginalization of the male partners in this sample, like Ronaldo, limits their legitimate earning prospects and increases their likelihood of involvement in crime and drug use, which in turns subjects them to increased surveillance and targeting by the police. In this context, females' engagement in sex work is an economic strategy that turns them into the principal wage earner, thereby altering traditional gender roles and reconfiguring the household labor patterns of the urban poor (González de la Rocha 2007). Partners talk about how sex work helps provide support and relieve economic hardship, yet at the same time it introduces unspoken emotional insults into the relationship (Jackson, et al. 2009). In this context, sex work represents a form of survival sex that occurs in different arrangements with regular and non-regular clients, the consequences of which affect both partners (Robertson, et al, *under review*).

Male partners' feelings of inadequacy and jealousy over sex work are further complicated by drug addiction. Male partners rely at least to some extent on the females' economic contributions to their drugs use, which on some level helps them to accept the arrangement (Lam 2008). In the following passage, Lazarus attempts to explain his conflictive feelings of jealousy about his partner Celia's sex work and his need for her sex work as a means to support his drug habit:

> *I get jealous, or maybe drugs make me see things, but maybe a lot of times, right, they also make me look like that. But I also know that I'm wrong, right? Because as long as she keeps bringing me drugs, it's okay, right, whatever she does, and… I don't have to get jealous. [But] when I'm malilla (experiencing drug withdrawal)…"go, go, go with that American [client], and get some money from him." I don't care, I don't feel anything, do you understand me? … But as soon as I start consuming crystal, just one night of crystal, and then I feel jealous, I see she's beautiful and then I feel jealous that another… that she does it [has sex] with another one, right?*

Furthermore, as Lazarus is both conflicted about Celia's work and encourages her at times, he too invites outside sexual risk into the relationship. While Celia is convinced that Lazarus is too "awkward" to have extra-relationship sexual affairs, he admitted otherwise and said he has not used condoms with these women simply for reasons of availability at the time of the encounter.

Patterns of male infidelity are widely documented cross culturally (Tsapelas, et al. 2010), and frequently occur among male partners in this context. These general patterns were reflected in the larger *Parejas* qualitative sample as well, as about one third of males have had an outside partner at some point during the relationship. Male partners who are emotionally closer to their partners tend to be less likely overall to report outside sex partners, but slightly more likely to report condom use with these partners if they do.

In general, however, condom use is inconsistent in these outside encounters, often for simply not having one available or not liking to use them. These patterns of male partner risk have rarely been documented in the literature, but underscore the importance of including of male perspectives and participation in HIV prevention interventions (Higgins, et al. 2010).

Findings suggest that males who are in emotionally satisfying relationships may be less likely to introduce outside sexual risk into the main relationship, but this is not always the case. Hirsch and colleagues (2007) found in their work among married couples in Mexico that more emotionally satisfied male partners were less likely to seek out long term, or emotionally invested sexual relationships with other women, but instead frequented sex workers who require less commitment (Hirsch, et al. 2007). In this sample, the outside partners appear to be casual acquaintances and friends, nothing of longevity. Exchange with other sex workers may occur on occasion, but may not be as common in this context because males must already contend with their female partners' sex work, and may not find that option appealing.

While conventional wisdom often assumes that an innate male drive toward sexual pleasure shapes the formation of outside sexual relationships, more nuanced analyses suggest that males may seek outside sex to fulfill other needs that have been shaped by the broader sociocultural context (Smith 2008). In this case, male outside sexual behaviors may be reactionary to their female partners' sex work and their associated feelings of emasculation. The high prevalence of male infidelity among the dissertation couples does not necessarily reflect emotional discontent with their relationship. For males like Jorge, the "extramarital opportunity structures" (Hirsch, et al.

2007) in the hyper-sexed social context of Tijuana's *Zona Norte* may provide opportunities to reaffirm Mexican cultural ideals of masculinity (Alonso and Koreck 1999). Perhaps feeling "like a bull" with an outside sexual partner helps Jorge counteract some of the embodied fatalism and emotional stress that results in accepting that the partner he loves has sex with other men in order to support the relationship (Jackson, et al. 2007; Padilla 2007).

Finally, this research suggests that emotions play a role in patterns of communication and silence regarding sexual risk. This is true for both partners. As Hirsch and colleagues (2007) have documented, modern shifts toward loving and intimate relationships have not corresponded with increased sexual communication between partners (Hirsch 2007). Researchers have documented that a culturally prescribed "sexual silence" pervades much of Latin America in different types of sexual partnerships, particularly among vulnerable populations such as men who have sex with men and male sex workers (Carrillo 2002; Padilla 2007). Researchers have suggested that this silence creates an illusion of fidelity, preserves the emotional integrity of the relationship, and diffuses any questions that might shatter this image (Padilla 2007). I suggest that the same concept applies to the couples in *Parejas,* both in terms of sex work and outside non-commercial partners. This silence preserves the relationship trust, averts conflict, and helps partners accept sex work and avoid confronting its associated emotional and physical hazards within the relationship. Nevertheless, sexual silence is dangerous when partners introduce outside HIV risks into the relationship unbeknown to the other and condoms continue not to be used within the primary relationship.

Drug-related risk

All injecting couples in the qualitative *Parejas* sample and the dissertation express an ideal of pooling resources to purchase and use drugs, but prefer to inject with their own syringe. This ideal is not always feasible, however, and nearly every couple reports sharing syringes within their relationship when circumstances call for it. Across all profiles, partners report sharing syringes when they each do not have a new one available (Grund 1996) or one partner's becomes clogged or too old to reuse (Smyth and Roche 2007). Observations suggest that couples often store their syringes together (often in eyeglass cases) which are used multiple times until the needle becomes too dull (Page, et al. 1989). This reuse is viewed as commonsense conservation in the context of limited material resources. Similarly, it is common sense for couples to share the same drug preparation and ancillary equipment in processes of "indirect sharing" (Gyarmathy, et al. 2010; Koester 1994).

While some of the literature on drug use has painted a dichotomy of female injectors as emotional and weak and male injectors as practical and in control (Barnard 1993; Bourgois, et al. 2004; MacRae and Aalto 2000), the women in this study and the larger *Parejas* sample challenge these notions. Women often earn money to purchase drugs, take on the "male" role of procuring drugs, know how to inject themselves, and sometimes inject their partners as symbols of their care for their relationship. Such practices demonstrate their commitment and love, but are also motivated by practical reasons of contributing their share to the relationships and protecting the male partners from the police. Some researchers have called such practices the "care and collusion" that drug using couples share (Simmons and Singer 2006), but these practices often appear

more meaningful than that. I contend they are also embodied expressions of intimacy in a context of extreme deprivation and risk.

Patterns of sharing cannot be explained entirely by emotion for either partner, but emotions can play a role. One of the most significant drug-related findings relates to patterns of syringe sharing within and outside of the relationships. Closer couples are more likely to confine their sharing to inside the relationship. These couples share as expressions of love and trust for each other (Barnard 1993; Lam 2008), but they also view the unfamiliarity of other injectors' behavioral patterns as introducing unknown, outside risk into the relationship (Rhodes, et al. 2008). As much as emotions per se play a role, this pattern may be an artifact of the insular nature of close couples' relationships and corresponding drug use patterns (at home together), which reduce their opportunities to share with others. Other work has suggested that couples who spend most or all of their time together are more likely to share (Bryant, et al. 2010). Some partners explicitly talked about how they used to share with others out on the street prior to their current relationship, but that their relationship now protects them from the documented risks of public drug injection (Latkin, et al. 1996; Rhodes, et al. 2007; Volkmann, et al. 2011).

Nevertheless, dissertation and *Parejas* couples also report sharing outside of the main relationship with other injectors. Sharing syringes outside of the relationship occurs more frequently among less emotionally attachment couples. Sometimes, forms of sharing occur within the larger context of family and social networks who also inject in the couples' homes, suggesting that elements of trust and material need are involved in these sharing patterns (Finlinson, et al. 2005; Grund, et al. 1996; Latkin, et al. 1996; Unger, et al. 2006). Sharing also occurs among couples whose heavy use is more street-

based rather than privately shared at home as a couple (e.g., in the canal). In this context, the public nature of their injection and fear of the police often prevents partners from carrying their own needles and may rush the process, reducing the likelihood of hygienic injection practices (Aitken, et al. 2002; Burris, et al. 2004; Rhodes, et al. 2006a).

In addition to the partner influence, these results underscore the importance of the physical and social spaces in which injections occurs (Brouwer, et al. 2008; Généreux, et al. 2010; Latkin, et al. 1996; McCurdy, et al. 2006; Page and Fraile 1999; Pollini, et al. 2009; Rhodes, et al. 2007b). Clearly, street-based situations of shared syringe use are motivated not by relationship emotions as much as partners' desire to inject and the social and material conditions in which this occurs. Nevertheless, it may be that the strength of the emotional bonds couples share shape the likelihood of partners finding themselves in these spaces of risky injection in the first place.

Dual threats: Sexual and drug-related HIV risk

Importantly, drug use, sex work, and other sexual pursuits are interrelated in complex ways among all couples, and the separation of sexual risk (Chapter 8) from drug-related risk (Chapter 9) is essentially a false boundary constructed to organize this dissertation. Drug addiction (on the part of both partners) often fuels the need to engage sex work, which in turn shapes the primary relationships by introducing potential outside sexual and emotional risks. These results support a growing body of literature documenting overlapping sexual and drug risk among female sex workers who inject and their intimate partners (Jackson, et al. 2009; Lam 2008; Ulibarri, et al. in press).

Cindy and Beto's drug-related risk overlaps into the realm of sexual risk. In the following passage, Cindy discusses the patterns of syringe use that she shares with Beto.

She conflates notions of risk with syringe sharing, non-condom use within the relationship, and her sex work. While she recognizes the health significance of these behaviors, in the end, she concludes that their risk is minimal:

> *I usually have a hard time with it [injecting], I will be using mine [syringe] and it will get clogged up and then I wash his so I can use it. He will wash mine because it gets clogged and then we wash them and put them away and buy two more, and sometimes we use them again and get them confused so we end up using each other's. We do use each other's needles and we don't use condoms so I guess it doesn't matter, but he knows I do try to take care of myself [use condoms with clients].*

Cindy reasons that their drug-related risk does not matter because they already practice "risky" unprotected sex and she "takes care of herself," a common euphemism that couples in *Parejas* used to indicate condom use. Not reflected in this passage, however, is that although she "tries" to take care of herself, addiction, limited condom availability, and difficulty in negotiating condom use with some of her clients prevents her from consistently doing so. Also implied in this passage are structural factors such as the drug market characteristics of black tar heroin (e.g. clogging syringes and scarring veins) and syringe availability (e.g. limited resources equates with re-use) that also shape their shared risk (Barnard 1993; Ciccarone and Bourgois 2003; Grund, et al. 1991; Gyarmathy, et al. 2010; Loxley and Ovenden 1995; Shaw, et al. 2007), as discussed in Chapter 9. This is but one example of intersecting sexual and drug-related risk that all couples in this dissertation share, which are discussed in depth in Chapters 8 and 9, and summarized in Table 9 at the end of this chapter.

Summary

Love and other emotions shape HIV risk in important ways, yet cannot alone account for it given the broader context in which these relationships are embedded (Hirsch, et al. 2007). Female sex workers' intimate, non-commercial relationships hold significant meaning in partners' lives and shape each other's lived experience in important ways. These couples share companionate relationships based on a range of contentment, and provide each other with important forms of emotional and material support (Jackson, et al. 2007; Ratliff 1999; Warr and Pyett 1999).

The association between emotions and risk that this dissertation attempts to evaluate are not neat and linear given the political economic, social, and cultural contexts in which these relationships are situated. Sex outside of the relationship happens for economic and culturally conditioned reasons, but does not necessarily diminish the importance or meaning of their primary relationship. Motivations and the ability to use condoms are complex and context dependent. Structural issues permeate these couples' lives and their drug use in particular, as partners frequently share drugs and other works as a sign of care, but more importantly for reasons of finances, access, and worrying about police surveillance. These results underscore the need for interventions that address multiple and overlapping forms of risk within the larger structures of vulnerability in which these relationships are embedded (El-Bassel, et al. 2011; Evans and Lambert 2008; Wariki, et al. 2012). Interventions should consider both affective and social structural dimensions of HIV risk in addressing the health and social needs of sex workers and their intimate partners, which I discuss in Chapter 12.

Table 9: Overlapping patterns of risk among the dissertation couples (n=7)

	Gwen and Ricky	Mildred and Ronaldo	Celia and Lazarus	Maris and Geraldo	Mariposa and Jorge	Perla and Saul	Cindy and Beto
Emotional Category	*Involucrado*	*Involucrado*	*Involucrado*	*Querido*	*Querido*	*Enamorado*	*Enamorado*
Sex life	Conflictive	Conflictive	Conflictive	Semi-regular	Semi-regular	Infrequent due to illness	Regular
Condoms w/in relationship?	No	No	No	No	No	No	No
Why no condoms?	Do not like condoms	Do not like condoms; not sick	Do not like condoms	Meaning; not sick	Meaning	Meaning	Meaning
Condoms with clients?	Inconsistent	Inconsistent	Consistent	Consistent	Inconsistent	Inconsistent	Inconsistent
Why not condoms with clients?	Not to lose clients; gives others choice	Malilla; finish faster	N/A	N/A	She can earn more money	She can earn more money	Malilla; do not have any; client difficulty
Other sex partners?	Unknown?	Yes	Yes	Yes	Yes	No	Yes
Condoms with others?	Unknown?	No	No	Yes	Yes	Yes	Yes
Why/why not condoms with others?	Unknown?	Partners are not risky; he is not sick	Did not have any	Other partners insist	Not the same meaning with others	N/A	Unclear
Drug use patterns	She's in trtmnt; he smokes crystal	She injects heroin; he smokes crystal	Both inject heroin and crystal	Both inject heroin; she later went to hospital	Both inject heroin	Both inject heroin	Both inject heroin
Share syringes with partner?	N/A	N/A	Yes	Yes	Yes	Yes	Yes
Share with others?	N/A	Yes	Yes	No	No	No	No

CHAPTER 11: ADDING ANTHROPOLOGY

Anthropology as a discipline is going through a renaissance of emphasizing *lived experience* (Desjarlais and Jason Throop 2011). In contrast to how the relationships between female sex workers and their intimate, non-commercial partners are often pathologized, largely dismissed as pimps-prostitutes, or ignored in the literature (and common discourse), the phenomenological approach of this dissertation is designed to humanize and emphasize the *emotional lived experience* of risk among drug injecting sex worker couples along the Mexico-U.S. border. My approach places the analysis of how people feel about their life circumstances and the adaptations to those circumstances into a framework that analyzes experiences of risk and potential proximal and distal outcomes. Through the use of ethnographic methods, I ground forms of intimacy in real bodily acts and attempt to link the emotional lives of a selected few couples to the broader political economic, social, and cultural forces that structure couples' vulnerability and elevate the importance of love, intimacy, and emotional security in this context.

Contributions

But what, exactly, does this additional dissertation research contribute to the larger *Parejas* project? In addition to the main analyses offered in the previous chapter, I would like to conclude my discussion by highlighting several additional contributions of this work. I suggest that the analyses generated from semi-structured and ethnographic interviewing, photo elicitation, and participant observation provide important additional

insights into the *emotional lived experience* of these couples. The subjective experiences of sex workers and their intimate partners teach us that both structure and emotion matter and dialectically shape partner health and wellbeing in profound ways. In the following sections, I highlight three additional themes that emerged in this work: the social context of the couples' relationships; embodiment, rationality, and risk; and health beyond HIV infection. I then briefly outline the methodological contributions of this work and address the ethical quandaries inherent in capturing the lived experience of stigmatized and vulnerable populations. I also acknowledge the limitations of this dissertation and conclude with my ambitions to build a future research agenda based on this work.

Social context of relationships

This study highlights not only the importance of the intimate relationships themselves, but illustrates the ways the social context from which these relationships form and are currently embedded matters. In particular, the familial context of partners' experiences has shaped their experiences from the past to the present in profound ways that give their intimate relationships meaning.

To begin, family upbringing is important. Not only were two of the female partners abused by family members, but three of the male partners felt abandoned, neglected, or otherwise unaccepted by their families while growing up. Eventually, all of these partners left home and felt on their own. In particular, I want to focus on the often neglected male partner perspectives. From a young age, these male partners often spent periods of time out on the streets, and initiated drug use and petty crimes that grew in intensity and often resulted in serving multiple prison terms. Lazarus grew up without a mother and longed for female comfort and care. Despite their issues, through the years

Celia has fulfilled his need for attention and she told me she often mothers him. During Lazarus's first interview after he returned from rehab, I asked him if he had missed Celia. His answer spontaneously blended the emotional needs of his childhood with his current relationship with her:

> *I missed her, yes, yes. When I came [home], I hugged her because she's a woman, and I never, as I was telling you, I never had a mom… When I was a kid, I didn't know a mom or a sister, we were all brothers, my dad would go to work and he would leave us alone there, and I would see how our neighbors would treat their children, and I would say, wow, I don't have a mom… and I would want someone to hug me, a mom, or someone, right?*

For Saul and Beto, their close and loving relationships have provided them with an emotional refuge and they finally do not feel alone. Saul and Perla are mostly socially isolated except for Saul's sister who offers support when she can. To Saul, Perla is his world, particularly given that his illness renders him mostly housebound. But even for Beto, who lives on the same property with 15 adult members of his extended family and five children, Cindy is the center of his being. She counters the loneliness he feels even when surrounded by family and other people:

> *With [Cindy], everything is very different, very different. With her, I talk about things that I can't talk about with my [ex-]wife, I feel like she inspires a trust, she inspires me; I know that I have someone because where I live, even though the family is big, and there's a lot of people and everything, I used to be alone all the time, and I'd feel alone…right? But even with all those people, I was still alone…And since she came [to live there], I mean, I don't care. She's everyone as long as I'm with her…*

Cindy, as a deportee who is estranged from most of her family and alone in Tijuana, feels similarly about Beto. She told me: *I could have a thousand friends, but I'd*

be lonely as hell without him. He is my everything. I couldn't see my life without him. Together, they form the basis and meaning of each other's experiences.

The key thread through these narratives is that early family experiences have not only profoundly shaped the subjectivities and HIV risk behaviors of partners like Lazarus, Saul, and Beto, they deeply rooted in them the emotional needs that elevate their current relationships to a level of paramount importance in their lives. These findings urge us to consider that not only do disadvantaged women look to their intimate male partners for emotional support and security, and engage in risky practices such as unprotected sex to find affirmation (Corbett, et al. 2009; Romero Daza 1998b; Sanders 2002; Sobo 1995b), so do some men.

For other couples, the current social contexts in which their relationships are situated directly shape their risk. Four of these couples live with family members and direct observations in two of these couples' homes revealed forms of social risk that extend beyond the intimate relationship bond. Prior research has shown that needle sharing and other risk behaviors within social networks may be strongly contingent upon emotional closeness and trust among individuals, including partners, family, and friends (Gyarmathy and Neaigus 2009; Rhodes, et al. 2008a; Unger, et al. 2006).

Two of the participants' homes function not as "shooting galleries" in terms of the socially open spaces that we tend to think about, but rather act as geographic and social spaces where select family members and friends pool resources and find refuge in which to "safely" inject drugs with access to the necessary tools and out of site from police surveillance (Weeks, et al. 2001). In the process, however, new networks of sexual and drug-related risk form. Mildred's self-assessed "modern" relationships are a key example.

In her home, she may share drugs, ancillary equipment, or sometimes syringes with a network including her brother-in-law, his new girlfriend, his ex-girlfriend, the ex-girlfriend's "Sancho" (new boyfriend), and several other male acquaintances that regularly visit to inject heroin. Although her partner Ronaldo does not inject, he is linked into this network through his unprotected sex with Mildred. Ronaldo further introduces his own outside sexual risks into the network (unprotected sex with casual partners) that already includes Mildred's sexual risk from unprotected encounters with clients, as well as other potential forms of unknown sexual risk from the other intimate partners and Sanchos of the group. This work suggests the importance of social networks in creating the potential for heightened HIV risk and suggest that further research is needed in this area (Amirkhanian, et al. 2005; De, et al. 2007; Lakon, et al. 2006; Latkin C, et al. 1995; Miller and Neaigus 2001; Rothenberg, et al. 1996; Rothenberg, et al. 1998). It also underscores the important and varying roles that families play in these couples' lives, both through their presence and absence.

Embodiment, rationality, and risk

As I discussed in my theoretical framework in Chapter 4, the link between structural forces, emotional states, and biological health consequences is best explained through the anthropological concept of embodiment (Csordas 1990; Desjarlais and Jason Throop 2011; Shilling 1997). Embodiment is the lived experience that encompasses what individuals experience, think, and feel, which in turn is shaped by larger the broader political, economic, social, and cultural context. Examining these couples' health through a paradigm of embodiment lends insight into the structural and subjective dimensions of

their relationship and risks, and as Scheper-Hughes and Lock (1987) famously posited, emotions provide the connection from which we can constitute our understanding.

Throughout my dissertation, my analyses attempt to ground the expressions of love and intimacy in the real bodily acts of these couples, including their sexual and drug use practices. Threaded throughout this text are the notions that bodily experiences, risk practices, states of health, and the intersubjective dimensions of the couples' relationships themselves are embodied through partners' emotional states. The ethnographic detail in this work has intended to illustrate the *emotional lived experience* of the relationships and show how they are shaped by their struggles as sex workers and drug users in the context of the Mexico-U.S. border.

Couples embody their love for each other and subjective sense of being "a couple" through acts of unprotected sex. Couples embody the pleasure and pain of intoxication and withdrawal in what Beto aptly calls the "emotional disease" of addiction. Mutual addictions unite these couples on emotional and material levels through understanding each other's compulsion to inject, demonstrating care through needle sharing, and placing themselves in physical bodily harm to earn money and procure the drugs that help each other stay well.

While the nature, kind, and intensity of emotional experiences of the couples enrolled in this study vary, nonetheless the centrality of emotions in partners' HIV risk is woven throughout the analysis. We see at all levels, from the desire, conflict, and jealousy that Celia and Lazarus share, to the transformative experience of love, trust, and companionship that Cindy and Beto share, that a full understanding of the HIV risk

within these relationships is incomplete without examining their emotional dimension (Lutz and White 1986; Rosaldo 1984).

It is here that I would also like to address embodiment as part of a larger discussion of rationality and emotion within a risk environment framework. Risk behaviors such as unprotected sex and needle sharing are often conceived of by public health officials to be "irrational" behaviors because of the biological disease risk inherent in such social practices. Throughout the early part of the HIV/AIDS epidemic, intervention models were based on the assumption that if given the proper education, individuals would transform into rational agents of change and act in self-interested ways to accordingly reduce their risk (de Zalduondo 1999; Ratliff 1999; Schoepf 2001). Yet, this thinking is flawed in at least two ways: first, it assumes that structural factors do not impinge on individuals' abilities to negotiate their risk in the course of their daily lives, and second, it takes for granted that emotions and subjective meanings are merely the antithesis of rationality and safety.

Long the center stage of anthropologists' arguments about the political economic origins of health (cf. Farmer, et al. 1996; Singer 1998b), the importance of structural factors in creating and perpetuating forms of HIV risk has increasingly garnered multidisciplinary attention (Rhodes, et al. 2005; Rhodes, et al. 2011; Shannon, et al. 2008; Spooner 2005; Strathdee, et al. 2011). While unquestionably important, education alone without the tools and capacity to act on that knowledge is essentially a form of symbolic violence against groups that already experience social marginalization and discrimination (Bourgois 1998b). This is why I propose not only couple-based

intervention ideas in Chapter 12, but also speak to the importance of changing the larger policy field in which these relationships are embedded.

Ideas about the importance of emotions in shaping risk behaviors have been slower to gain widespread, interdisciplinary acceptance. Since Sobo's (1993) study of vulnerable women who engage in unprotected sex for the emotional security it provides, researchers working in other cultural contexts increasingly have explored the HIV risk dimensions of love within modern, companionate relationships (Corbett, et al. 2009; Hirsch 2009; Padilla and Hirsch 2007). These studies are building an empirical evidence base for the importance of emotions in driving human behavior and underscore the importance of examining social relationships as sites of HIV/STI risk.

There remains the Western convention pitting the irrationality of emotions against rational, non-emotional decision making. Yet there are many conceptions of what it means to be "rational." Situated rationality highlights the relativity of risk and the multiple rationales for engaging in risky behaviors. Risk is socially shaped by what is considered acceptable – or "logical" – given the context (Rhodes 1995; Rhodes 1997). It is important to expand this thinking to recognize the situated and negotiated rationalities of couples whose risk behaviors often derive from the emotional meanings that they ascribe to their relationships. Rhodes and Cusick (2002) suggest in their research with HIV positive people and their sexual partners that couples construct alternative risk rationalities regarding unprotected sex that they know others outside of the relationship recognize as "irrational," yet their decisions consciously privilege their relationship security and emotional commitment over the threat of seroconversion (Rhodes and Cusick 2002).

The partners in my study also construct and negotiate their own risk rationalities based on the emotional meanings ascribed to their relationship and the contexts in which their experiences are embedded. Their sexual and drug-related risk is embodied in risky practices that "make sense" given their emotional and material dimensions of experience. This notion relates back to a principal conclusion to this research, in that condom use motivations tend to be affective while drug "sharing" practices tend to be driven by the mutual pursuit of getting well and self-evident convenience in a context of material deprivation and risk (Lam 2008).

Beyond HIV risk

The final point that I wish to make is that couples embody their vulnerability in many forms. My dissertation work suggests that the scope of health and wellness is too narrowly focused on HIV in this context. This is not to say that HIV is unimportant. Gwen, who I lost to follow-up, is HIV positive and trying to get clean and access treatment and care proved elusive for her. Furthermore, the overlapping patterns of sexual and drug-related risk documented among all couples in the dissertation project (and in the larger *Parejas* qualitative sample) indicate a heightened risk for HIV/STI acquisition.

Nevertheless, I also want to highlight the myriad other health issues that these partners embody as markers of their structural vulnerability, many of which co-occur with HIV. In addition to Gwen's HIV, five of the other couples talked about contending with a range of health issues, including: lingering flu-like illnesses (Cindy and Ronaldo), reproductive health issues (Celia), cirrhosis (Saul), and multiple injection-related health insults such as soars, abscesses, bad reactions, and track marks beyond the viral threat of HIV (Celia, Lazarus, Perla, Cindy, and Beto). The only couple not to report any health

issues are Mariposa and Jorge, perhaps because they are the youngest in the sample and the syndemic effects of drug use and sexual risk have eluded them thus far (Singer 2009).

Syndemic theory is a useful framework to understand the myriad health issues embodied by these couples. Rather than analyzing health conditions like HIV as isolated occurrences, a syndemics lens recognizes the reinforcing interrelationships between health, social, and environmental factors (Singer 2009). These couples' experiences ranging from childhood trauma, mental health issues, migration, deportation, incarceration, and poor living conditions can cumulatively add insult as life's lesions (Finkler 1994) and interact with their drug use and sexual practices to create a synergy of potential health harms. Moreover, these multiple and often serious health issues are central to these couples' experiences, and their relationships provide important forms of support and care during these difficult times. Conceptualized in these terms, the biological, social, and emotional are all inexorably bound in the embodied experience of these intimate relationships.

Methodological contributions to health research

In this section, I briefly note some of the methodological contributions that anthropological work can make to public health studies. First, direct observations of drug injection can capture micro-social interactions and generate reflexive analyses of human behavior that can be triangulated with other sources of data to provide a more comprehensive understanding of specific practices (Bourgois and Schonberg 2009). Ethnography can also strengthen quantitative study designs by generating a local view of the phenomena that are relevant to address in appropriate health interventions (Trostle 2005). Despite the enormous contributions of ethnography in the realm of understanding

drug use behavior and in particular its link to HIV/AIDS, to date, most fieldwork with injectors has been conducted in public spaces such as shooting galleries with individuals or social networks of users, primarily males (Bourgois 1998b; Carlson, et al. 2009; Finlinson, et al. 2005; Page and Llanusa-Cestero 2006). This dissertation contributes a glimpse into the variation in intimate couples' injection practices.

My observations provide insight into the interactional dynamics of couples, suggesting that some couples' use is isolated while others tend toward more social patterns of use which often lead to different forms of sharing. In the *Parejas* study, we do not ask about the different social arrangements of giving injection assistance. In this sample, Cindy at times injects Beto and Mildred said she sometimes helps others inject. Females injecting their male partners also emerged as a theme in some of the qualitative interviews from the larger *Parejas* dataset, which defies stereotyped notions of females as the weaker partner needing assistance (Bourgois, et al. 2004), and merits further investigation. The variety and details of these social practices and experiences are not captured in the *Parejas* epidemiologic survey data, nor explored in detail in the qualitative interviews for *Parejas* that were designed to cover a breadth of topics. Observations in the participants' natural context can help inform the content of questions that should be asked systematically in research protocols and monitored with epidemiologic methods (Carlson, et al. 2009; Dietze 2003).

There are also paucity of data on the physical sites on the body in which injection occurs and the rationale for using different sites (Darke, et al. 2001; Maliphant and Scott 2005; Rhodes, et al. 2006). The couples in this study often talk about their difficulty in finding viable locations on their body in which to inject. This can lead to injecting in

increasingly risky locations and endangering their health (Rhodes, et al. 2006), such as the potentially fatal risk of hitting the carotid artery or damaging the jugular vein when injecting into the neck (Harm Reduction Coalition n.d.). Indeed, the partners in this study photographed a range of injection sites on their bodies, including the arms, legs, breast, groin, and neck. I also witnessed two males inject into the delicate veins in their hands and Cindy told me she had recently even injected in her forehead. These practices suggest that systematic collection of data on injection sites and related injection-related harms is needed. Investigation into the complications from missed injections, and occurrences of track marks, infections, and skin conditions not only render immediate physical harms, but the embodiment of these conditions symbolizes these couples' vulnerability and further marginalizes them because of their "drug user" identity (Rhodes, et al. 2007b; Strathdee, et al. 2008a).

Finally, the photographic component of the dissertation opened up a space for participants to reveal their world as they experience it (Collier 1987; Harper 2003; Hergenrather, et al. 2009; Wang, et al. 1998). An exploratory content coding of the photographic material revealed that more than half of all photos were of the participants themselves or their partners (55%), followed by family (17%), friends (4%), other sex partners (2%), and other acquaintances (5%). Photos were commonly drug-related (26%), and most were taken at home or in a private (non-public) space (68%). Partners also provided me with photographic "tours" of areas of Tijuana where they passed time, and captured their home space, pets, and religious symbols. A few even took candid shots of me and my colleague, Angela (see Chapter 5).

Overall, the photos and textual interview data this method generated suggests the insular nature of some of the relationships, the salience of drug use in these couples' lives, and the limited variety in their daily routines. The content of what partners did, and did not, photograph often elicited rich insight into their lived experience (Harper 2002) and suggests the fruitful potential of future visual work to better understand the lives of vulnerable populations form their perspective (Davey 2010; Pink 2006; Rhodes and Fitzgerald 2006).

Further reflection: Ethical issues in anthropological research

As codified by the statement of Ethical and Professional Responsibilities of the Society for Applied Anthropology, our foremost responsibility is to protect the people we study. The second highest responsibility is to respect the "dignity, integrity, and worth" of the communities in which we study (Society for Applied Anthropology n.d.). In this section, I reflect on some of the ethical issues that my dissertation research introduced, including methodological issues of working with couples and the ethics of visual methods both as research process and product. In this discussion, I also address issues of human subjects protection beyond the study period.

Ethical issues in couple-based research

Among the first issues this research introduced were the decisions associated with conducting joint couple versus individual interviews, including what kind of data each type of interview would elicit, what the different formats would mean for my relationship with the participants, and how the different arrangements might affect the couples' relationship with each other. I conducted the first interviews individually, and gave participants the choice (I asked the women first) as to whether they preferred the

subsequent photo interviews to be conducted individually or separately (Taylor and de Vocht 2011). I found that the couples responded well to having a choice, and that the type of interviews they selected provided insight into the dynamics of their relationship.

In general, the appropriateness of conducting couples versus individual interviews depends on the nature of the research question and the types of relationship being investigated (Allan 1980). I found that individual interviews were conducive to collecting the first round of personal and often sensitive information from each partner. The primary advantage to individual interviews is that participants have the privacy to express their views as they chose without the influence of others; this may be particularly important when one partner is keeping secrets from the other (Valentine 1999).

I found this to be the case among Mariposa and Jorge. She deferred to him in terms of what type of photo interview to conduct and he selected an individual interview because he had taken photos of an outside sex partner. I made it clear to each partner (in this case and all others) that whatever information each person shared with me, I would not relay it to the other person. The separate interviews did not cause any issues between Mariposa and Jorge (or any of the other couples) of which I am aware, but it does create a situation in which the researcher has to be careful not to inadvertently reveal any information to the other partner (Bottorff, et al. 2005). In nearly every couple, I knew that one partner had reported a secret sexual affair with an outside partner that the other did not know about, yet I was bound by ethics to remain neutral, non-judgmental, and silent on the issue.

During the research process, the individual interviews did not introduce any major complications in this project. Afterwards, however, I have chosen to use the partners'

"secrets" in my analyses because it is an integral part of the overarching narrative of relationship risk. So long as I take precaution to protect individuals' identities, as I have done in this dissertation, I do not foresee other individuals being able to identify specific couples. Nevertheless, this does preclude me from being able to share my analyses with some of the couples to elicit their feedback, as some anthropologists have done in the course of their ethnographic work (Bourgois 1995). The couples themselves may recognize analyses of their own relationships, which could introduce a breach of confidentiality, not to mention potential heartache if one partner finds out about the other's affairs, non-condom use with clients or outside partners, or risky drug using practices. As such, important ethical challenges remain in terms of how I present data and which photographs will be used in my future work.

Joint interviews with couples, in contrast to individual interviews, elicit a different quality of data that can present a holistic view of the relationship between the participants (Allan 1980; Arksey 1996; Morris 2001; Valentine 1999). Partners may co-construct more complete accounts of events than is possible by individuals, as individuals tend to reconstruct only partial accounts of events (Seymour, et al. 1995). The joint, home-based interviews of this project provided rich and valuable insights into the couples' behaviors and dynamics that individual interviews could not have elucidated. In the case of Cindy and Beto and Perla and Saul, joint interviews permitted observations of each couples' social dynamics that I felt corroborated their self-reported strong emotional attachment and feelings of love. Although Mildred and Ronaldo did not conduct their photo elicitation interviews together, she was home at the same time as his photo interview was conducted. Their brief interactions during his interview (she provided him

with reassurance that I asked her the same questions, as discussed in Chapter 5) suggest the care that exists even in lower attachment couples, even if not at the same intensity or quality of other couples like Cindy and Beto.

A major disadvantage in joint interviews is that the presence of another person may influence the information shared. In intimate relationships, one partner may hinder the other partner from revealing certain information, and sometimes partners may want to project a certain image and gloss over less socially desirable information to protect their partner's negative behaviors in the presence of the interviewer (Valentine 1999). Some research also suggests that women may be more tentative to express themselves in the presence of their partner (Arksey 1996), but other studies have disagreed and argued that participation depends on the research topic (Seale, et al. 2008). The females in my study were not hesitant to share information. In this context, taking the photos was done jointly and the partners felt that jointly discussing their content made sense. The same may not hold true, however, if directly asked about sensitive topics such as sex work and condom use, which is a methodological question we plan to explore in the larger *Parejas* qualitative dataset which contains individual and couple-based interview data with the same questions about risk behaviors.

Ethical issues in visual research

The other major point of ethical reflection in this study is the use of visual methods. Like all research methods, using photo elicitation with vulnerable populations warrants heightened sensitivity. A growing number of visual research projects are demonstrating that not only can such work can be done, but it can provide marginalized groups with a creative outlet to share their voice. Recent examples include studies of the

experience of homelessness (Packard 2008; Wang, et al. 2000), street children (Joanou 2009), battered immigrant women's experiences with violence (Frohmann 2005), female-to-male transsexual individuals' access to healthcare (Hussey 2006); and HIV prevention among non-gay indentified men who have sex with men (Mamary, et al. 2007). Researchers have noted the potential power of using participant-driven photo elicitation interviews with such groups. As Jo Aldridge (2007) noted, employing visual methods to understand learning disabilities "emphasized the capacity of vulnerable respondents rather than their incapacity and allowed us to move away from a pathological perspective" (Aldridge 2007:12).

Yet visual methods challenge researchers to confront a number of ethical and logistical issues, some of which may not be covered by professional codes of ethics. Researchers should reflect critically on the processes and consequences – both intended and unintended – of engaging in visual work, and a number of ethical guidelines have been published on this topic (Clark, et al. 2010; Papademas 2004; Wang and Redwood-Jones 2001; Wiles, et al. 2008). In the remainder of this section, I grapple with issues of informed consent, representation, and dissemination of images of vulnerable populations.

Like other visual studies, I employed multiple consent forms. The first was a standard form to address the basic principles of respect for persons, beneficence, and justice. As discussed in Chapter 5 (see Appendices 9 and10), I also employed a separate visual consent form, filled out at the end of the photo elicitation interview, to document the participant's permission to use some, all, or none of images for specified purposes apart from the interview (Chalfen and Rich 2004; Wang and Redwood-Jones 2001). The specific proposed uses in the form include publication in this dissertation or an academic

journal, incorporation into a professional conference presentation, or as a component of presentations for other non-academic audiences. No specific time frame is delimited for the use of the images. Consent for use of the photos was obtained during this one-time interaction, which was satisfactory to the three IRBs that provided approval of my study. I do not recall any incident in which a participant was intoxicated or experiencing drug withdrawal to the point that they were not cognizant as to what they were signing. Implementing this additional form created additional time for me to speak with the participants about the potential uses of the photos and the risks associated with their use. It also enabled them to ask questions and gave them reassurance that I would not use specific images that they did not want to make public.

Importantly, the consent process involves more than simply obtaining signatures on forms, it involves thinking about our obligations to participants and how the subjects are portrayed (Gross, et al. 1991). The partners in my study granted me permission to use most, if not all, of the photos from the project. I reserved an area at the bottom of the visual consent form to write out instructions from the participants about any specific images that are not to be used under any circumstance. Several of the partners gave me instructions about images not to use, which were always of other people such as friends and family. This suggests to me that the participants understood the risks of the project, and that they wanted to protect others who were not directly involved. Yet they mostly gave me permission to use photos of themselves and their intimate partners, in some of which they are clearly identifiable.

In general, the couples conveyed confidence in me and my work. Although Cindy and Beto both separately signed visual consent forms that granted me blanket permission

to use all their photos, Cindy also told me at one point, *"Jen, we completely trust your judgment."* To me, this trust outweighs their signatures on legal documents and will more heavily influence my decisions on how to use the photographs.

Like other visual researchers, I am already grappling with the dissemination of the images and issues of representation. A Marxist perspective holds that all visual representations contain "political and ideological content" and as such "the ethics and politics of art should have priority over the aesthetics" (Gross, et al. 1991:21-22). If used uncritically, visual data (like other forms of data) can inadvertently perpetuate research participants' marginalized status and lead to misinterpretation and misuse (Rhodes and Fitzgerald 2006:360). Visual representations should be interpreted through a critical lens so as to not create "an exotic voyeurism or a pornography of violence" (Bourgois 1999:2165). It is essential that presentations of photos are accompanied with clear captioning and explicit theoretical interpretation to clarify the multiple levels of meaning imprinted within. In this manner, images and text can conjoin into complementary parts of a cohesive and powerful social statement (Bourgois and Schonberg 2009; Harper 2003; Ranard 2002; Schonberg and Bourgois 2004).

The question as to whether individual identities should be revealed is a complex issue for which no clear consensus exists. Bourgois and Schonberg (2009), for example, have regularly used photos that clearly identify the participants in their work (Bourgois 1998; Bourgois and Schonberg 2009). In the process of assessing whether or not they should use photos that show participants' faces, one woman granted the researchers permission without hesitation, saying: "if you can't see the face, you can't see the misery" (Bourgois and Schonberg 2009:11).

In this dissertation (and in future publications), I plan to use discretion in my use of photos in order to protect the participants. I feel that if used to purposefully illustrate a concrete point and if accompanied by the proper written context, some of the couples' photographs have the potential to deeply humanize stigmatized subject matter. Yet, the vulnerability of these couples' lives and the trust that they placed in me in agreeing to participate in this study means that all of my decisions will be carefully weighed, and in general, I will opt against revealing identities in the photos in order to protect them. From my perspective, my use of the couples' images might intend to demonstrate my respect for them as individuals and critically illustrate their vulnerability. Yet, as soon as images are published, researchers relent control over the research materials and cannot manage how others perceive them or might want to use the material to advance an alternate agenda (Kleinman and Kleinman 1997).

I do not want to risk any potentially negative ramifications for any of the partners because of my work. In this dissertation, I do not use any photos that identify individuals. I also used a photo editing program to blur the features of several photos (the side view of faces, tattoos, the names on a poster, and a photo of a child within the photo) to ensure that identities are not compromised. Nevertheless, I feel that the power in some of the photos is lost with blurring, such as the photo of Chanu, Celia's brother, injecting her in the neck (see Chapter 9). In this case, the photo manipulation obscures the look of intensity on his face, which shows the delicacy and skill one needs to inject in such a dangerous location on the body. This intensity also indirectly speaks to the trust that Celia places in him to perform such a risky practice on her.

I have concluded that for future publications, I will seek additional, informal permission for any intentional use of the couples' images that clearly reveal their identity. I will locate the couples and ask for this permission by providing the specific context in which I want to use the photos (e.g., a manuscript on injection drug use or book about sex workers' relationships) so that they can weigh their decision in real terms. I will plan out my intended uses of specific images and attempt to secure the participants' permission over the next year or so that *Parejas* data collection will still be in follow-up and I will be living in San Diego. For example, if I decide to write a book, I already know which photo embodies the essence of my study and merits the book cover – the self-portrait of Cindy and Beto that I described in their couple profile in Chapter 7. This photo brilliantly captures the phenomenological experience of love in their relationship and could powerfully humanize my analyses of sex work, injection drug use, and HIV risk among couples in the Mexico-U.S. border. Nevertheless, before implementing such a public decision about their image, I have decided it is best to talk to each of them to explain the specific nature of the publication, the reasons for using the photo, and the potential risks to them, and I will allow them to make the final decision about its use. Furthermore, Beto took the photo, which introduces complicated issues about copyright and suggests that the rights of dissemination essentially belong to him. For any cases in which this additional, informal permission cannot be secured (e.g., I cannot locate the couple), I will opt not to use the photo in any work.

Study limitations

Several limitations to this dissertation research must be acknowledged. First, this project did not adhere to the typical anthropology graduate student model of what I

conceptualize as classic "Malinowski-style" fieldwork over an extended period of immersion. This was essentially "commuter fieldwork" (Ong 2003), as I lived in San Diego and traveled to Tijuana nearly every week over a period of two and a half years in working for *Parejas*. I also traveled to Tijuana nearly every day during the intensive data collection period of the dissertation. In some ways, I may have missed the cultural experience and nuance of daily life in Tijuana and might have forfeited further opportunities for social interaction had I lived there for a period of time. Yet, an anthropologist friend who did suffer through prolonged dissertation fieldwork in another country suggested that perhaps not being there full-time did not allow me to get too disillusioned, and may have enabled me to keep a sense of empathy for those with whom I work. Nevertheless, my long term involvement in the *Parejas* project, frequent commuting, working and hanging out at the *Parejas* project office, going out to the field every opportunity I had, helping conduct UCSD tours of the projects, and conducting interviews in the participants' homes as part of the dissertation study created a unique cross-border fieldwork experience akin to the mobility that many residents in the region experience as fluid social, educational, and professional fields that traverse both sides of the border (Castillo and Córdoba 2002; Vila 2000; Vila 2003). I argue that my immersion in a cross-border flow of activities constitutes a unique form of fieldwork in itself.

I would also argue that the nature of anthropological fieldwork is changing. Particularly within the constraints of applied anthropological work, we must continue to adapt to an unstable funding climate, time sensitive demands of hiring agencies, and impatience of other academic disciplines in order to compete in the modern academic job market and keep our work relevant (Nolan 2003; Sillitoe 2007; Van Willigen 2002). In

the fields of drug abuse and HIV/AIDS, successful rapid assessment methods have been developed in response to the need for on-the-ground information to inform urgent public health initiatives (Trotter, et al. 2001).

Another major limitation of the research is the small sample size. Partially, the small size is intentional, as described in the methods chapter. Phenomenological samples are necessarily small because of the intensive amount of data that are collected from each individual (Creswell 2002). Moreover, photo elicitation projects have often yielded rich results with few participants (Harper 2002). Nevertheless, this project was also limited by funding constraints, and as other photo researchers have noted, the time and cost-intensive nature of photo research can quickly accumulate (Johnson 2011). This project was entirely self-funded by fellowship money from my home institution and my part-time work as a graduate research assistant working for *Parejas,* the parent study.

Finally, the small sample size and unique socioeconomic and cultural context of sex work and drug use in Tijuana means that these study results may not be generalizable to other contexts. The women in this study are essentially "freelance" sex workers (Brennan 2004) who demonstrate a level of personal autonomy that may not be evident in other sex workers' situations. *Parejas* also screened out women for extreme cases of intimate partner violence, which could constrain their agency and place them at high risk for HIV and other harms from their partners' abusive and controlling behavior (Bourgois, et al. 2004). Nevertheless, the extant studies of drug-involved sex worker couples have suggested that emotions play a role in their relationships and shape their HIV risk behaviors (Corbett, et al. 2009; Simmons and Singer 2006; Lam 2008), and that further cross-cultural work is needed build a better evidence base for the incorporation of love,

trust, and other emotions into couple-based HIV interventions. My study contributes to this knowledge, and its implications for interventions are discussed in the next chapter.

Finally, one couple in my study broke up and the female partner was lost to follow up, and another couple was separated by the border because of the female partner's health issues and need to seek medical care on the U.S. side. I therefore only have five complete couples from whom I collected data. On the one hand, it would have provided additional insight to have complete data from all couples; on the other hand, these situations underscore the daily struggles that permeate these couples' lives. Their lives and relationships are at times difficult, messy, and impinged upon by the larger risk environment of Tijuana. In this sense, my sample aptly represents these realities. In the end, the seven couples in this dissertation represent the range of emotional profiles that emerged in the larger *Parejas* qualitative sample and their remarkable stories sufficiently answer my primary research questions. Yet, there is room for further research, which is taken up in the next section.

Future research

My future research agenda will build off of this dissertation work in several ways. There are three primary areas of research that I am interested in pursuing: couple-based health studies, injection drug use, and expressive and creative HIV and health interventions. The remainder of this chapter outlines ideas for my future work.

First, there are several potential areas of couple-based studies that could help illuminate health and risk in diverse contexts. I am interested in the health risks of couples who inject drugs and engage in sex work, and ethnographic studies of such couples in other cultural contexts are needed to fully explore these relationships from

both partners' perspectives. In particular, I am interested in repeating this photo elicitation project in other diverse locations to examine how couples' precise expressions of love and risk are shaped by the specific features of the broader risk environment in which their experiences are embedded (e.g., living conditions, social support, police practices, the drug market, etc.).

Second, this work has immensely expanded my knowledge of injection drug use, including alerting me to the myriad health threats that injectors regularly face in addition to HIV, such as bacterial infections, abscesses, track marks, and other conditions that are discussed in Chapter 9. My direct observations of couples injecting yielded insight into the dynamics and meanings of their drug use as practiced in the risk environment of Tijuana. I propose that future ethnographic work with injector couples could provide additional insights into the uniquely situated risks that couples face within particular political economic, social, and cultural contexts globally. One context that interests me integrates my pre-graduate school work in Miami, Florida, with prescription drug users (see "About the Author" at the end of this dissertation) with my current work with injectors to examine the relationship between prescription drug use and drug injection among couples (e.g., transition from prescription drugs to injection, injecting prescription drugs, concurrent oral and injection routes of administration, patterns of poly-drug use, etc.). Such work could examine the intimate relationship influences on gendered patterns of drug-related harm that emanate from addiction to prescription opioids (e.g., oxycodone) and heroin, which share similar chemical properties. Studies have shown that in some areas, users of prescription opioids have transitioned to heroin injection to

achieve their high (Lankenau, et al. 2011; Pollini, et al. 2011a; Siegal, et al. 2003), but I am not aware of any couple-based studies examining these risky behaviors.

Moreover, my work with injectors informed the development of an injection risk checklist (see Chapter 5 for an explanation and Appendix 6) that I designed to help ethnographers systematically structure their observations and record the multiple points of risk that occur throughout the injection process (Page 1990). I hope to build in an ethnographic component to my future work with injectors – couples and individuals – which will enable me to further test and refine this instrument. Methodologically, I also found my work with photo elicitation to be interesting and productive, particularly in terms of elucidating drug-related risks, and I hope to incorporate photography into future drug-related research (Rhodes and Fitzgerald 2006).

Finally, building off the above ideas, I would like to expand my focus into intervention work to develop and test concrete efforts to reduce the health and social harms that drug injectors and other vulnerable populations face in their daily experience. In addition for advocating for structural level interventions (e.g., expanded harm reduction services such as needle exchange and medical care for injectors), I aspire to conduct further research into the efficacy of expressive therapies (e.g., photography, writing, as explained in the following chapter) in helping individuals and couples resolve issues with drug addiction, abuse and trauma, and other psychosocial issues (Malchiodi 2005; Pearson and Wilson 2009). Such work would invite multidisciplinary collaboration with colleagues in the fields of psychology, public health, and medicine, and provide a platform to expand the application and utility of anthropological work to the populations who would most benefit from such interventions (Smedley and Syme 2000).

CHAPTER 12: APPLICATIONS AND FUTURE DIRECTIONS

While contributing to anthropological theory is an explicit goal of this dissertation, Tim Rhodes reminds us that theories are generated "*in order to act*" (Rhodes 2009:198, emphasis in original). Engaging in the lives of marginalized couples to study their stigmatized behaviors without generating concrete steps of action could render the entire research enterprise as merely voyeuristic (Bourgois and Schonberg 2009). I wondered about the voyeuristic nature of observing injection drug practices during my interview with Perla and Saul (see Chapter 9), and for them and the rest of the study participants, I feel compelled to make concrete recommendations. My final chapter outlines the applied anthropological dimension of the dissertation project.

As the HIV/AIDS epidemic wears on and women continue to place their health and well being at risk through sex work, it is clear that researchers need to try to understand and address this phenomenon through new frameworks and innovative intervention approaches. Multi-level HIV prevention interventions should consider more explicitly how subjective experiences and emotions underlie agency, particularly within relationship contexts. This study adds to the growing body of literature linking emotions and decision making and suggests that interventions should capitalize on the emotional dimensions of intimate relationships (Corbett, et al. 2009; Rhodes 1997; Rhodes and Cusick 2000; Sobo 1995a). Approaches sensitive to the *emotional lived experience* of intimate relationships and risk are needed to inform interventions beyond the capacity of

basic epidemiological data such as “number of unprotected sex acts” and “number of times a syringe was shared” elicited through office-based interviews using recall methods of data collection (Ratliff 1999). In the following section, I offer concrete suggestions for health interventions that emerge directly out of this dissertation research.

Implications for interventions

Examining the emotional quality of female sex workers’ intimate relationships has the potential to inform meaningful couple-based HIV prevention intervention programs that its recipients will find relevant to their experiences (Corbett, et al. 2009; Warr 2001). I suggest that researchers should create customized approaches based on the strength of couples’ emotional attachment, and build on feelings of love, trust, and respect where appropriate. Furthermore, we should take into account both partners’ emotional experiences (Higgins, et al. 2010) and move away from automatically assuming that the female partner is emotionally weak and vulnerable in the relationship context. Indeed, my work highlights that women are active and practical contributors to the material and emotional needs of the relationship and that men often feel a range of emotions just as deeply as their female partners. To this end, I suggest that the counselor providing the interventions matters and that expressive therapies (described below) might prove fruitful in addressing some of the core emotional issues that these couples face. Furthermore, interventions should specifically address dual sexual and drug-related risk within and outside of these intimate relationships, including enhancing sexual communication skills and offering harm reduction information about injection risks.

Apart from targeting the couples themselves, this research suggests that interventions should also consider other contextual and structural factors with which all

couples, regardless of emotional profile, must contend. Interventions targeting client behaviors and attitudes are a vital component of an overall HIV/STI risk reduction strategy. Broader intervention approaches targeting nutrition and health as well as structural approaches to harm reduction are also needed in the context of the Mexico-U.S. border. I conclude my discussion by offering a plan to disseminate my research results as part of a larger effort to publicize these ideas and ignite social change.

Counselor matching: As a first step, couple-based programs should match a couple with a counselor that partners find mutually satisfactory. Couples should have options of with whom they would like to work, and this person should facilitate the entire intervention process in order to build rapport and trust. This suggestion is credited to Cindy, who said it is often difficult to open up to counselors and interviewers at first, particularly about sensitive topics, but that time builds effective relationships.

Expressive therapies: This research suggests that all couples would benefit from psychological services, including expressive therapies that address partners' emotional states of being. Expressive therapies include a range of experimental techniques that blend creative arts and emotion-focused approaches to help individuals work through inner emotional distress and develop emotional resilience (Pearson and Wilson 2009).

The healing power of the arts has been recognized at least since Biblical times in Egyptian, Greek, and other Middle Eastern cultural contexts. Artistic approaches have been employed in modern settings in North America since the late 1800s with the advent of psychiatry, and started becoming better known in the 1930s and 1940s in the treatment of mental illness (Malchiodi 2005). Expressive therapies have increasingly gained acceptability with the recognition that individuals have many different modes of self-

expression, and that by drawing on action-oriented approaches that target emotions past to present, individuals can discover inner forms of healing. Approaches can be interpersonal or intrapersonal, which in this context could be adapted to a couple-based health program. A range of creative approaches have shown promise in promoting improvements in physical and mental health outcomes, such as dance and bodily movement, art, and music (Halprin 2003; Levy, et al. 1995; Pearson and Wilson 2009; Rose 1995). Of particular interest in this intervention context are the possibilities of therapeutic writing (Baikie and Wilhelm 2005; Lutgendorf, et al. 2002; Pennebaker 1997), therapeutic photography techniques (Craig 2009; Glover-Graf 2007; Stevens and Spears 2009; Weiser 1993; Weiser 2004), and art therapy (Kopytin 2004; Puig, et al. 2006; Snir and Hazut 2012).

These intervention ideas stem directly out of my work: two participants told me that they either had mandated anger management or psychological assessment classes as part of a legal sanctioning (e.g., in prison), in which they learned emotional management skills and kept notebooks to track their feelings; three of the women liked to write and draw and used these outlets as creative expressions of their feelings that also decorated their living spaces; and most partners enjoyed, at least on some level, the photography component of the dissertation project, including viewing, discussing, and keeping their prints at the end of the study. These observations suggest that expressive therapies might hold promise as an innovative means to reach these couples and address a range of issues. I envision these techniques as addressing the core emotional issues in partners' lives, or the risk for the risk factors (Trostle 2005), such as the emotional reasons for engaging in drug use in the first place that in turn potentially exposes them to HIV. Beto in fact calls

drug addiction an “emotional disease” that addicts suffer from since a young age to cope with family issues, trauma, and feelings of loneliness and abandonment. As outlined in Chapter 9, for the majority of the participants, emotional reasons linked to anger, grief, and rejection initiated and continues to drive their drug use. Many expressive therapy techniques have shown promise in clinical and research settings in addressing similar issues to what the couples in *Parejas* have contended with, including sexual abuse (Glover-Graf 2007; Mills and Daniluk 2002), addiction (Glover-Graf and Miller 2006; Rose 1995; Stopka, et al. 2004), and living with HIV infection (Thomas 2007).

Tailored approaches based on emotional attachment: These expressive approaches could also help interventionists assess the range of emotions that partners feel in specific situations and gage the strength of the emotional bond that partners share. Couples could then be channeled into programs tailored to higher or lower levels of emotional closeness that differentially address sexual risk, build communication skills, and try to reduce the harms associated with drug use practices.

Couples who love each other and are emotionally close should be targeted for intervention activities that capitalize on their positive affect. In these cases, HIV prevention interventions should acknowledge the emotional needs that intimate relationships satisfy and the meanings partners ascribe to behaviors such as non-condom use (Corbett, et al. 2009; Sanders 2002; Sobo 1993; Warr 2001). For example, interventions targeting sexual behavior – both within and outside of the relationship - should capitalize on the most important companionate ideals within these relationships and reframe safer sex behaviors as ways to protect and care for their partner’s health and wellbeing (Bluthenthal and Fehringer 2011; Corbett, et al. 2009; Hirsch, et al. 2007). A

harm reduction approach may frame safer sex practices with outside partners as expressions of respect for their main partners' physical health (El-Bassel, et al. 2003; Hirsch, et al. 2002). More conflictive and less emotionally cohesive couples will require alternative strategies to reduce risk in light of potential anger and conflict. Approaches addressing safer sex behaviors for these couples should focus on participants' perceptions about disease susceptibility (e.g., that they "haven't been sick" yet) and cultural norms of condom use (e.g., that partners simply "do not like" condoms and partners "do not look sick") through social cognitive approaches (Wariki, et al. 2012) or perhaps novel expressive therapies.

Communication: Given the pervasive "sexual silence" that this research has documented (Carrillo 2002; Padilla 2007), strategies to enhance partner communication about risky sexual behaviors are needed. Emotions shape communication processes but differ across couple profiles, highlighting the need for tailored approaches to addressing the emotional attachment within the couple (Johnson 2008). In relationships in which love and trust are paramount, non-disclosure of unprotected sex with clients and outside partners upholds the emotional integrity of the relationship. In these cases, strategies to increase communication could capitalize on ideals of love, trust, and respect (Corbett, et al. 2009). Among lower emotional attachment couples, non-disclosure attempts to evade partner jealousy and prevent conflict, including verbal or physical arguments. In these cases, programs will have to find ways to minimize conflict and build on other positive aspects of the relationship (Metz and Epstein 2002). All approaches would be wise to anticipate ways to help partners disclose and emotionally cope with HIV/STI test results should one partner test positive. For partners who have trouble verbalizing their feelings,

forms of expressive therapy (e.g., therapeutic writing) might open up alternative ways to address interpersonal issues in the relationship (Pearson and Wilson 2009).

Intersecting sexual and drug-related risks: Interventions are also needed to address the multiple forms of sexual and drug-related risk both within and outside of intimate relationships. Despite a growing body of evidence that drug use is associated with unprotected sex, having multiple sex partners, and risk for HIV/STI acquisition, even among individuals in intimate relationships (Bryant, et al. 2010; Gyarmathy and Neaigus 2009; Lam 2008), few couple-based interventions have addressed these overlapping forms of risk (Burton, et al. 2010; El-Bassel, et al. 2011). The results of this research clearly demonstrate multiple, overlapping forms of risk among couples of all levels of emotional attachment, suggesting that specific risks should not be addressed in isolation, but rather as part of a constellation of behaviors that occur in social context (de Wit, et al. 2011; Evans and Lambert 2008; Jarlais and Semaan 2005; Larios, et al. 2009; Singer, et al. 2006).

Interventions could incorporate a syndemic framework to address interrelated and reinforcing forms of risk, such as the intersecting factors of the SAVA (substance abuse, violence, and AIDS) syndemic (Singer 1996). For example, couples like Celia and Lazarus and Mildred and Ronaldo contend with conflict surrounding drug use and discordant sex drives that contribute to male partners' pursuit of outside, unprotected sexual relationships. At the core, emotions underlie these overlapping risks, but must be addressed in tandem within the interrelated social and material contexts that shape risk perceptions and practices (e.g., addiction, sex work, and cultural ideals about gender roles) in locally meaningful ways (Gilbert, et al. 2010).

Interventions are also needed to address the risk inherent in the female partners' sex work. As documented internationally, non-condom use with clients is largely due to client refusal, clients offering more money for unprotected sex, and the females' *malilla* experiences (greater inability to negotiate safe sex when experiencing drug withdrawal) rather than to any emotional imperative to disregard condoms on the female sex workers' part (Gertler, et al. 2005; Johnston, et al. 2010; Muñoz, et al. 2010). These contextual determinants of condom use suggest that the ongoing intervention programs targeting safer sex behaviors of clients in Tijuana is an important part of an overall HIV prevention strategy (Patterson, et al. 2009; Semple, et al. 2010). Ongoing work by my colleague Angela Robertson suggests that interventions may also need to address the clients' own emotional attachment to female sex workers as a driver of sexual risk, including if regular clients offering more money for unprotected sex is related to trust and affect (Robertson, et al *under review*). Nevertheless, risk may also be an artifact of culturally conditioned dislike of condoms by clients with any type of sexual partner (Bucardo, et al. 2004).

Beyond psychological and behavioral approaches, however, this research suggests that additional social and structural level interventions are needed to reduce couples' vulnerability within the larger risk environment in which these relationships are situated:

Nutrition, health, and wellbeing: An emergent finding from my research suggests that programs to improve the food security and nutritional status of couples are needed. Relatively few studies have examined nutritional issues among drug users, but research suggests that drug users often have erratic eating habits (Mahadevan and Fisher 2010), poor nutritional intake (Romero-Daza, et al. 1999), and lower than average body mass index (Himmelgreen, et al. 1998; Quach, et al. 2008), which can lead to poor health

outcomes. Particularly important in the context of an HIV risk environment like Tijuana, the association between food insecurity, immunologic decline, and HIV infection is well documented (Bloem and Saadeh 2010; Tang, et al. 2011; Weiser, et al. 2012). Specifically, malnutrition and weight loss can create vital nutrient deficiencies, alter metabolism, lower immune functioning, and complicate antiretroviral therapy adherence, thereby increasing morbidity and mortality among HIV infected individuals (de Pee and Semba 2010; Weiser, et al. 2012).

Drug users' eating patterns are shaped by individual, social, economic, and environmental factors, suggesting that multi-pronged approaches are needed to improve health outcomes (Neale, et al. 2012). Factors influencing nutritional status include personal food preferences, severity of addiction, nutritional knowledge, physical health issues (which ties back to the previous chapter documenting the multiple physical health ailments of these couples), mental health issues (e.g., depression, negative emotional states), and household living conditions and resources (Neale, et al. 2012). Research suggests that active drug users eat irregular meals and often rely on convenient, inexpensive foods, including sweet and fatty foods with little nutritional value (Himmelgreen, et al. 1998; Neale, et al. 2012). I observed similar patterns among the couples enrolled in my study. Celia told me on at least two separate occasions that she had not eaten a real meal “in days,” particularly during the time her partner Lazarus was in rehab and his economic contribution to the household food and drug budget was missed. I only ever observed her and her brothers eating Ramen noodles during visits to their house, and while they had a microwave to prepare the noodles, she told me that they had sold the stove their mother bought for them for money to buy heroin.

On nearly every occasion that I visited Cindy and Beto at their home, we ate snacks such as spicy chips, cookies, and donuts, and sometimes drank sugary sports drinks. The occasion that a colleague and I learned how to make tortillas at their house and enjoyed beef tacos for lunch, we had actually supplied the food that was leftover from a party. Nevertheless, Cindy told me that unlike other drug users, they always reserve some of their monetary compensation from participating in the research studies to buy a real meal. Several of her photos for the project were taken at their favorite hamburger restaurant, where the burger with ranch dressing is her favorite.

Like Celia, Cindy and Beto do not have a stove, nor do they have many cooking utensils or electricity within their home for that matter. They use Beto's uncle's house on the property to cook several times per week, just as Perla and Saul use his sister's house to cook when they can. In total, five couples in my study reported that they do not have a stove, and four do not have a refrigerator in their living quarters, which challenge healthy food preparation.

Interventions should address issues of food insecurity and offer nutritional counseling as part of a broader effort to increase the health and wellbeing of couples in this context. Studies suggest that nutrition is a vital part of recovery efforts and should be built into programming efforts aimed to reduce drug use (Neale, et al. 2012). Active drug users may benefit from nutritional assessments and finding ways to prepare and consume healthy foods within the constraints of their living environment. Like Cindy and Beto, studies suggest that some drug users try to implement healthy eating habits (e.g., Cindy and Beto reserve a portion of the money they earn from research for meals), and that interventions should capitalize on these motivations for personal health (Drumm, et al.

2005). Studies also suggest that drug users should be counseled to consume light but nutrient rich foods when they feel the peak effect of their high, and opt for fruits, which are high in fructose, to satisfy their cravings for sugar when the effects of the drugs begin to wear off (Romero-Daza, et al. 1999).

Nevertheless, given the constraints of poverty and restrictions of local food availability, education must be supplemented by other programs that directly address these issues (Himmelgreen, et al. 1998). One such recent effort in Tijuana is a soup kitchen in the *Zona Norte* that serves breakfast to more than 1,000 individuals a week, many of whom are deportees (Dibble 2012). While systematic study of nutrition, drug use, and HIV in Tijuana are absent in the literature and have not been captured in our epidemiologic surveys, the sheer number of soup kitchen attendees coupled with observations from my research suggest that a grave need exists to address the food security and nutrition of Tijuana's most vulnerable populations.

Expanded harm reduction and health services: Harm reduction approaches are needed to help address the dual sexual and drug-related risk among sex worker couples. Prevention strategies should include safe access to the provision of condoms and health services, regular needle exchange to expand the availability of clean syringes and injection equipment, and education emphasizing the risks in sharing ancillary equipment. Furthermore, approaches should also provide a comprehensive approach to harm reduction that includes information on safer drug use, vein care, abscess prevention, and information about overdose (Cusick 2006; Page 1997; Page and Smith 1990; Rekart 2006). Viable options for quality drug treatment programs, including couple-based treatment approaches (Simmons and Singer 2006; Sorensen and Copeland 2000) and

other wide scale policy changes, will require long-term commitment and political will. This is particularly the case in a city like Tijuana, where existing drug treatment options have often been deemed unacceptable to injection drug users due to limited service provision, reports of mistreatment and abuse within the facilities, and lack of couple-based programs (Syvertsen, et al. 2010).

Perhaps most challenging in this context, like other settings, is much needed police reform to curtail the repressive tactics that create an embodied sense of harm and fatalism among these couples and impinge on their ability to practice risk reduction strategies (Pollini, et al. 2008; Rhodes, et al. 2006a; Small, et al. 2006). Research has identified that particular subgroups of injectors are at risk of being targeted by the police, including homeless individuals who spend their time on the street and have an "appearance" as a drug user and those who access the needles exchange programs in Tijuana (Volkman, et al. 2011). Police education programs are currently being developed for the police in Tijuana and Ciudad Juarez with the hopes that these initiatives will promote greater respect toward drug users and an enhanced understanding of the need for safe access to harm reduction services (Volkman, et al. 2011).

While none of the couples in my study are homeless, some partners like Celia, Lazarus, and Geraldo spend a significant amount of time on the street with other injectors, indicating that they themselves may be targets for heightened police surveillance. Moreover, this suggests the important social roles that partners like Celia fulfill in allowing other injectors to frequent her home to use drugs, shower, and get a fresh change of clothes. This act on Celia's behalf assists other drug users that have limited options, but potentially places her at heightened risk for HIV if drugs, needles, or

other paraphernalia are shared among multiple people during these social interactions. Clearly, harm reduction initiatives and structural reforms are needed in order to create the social conditions amenable to facilitating the above suggested couple-based interventions.

Dissemination of this research

This dissertation research (and other results from the *Parejas* parent study qualitative data) will be disseminated through a variety of outlets in order to reach a broad audience. The goal of sharing these results is to humanize sex workers' intimate relationships and call for a wider recognition of these partners' health and emotional needs in HIV prevention interventions. I hope to widen the audience exposed to the public health projects conducted by UCSD by presenting and publishing this work targeted at anthropology and social science audiences. I also plan to disseminate these results in Spanish for Mexican public health practitioners and policy makers. Most importantly, I hope these results begin to ignite social change and improve the health and wellbeing of the *Parejas* couples. Specific plans include:

- A presentation on the overall results of the study to the field team in Tijuana and local public health workers who wish to attend.
- A Spanish-language descriptive manuscript about emotions and risk behaviors among female sex workers and their partners targeted at health practitioners in Mexico.
- Present on a panel of the "Anthropology of Affect" at the annual meeting of American Anthropological Association in 2012. I will present a study of the role of affect in sexual and drug-related risk within a context of structural vulnerability.

- A qualitative manuscript targeted at a social sciences audience about the affective meanings and motivations of non-condom use within female sex workers' non-commercial relationships.
- A manuscript on the ethnography of drug injection for an interdisciplinary drug researcher audience; this work will be based on the drug results chapter and incorporate fieldnotes, photographs, and critical analysis to describe the contributions of ethnography to understanding risk practices and perceptions among sex worker couples in this context.
- A manuscript targeted to a public health audience detailing potential couple-based interventions to address the dual sexual and drug-related risks among female sex workers and their partners, including the potential use of expressive therapies.
- A manuscript for a visual journal to outline the process, challenges, and insights of photo elicitation with a vulnerable population.
- Working as part of an interdisciplinary team will offer me ample opportunities to contribute as a co-author to other planned *Parejas* manuscripts on a range of topics, including: a description of female sex workers' clients in Tijuana, concurrent sexual relationships among female sex workers and their partners, the acceptability of a vaginal microbicide gel as an HIV prevention method for female sex workers and their partners, relationship interpersonal dynamics and drug use and cessation efforts, the impact of having children on sex work and HIV risk, and methodological issues in couple-based research.

Finally, I hope that this work will make visible the complex contributions to both emotional security and risk that intimate partners play in female sex workers' lives. I also

hope that it will inspire other studies of female sex workers' relationships so that we can assess the similarities and differences in risk perceptions and practices on a global level. Finally, and most importantly, I hope this work will inform meaningful couple-based interventions and influence health policy and program development.

Given their vulnerability within a milieu of poverty, social marginalization, and discrimination, love alone cannot explain the HIV risk that female sex workers and their partners face. Nevertheless, emotions are significant factors in both risk taking *and* risk management. This study encourages researchers, practitioners, and policy makers to consider the affective dimensions of HIV risk within sex workers' intimate relationships as an integral part of a multi-level strategy to address each partner's health and wellbeing.

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APPENDICES

Appendix 1: Interview 1 (English)

ID#: _____ INTERVIEWER: _____ DATE: _____

I would like to start off by learning about some general aspects of your relationship.

1. (IF no qualitative interview) How long have you and your partner been together? Can you tell me the story of how you met?

2. Looking at your relationship right now, describe for me a typical day with your partner.
- ☐ How much of the day do you spend together? Weekdays? Weekends?
- ☐ Do your activities vary by weekday or weekend? How?
- ☐ What do you do? Where do you go?
- ☐ What do you talk about?
  - ☐ Do you take time to talk to one another every day?
  - ☐ Are you able to tell your partner really personal things about yourself?
  - ☐ How often does your partner share with you personal things about him/herself?

3. How do you feel about your partner? Can you describe your feelings?
- ☐ What do these feelings mean?
- ☐ How do you show these feelings toward your partner?
- ☐ How important is love in your relationship to you?
- ☐ How often, if ever, do you tell each other "I love you"?

4. What is most important to you in a relationship?
- ☐ How have your ideas about what is important in a relationship changed over time?

5. Do you trust your partner? ☐ Yes ☐ No
- ☐ What are the ways that you show your partner that you trust him/her?
- ☐ Are there certain situations in which your partner cannot be trusted? When? Why not?
- ☐ Do you think your partner trusts you? How does your partner show you that he/she trusts you?
- ☐ Are there times when your partner does not trust you? When? Why not?

6. Tell me about one of your happiest memories with your partner.

7. We all freak out and get angry or upset with our partners from time to time. Tell me about a recent time when you got really upset with your partner.
- ☐ What happened? What did you do?
- ☐ How was the situation resolved?
- ☐ Have you ever been so mad at your partner that you purposefully had sex with someone else? Or didn't use a condom with another partner?

- ☐ Or used drugs with someone else? Or shared needles? Or …?

8. Do you have someone who you can talk to when you get upset with your partner or you get into a fight? □ Yes □ No
- ☐ Who do you talk to? When was the last time this happened?
- ☐ What advice did this person give you?

9. Have you ever done anything that you didn't want to do because you were afraid that you would lose your partner? Or make him/her upset? □ Yes □ No
- ☐ Tell me about what happened. What did you do?
- ☐ How often do make decisions based on your partner's feelings/needs rather than your own?
- ☐ How often does your partner do things s/he doesn't want to just to make you happy?

10. Have you ever been really upset about something (your family, work, the police, something bad happened) and wanted to do something crazy, but your partner stopped you from doing it? What happened?

11. How does your current partner compare to other partners you've had in your life?
- ☐ Are your feelings for your current partner different than how you felt about the others? If so, how?

Now I would like to ask you a little bit about your current drug use.

12. Describe a typical day of drug use, starting from your first fix in the morning, to the last fix of the day, including who you are with, how and where you get the money, where you buy, how you prepare it, and how you use drugs.
- ☐ What drugs are you using right now? How many times per day do you use?
- ☐ Do you ever use drugs without your partner? Describe the last time that happened.

13. Do you and your partner interact differently when you're high compared to when you're sober? □ Yes □ No
- ☐ In what ways? Do you get along differently?
- ☐ Do you argue or fight more often than when you're sober? Are you more affectionate? Or is there no difference?
- ☐ Do you interact differently when you're on different drugs? □ Yes □ No
- ☐ In what ways? Do you get along differently?

14. Have you ever felt so *malilla* that you did something you regretted just so you could fix? □ Yes □ No

- ☐ Tell me about the last time this happened. What did you do? Who were you with?

15. Has your drug use changed over the course of your relationship? □ Yes □ No

- ☐ Tell me a little more about how and why it's changed. Increased, decreased, stopped, fluctuated?

16. Have you ever been to rehab during the course of your relationship? □ Yes □ No

Tell me a little bit more about your most recent experience.

- ☐ When did you go? For how long?
- ☐ What is/was the program like? Do you think it helped you?
- ☐ Were you and your partner in rehab together? If not, did your partner continue to use drugs?
- ☐ Are you still in a program or going to meeting?
- ☐ Has your relationship changed because of the program? If so, in what ways?

17. Has your partner ever gone to rehab while you were in your current relationship?

□ Yes □ No

Tell me a little bit more about his/her more recent experience.

- ☐ When did s/he go? For how long?
- ☐ What is/was the program like? Do you think it helped him/her?
- ☐ Did you continue to use drugs while your partner was in the program?
- ☐ Is your partner still in a program or going to meeting?
- ☐ Has your relationship changed because of the program? If so, in what ways?

18. IF NO REHAB: Do you have any interest in entering a rehabilitation program? Is your partner interested in it? Have you and your partner ever talked about it? Why or why not?

Now I would like to ask you some questions about intimacy within your relationship.

19. How would you describe your sex life with your current partner?

- ☐ How often, if ever, are you physically affectionate with each other even when it doesn't lead to sex?

20. Tell me about the last time you and your partner had sex.

- ☐ *Elicit details:* when, who initiated it, what did you do, did you use a condom, were you high?
- ☐ Do you regularly use condoms? Why or why not?
- ☐ Have you ever in your relationship used condoms with your partner? When? Under what circumstances?

21. Has your sex life changed over the course of your relationship? If so, how?

[If NOT in qualitative study: ask other partner supplement questions.]

Final thoughts…
We are just about finished, so I would like to ask you a few concluding questions about your relationship in general to end the interview.

22. Thinking about your relationship overall, if you could choose a word, a phrase, or a feeling that sums up/best describes your relationship, what would it be? Why?

23. Is there anything else that you think is important for me to know in order to better understand your relationship?

24. How did you feel about the interview today and the things we talked about?

25. Is there anything you would like to ask me?

Appendix 2: Interview 1 (Spanish)

ID#: _____ INTERVIEWER: _____ DATE: _____

Por la primera parte, me gustaría aprender sobre aspectos generales en su relación.

1. (Si no datos cualitativos) ¿Por cuánto tiempo usted y su pareja han llevado? Cuénteme la historia acerca de que ustedes se conocieron.

2. Piensa de su relación en este momento, descríbeme un día típico con su pareja.
- ☐ ¿Por lo general, cuánto tiempo pasa con su pareja cada día? ¿Días de la semana? ¿El fin de semana?
- ☐ ¿Sus actividades varían según el día de la semana o el fin de semana? ¿En qué manera?
- ☐ ¿Qué hacen ustedes? ¿A dónde van ustedes?
- ☐ ¿De cuáles temas se platican ustedes?
  - ☐ ¿Hacen ustedes el tiempo para platicar cada día?
  - ☐ ¿Se puede decir a su pareja cosas muy personales sobre su vida?
  - ☐ ¿Con que frecuencia comparte su pareja cosas muy personales con usted?

3. ¿Cómo se siente por su pareja? ¿Me puede describir sus sentimientos por su pareja?
- ☐ ¿Qué significan estos sentimientos?
- ☐ ¿Cómo demuestra usted a sus sentimientos por su pareja?
- ☐ ¿Qué tan importante es el amor en su relación a usted?
- ☐ ¿Con que frecuencia se dice "te amo" o "te quiero" el uno al otro?
- ☐ ¿Ha cambiado sus sentimientos por su pareja con el tiempo? ¿En qué manera?

4. ¿Qué es más importante para usted en una relación?
- ☐ ¿Ha cambiado sus ideas con el tiempo sobre lo que es importante en una relación?

5. ¿Confía usted en su pareja actual? ☐ Sí ☐ No
- ☐ ¿Cómo le muestra a su pareja que confía en él/ella?
- ☐ ¿Hay algunas situaciones en las que usted NO puede confiar en su pareja? ¿Cuándo? ¿Por qué?
- ☐ ¿Piensa que su pareja confía en usted? ¿Cómo le muestra su pareja que confía en usted?
- ☐ ¿Hay algunas situaciones en las que su pareja NO puede confiar en usted? ¿Cuándo? ¿Por qué?

6. Cuénteme de uno de sus recuerdos más felices con su pareja.

7. Todo el mundo se enoja con sus parejas a veces. Cuénteme sobre una ocasión reciente cuando usted estaba trastorno con su pareja.

- ☐ ¿Qué pasó? ¿Qué hizo usted?
- ☐ ¿Cómo resolvieron ustedes la situación?
- ☐ ¿Alguna vez, usted estaba tan trastorno que usted ha tenido sexo con una otra persona? O ha tenido sexo sin condón con otra pareja?
- ☐ ¿O alguna vez usted ha compartido drogas con otra persona? ¿O ha compartido jeringas con otra persona? O …….????

8. ¿Hay una persona con quien se puede platicar cuando usted se enoja con su pareja o ustedes pelean? ☐ Sí ☐ No

- ☐ ¿Con quién platica usted? ¿Cuándo fue la última vez? ¿Cuál tipo de consejo le da a usted?

9. ¿Alguna vez, usted ha hecho alguna cosa lo que no quería hacer porque tenía miedo de perder a su pareja? ¿O si no lo hizo, se enojaría su pareja? ☐ Sí ☐ No

- ☐ Cuénteme sobre lo que pasó. ¿Qué hizo usted?
- ☐ ¿Con que frecuencia toma decisiones basado en los sentimientos de su pareja en vez de sus propios sentimientos?
- ☐ ¿Con que frecuencia hace su pareja cosas que ella/él no quiere hacer solamente para hacerle a usted contento/a?

10. ¿Alguna vez usted ha sentido tan molesto por algo (porque su familia, el trabajo, la policía, algo malo ha pasado) y quería hacer algo loco, pero su pareja le impedía hacerlo? ¿Qué pasó?

11. ¿Cómo describiría usted su relación actual en comparación con las otras parejas que ha tenido en su vida?

- ☐ ¿Sus sentimientos son diferentes para su pareja actual en comparación de las otras? ¿Si así, cómo?

<u>Ahora, me gustaría preguntarle un poco sobre su uso de drogas actual.</u>

12. Descríbeme <u>un día típico de su uso de drogas</u>. Empieza con la primera vez en la mañana hasta la última hit, incluyendo con quien usa, cómo y cuándo obtiene el dinero, a donde compra las drogas, como prepáralos, y como usa las drogas durante el día.

- ☐ ¿Qué tipo de drogas usa ahora? ¿Cuántas veces por día usa usted las drogas?
- ☐ ¿Alguna vez, usa drogas <u>sin su pareja</u>? Descríbeme la última vez lo que pasó.

13. ¿Usted y su pareja interactúan de forma diferente cuando usan drogas en comparación a cuando están sobrios? □ Sí □ No

☐ ¿Cuál es diferente?

☐ Cuando ustedes usan – ¿discuten o pelean con más frecuencia que cuando están sobrios? ¿O están más cariñoso? ¿O no hay diferencia?

☐ ¿Usted y su pareja interactúan de forma diferente cuando usan varias drogas? □ Sí □ No

☐ ¿Cuál es diferente?

14. ¿Alguna vez, se ha sentido tan malilla que hizo algo que lamenta solo para usar drogas y sentirse mejor? □ Sí □ No

☐ Cuénteme sobre la última vez lo que pasó. ¿Qué hizo usted? ¿Con quién estaba?

15. ¿Ha cambiado su uso de drogas durante su relación actual? □ Sí □ No

☐ Cuénteme más sobre eso – ¿su uso ha crecido, disminuido, o no hay cambios?

16. Alguna vez durante su relación actual, usted ha ido a un centro de rehabilitación? □ Sí □ No

☐ Cuénteme un poco más sobre su última experiencia.

- ☐ ¿Cuándo fue a la programa? ¿Por cuánto tiempo?
- ☐ ¿Cuál es/fue el programa? ¿Cree que el programa le ayuda?
- ☐ ¿Su pareja y usted estaban en el centro junto? So no, ¿su pareja ha continuado usar drogas cuando estaba en el programa?
- ☐ ¿Todavía está en el programa o va a las reuniones?
- ☐ ¿Ha cambiado su relación después de empezó el programa? ¿Si así, en que maneras?

17. Alguna vez durante su relación actual, su pareja ha ido a un centro de rehabilitación? □ Sí □ No

☐ Cuénteme un poco más sobre la última experiencia de su pareja.

- ☐ ¿Cuándo fue a la programa? ¿Por cuánto tiempo?
- ☐ ¿Cuál es/fue el programa? ¿Cree que el programa le ayuda a su pareja?
- ☐ ¿Su pareja y usted estaban en el centro junto? So no, ¿usted ha continuado usar drogas cuando su pareja estaba en el programa?
- ☐ ¿Todavía su pareja está en el programa o va a las reuniones?
- ☐ ¿Ha cambiado su relación después de su pareja empezó el programa? ¿Si así, en que maneras?

18. Si NO Rehab: ¿Me dijo que ni usted o su pareja han ido al centro de rehabilitación por su uso de drogas durante su relación. ¿Tiene interés de ir al centro? ¿Su pareja tiene interés? ¿Alguna vez, ha platicado con su pareja sobre eso? ¿Por qué sí o no?

Ahora, me gustaría hacerle algunas preguntas sobres la intimidad con su pareja actual.

19. ¿Cómo describiría su vida sexual con su pareja actual?
- ☐ ¿Con que frecuencia, si acaso, están ustedes cariñosos, incluso si no sigue a relaciones sexuales?

20. Cuénteme sobre la última vez que ustedes han tenido relaciones sexuales.
- ☐ *Insiste en detalles:* cuando, quien inicio, que hicieron, usaron condones, usaron drogas, etc.?
- ☐ Regularmente, ¿usa condones con su pareja? ¿Por qué si o no?
- ☐ Alguna vez en su relación, ¿han usado condones? ¿Cuándo? ¿En cuál circunstancias?

21. ¿Ha cambiado su vida sexual con su pareja durante su relación? ¿En qué manera(s)?

[Si NO está en la cualitativa: preguntas de otras parejas]

Pensamientos finales…
Casi terminamos, solamente quisiera hacer unas preguntas más sobre su relación en general para terminar la entrevista.

22. Si usted pudiera elegir una palabra, una frase, o un sentimiento/emoción que resume/mejor describe su relación, ¿cuál sería?

23. ¿Hay algo más que usted cree es importante saber para entender mejor su relación?

24. ¿Cómo se siente sobre la entrevista y todos los temas que hablemos el día de hoy?

25. ¿Hay algo más que usted le gustaría me pregunta?

Appendix 3: Camera Instructions

ESTA ES MI VIDA

Tips para tomar las fotos con las que más te identifiques

❖ **OJO, MUCHO OJO:**
- Recuerde **que usted se va a quedar con estas fotos**, así que trate de seguir las instrucciones al reverso para asegurarse de que le salgan bien

FOTOS DE LA VIDA DIARIA

❑ ¿Cómo es su vida con su pareja?
- ❑ Tomar fotos de lo que representa la **relación que lleva con su pareja**
- ❑ El rol/papel de su pareja en su vida diaria

❑ **LUGARES**
- ❑ **¿A dónde va con su pareja?** (ir al parque, a la conecta, a vender o comprar cosas, etc.)
- ❑ **¿Cómo pasa su tiempo?** ¿Dónde pasa la mayor parte del día? ¿Con quién pasa su tiempo?
- ❑ **Lugar interesante,** Lugares dónde le hayan pasado cosas importantes

❑ **AUTORETRATO:** una foto que represente **¿quién es usted?**

❑ **SEGURIDAD PRIMERO**
- ❑ Poner atención a los alrededores, pedirle consentimiento/permiso a quienes le va a tomar foto
- ❑ Si toma fotos de alguien haciendo trabajo sexual, usando sustancias con consentimiento, trate de que no salga la cara/cabeza en la foto
- ❑ Usar la discreción cuando esta pensando que tema quiere fotografiar

❖ **FOTOS DE LO QUE SEA**
- Así es, le hemos dado esta cámara para que tome **fotos de todo lo que es importante para usted.** Estas hojas son solo tips.

INSTRUCCIONES DE USO

¡Hay que seguir estos pasos para no desperdiciar la oportunidad de tener muchas fotos!

- Localice el **FLASH**
  - Es importante **no cubrirlo con el dedo** al menos que desea que salga obscura la foto
  - Hay que picarle al botoncito primero hasta que salga la lucecita–Indica que está **activado**
  - El FLASH solo funciona con sujetos a **120-300 cm (4-10 pies) de distancia**
  - Si le esta tomando una foto a un adulto, pídale permiso. Sí es un menor de edad, hay que pedírselo a su guardián.
  - Tomar las **fotos a 120 cm (4 pies) de distancia mínimo para que no salgan borrosas**
- **Agarre la cámara con las dos manos** y evitar que sus dedos toquen el LENTE
- Verifique que la foto que quiera tomar se **vea por el visor** (VIEWFINDER) para que salga como quiere.
- **PÍQUELE AL BOTON DE ARRIBA** para tomar la foto
  - **Contar hasta tres opcional: 1, 2…**
- Darle vuelta a la rueda que te **cambia el # de foto** para que este lista para la siguiente y no desperdiciar oportunidades
- **NO ABRA LA CÁMARA.** Si por algo la llega a abrir, aunque sea un cachito, se echará a perder el rollo y se borrarán todas sus fotos
- **Y lo más importante: DIVIÉRTASE**
  - **Deseamos que esta sea una experiencia positiva para usted**
  - **Si algo le gusta y es importante para usted, NO LA PIENSE DOS VECES, tome la foto siguiendo las instrucciones de arriba**
  - **TODAS LAS FOTOS SE VALEN** siempre y cuando lo pueda explicar sobre su importancia

Fuente: Joseph Sohm, 2010

Appendix 4: Interview 2, Photo elicitation interview (English)

ID#: _____ INTERVIEWER: _____ DATE: _____

1. ***Go through the new photos and have the participant select up to ten new photos and ask the series of questions about each.***

- Describe this photo.
- What is happening in this photo?
  - Who are the people in the photo?
  - What is the occasion?
  - When and where was it taken?
  - Why did you take a picture of this? What was the significance of this event?
- Why did you select this particular photo to talk about today?
- What does this photo say about your relationship / your life?

2. ***At the end of discussing new photos, lay them all out and make and an overall evaluation:***

- Which photo best represents your relationship / your life? Why?

- Is there anything else that you wanted to photograph, but didn't?

- Is there anything else you want to talk about today in terms of your experience with this photo project?

Appendix 5: Interview 2, Photo elicitation interview (Spanish)

ID#: _____ ENTREVISTADORA: ____ FECHA: _____

1. ***Miren de las fotos nuevas y selecta el/la participante un máximo de diez fotos y hacer a la serie de preguntas sobre cada uno.***

- Descríbeme esa foto.
- ¿Qué está ocurriendo en esa foto?
  - ¿Quién están en la foto?
  - ¿Qué es la ocasión?
  - ¿A dónde y cuándo saco la foto?
  - ¿Por qué saco una foto de este? ¿Qué significa este evento o este tema?
- ¿Por qué eligió esa foto para platicar en la entrevista hoy?
- ¿Qué dice esa foto sobre su relación / su vida?

2. ***Después de terminar con las fotos, póngalos en la mesa y hacer una evaluación:***

- ¿Cuál foto lo que mejor represente su relación / su vida? ¿Por qué?

- ¿Hay algo más de que quería sacar fotos pero no lo hizo?

- ¿Hay otros temas que quisiera platicar hoy sobre sus experiencias con este proyecto de fotos?

Appendix 6: Injection Drug Checklist

Injection Context:		
Respondent ID:	Date/time:	Observer:
# People present:	Relationships:	
Drugs injected:	Other drugs used/methods of use:	
Public Space: + -	Drugs for sale: + -	Sex sold: + -
Injection Process:		
New syringes: + -	Individual syringes: + -	Pooled storage: + -
Bleach available: + -	Rinse syringe before: + -	Rinse syringe after: + -
ID controls drugs: + -	Drugs heated: + -	Mixed with water: + -
Share drugs: + -	Share cooker: + -	Share filter: + -
Frontload: + -	Backload: + -	Used individual syringes: + -
One water source: + -	Cleaned skin: + -	Intramuscular: + -
Vein: + -	Booting: + -	Visible blood: + -
Licked needle: + -	Got help injecting: + -	Gave help injecting: + -
Injection Experience:		
~ Time of injection:	# sites tried on body:	Site of final injection:
Indications of pain: + -	Adverse reaction: + -	Other: + -
NOTES:		

Appendix 7: Main consent form (English)

COLEGIO DE LA FRONTERA NORTE (COLEF STUDY: 006-29-09-10)
UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD IRB STUDY: #090570)
UNIVERSITY OF SOUTH FLORIDA (USF IRB STUDY: Pro00003621)

Consent To Act As A Research Subject
Consent Form for Individual In-depth Interviews and Photography Project
Love and Risk? Intimate Relationships among Female Sex Workers who Inject Drugs and their Non-Commercial Partners in Tijuana, Mexico
PI: Steffanie Strathdee, Professor and Harold Simon Chair; Chief, Division of Global Public Health, Department of Medicine, UCSD. No affiliation with USF.

Name:_____Date_____ ID #:_____

PURPOSE OF STUDY

Steffanie Strathdee, PhD, of the University of California, San Diego, Gudelia Rangel, PhD, of the Colegio de la Frontera Norte, and associates are conducting a research study to examine the social context and high risk sexual and substance use behaviors among female sex workers and their main non-commercial male partners in Mexico.

You are being asked to participate in today's interview because you are participating in the study described above. You have been invited to participate in today's interview because we are interested in learning more about the quality of your relationship and how it influences your health.

Approximately 10 couples who are participating in the larger study will also participate in this small project, but each partner will be interviewed separately. This research will be used to guide the planning of HIV prevention programs and related services in the border region. This research also satisfies the educational requirements for the Co-PI Jennifer Syvertsen's doctorate in Anthropology from the University of South Florida.

PROCEDURES

If you agree to be in this study, you will participate in two individual interviews over the period of one month. The interviews will each last about 1.5 hours, and will be audio-taped. Taping the interview will allow us to spend more time listening to your answers and responding to your questions during the interview instead of taking notes, since we will be able to review your responses after the interview. If you agree to participate, the interviews will take place in your home. If you do not feel comfortable with this, we can conduct the interviews at the clinic or another public location of your choice.

The first interview will ask you questions about your relationship and your sexual and drug use practices. You will then be given a disposable camera and asked to photograph a typical day in your life. We will collect the cameras, develop the photos, and talk about the photos in the final interview.

RISKS AND BENEFITS

There are no physical risks for participation in this study, although there is a chance that someone could learn about your participation or the responses you provide. Every effort will be made to protect the confidentiality of the information that you provide. To keep your information secure:

- Study staff are trained to respect your privacy. They will never discuss what you have told them in a way that could identify you. They will never discuss your interview with your partner.
- The law requires us to report situations of child abuse that have not been previously reported. If we have reason to suspect such abuse is taking place, we will not keep it confidential and we will report it to the proper authorities.
- Your interview recording will be transcribed, and your name and other identifying information will be removed from the transcript. The audio file will be deleted as soon as it is transcribed. This consent form will be the only form with your name on it, and we will store it separately from your interview transcript in a locked filing cabinet at the research office in San Diego, CA. Your identity as a research participant is protected by law. We will keep confidential all information about your participation to the extent that the law allows. Your responses and the digital audiotape will be labeled only with a study ID number and not with your name.
- You will not have to share your photos with anyone outside of the project if you do not want to. Photos will kept labeled by ID number only in a locked filing cabinet at the research office in San Diego.
- A separate consent form at the end of the study will document what happens to your photos next. You will be able to keep copies of all of your photos.

If you give consent to our project staff to contact you, there is some risk that your participation in this study will be revealed to others. To minimize this risk, we will never give out any information about your participation in the study to anyone who answers your telephone. We will leave only a general message for you to contact us. We will never mention the research project, and we will only use the first name of the staff member who is trying to contact you.

There may be questions that you find hard to answer or that may make you feel uncomfortable. You may refuse to answer any question that you do not want to answer. The interviewer will try to answer questions you have and discuss any concerns you may have before, during, and after the interview. You also have the right to request that the audio recording be stopped or erased at any time.

There are no direct benefits to you for taking part in this study, though the information you provide may help us improve HIV prevention programs and support services for couples. You will also receive a total of $50.00 U.S. to compensate you for your time. You will receive $20 for the first interview, $5 when the disposable camera is collected, and $25 for the photo elicitation interview. You must turn in the camera and have photos to discuss in order to receive the final reimbursement. There is no cost to you for participating other than your time.

PRIVACY AND CONFIDENTIALITY

We will keep your study records private and confidential. Certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principal Investigator, study coordinator, and all other research staff**.**
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.
- Any agency of the federal, state, or local government that regulates this research. This includes the Department of Health and Human Services (DHHS) and the Office for Human Research Protection (OHRP).
- The UCSD, USF, and COLEF Institutional Review Boards (IRB) and its related staff who have oversight responsibilities for this study, including staff in the USF Office of Research and Innovation, USF Division of Research Integrity and Compliance, and other USF offices who oversee this research.
- We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

CONTACT INFORMATION

If you are injured as a direct result of participation in this research, the University of California will provide any medical care that you need to treat those injuries. The University will not provide any other form of compensation to you if you are injured. You may call the Human Research Protection Program at (858) 455-5050 for more information about this, to inquire about your rights as a research subject, or to report research-related problems. UCSD will only be responsible for directly related study injuries caused by UCSD employees performing activities within the course and scope of their employment.

You may call the Office of Human Subjects at El Colegio de la Frontera Norte (COLEF) at (011-52-664) 664-6511, the University of California at San Diego (UCSD) Human Research Protection Program at (858) 455-5050, or the University of South Florida (USF) Division of Research Integrity and Compliance at (813) 974-2880 for more information about your rights as a research subject, or to report research-related problems. In the event of a research-related injury, please immediately contact one of the investigators of this study. In the United States you may contact Steffanie Strathdee at 858-822-1952; in Tijuana, Mexico, you may contact Dr. Gudelia Rangel at (011-52-664) 631-6300, Ext 1201 o al (011-52-664) 634-6511/51. You may also call the toll-free number 001-866-683-8494.

Drs. Strathdee or Rangel, or _____ has explained this study to you and answered your questions. If you have any other questions, you may call Dr.

Strathdee at 858-822-1952, Dr. Rangel in Tijuana at (011-52-664) 631-6300, Ext 1201 o al (011-52-664) 634-6511/51.

Participation in this study is entirely voluntary. The alternative to participating is to not participate. You may refuse to participate or withdraw from the study at any time without jeopardizing the care and treatment that you are receiving at the clinic where this project is being conducted. Because of the scientific nature of this study, the investigator may also terminate your participation in this study at any time.

You have received a copy of this document and a copy of the "Experimental Subject's Bill of Rights" to keep.

If you agree to be in this study, please sign your name below:

_____

Signature of Person Taking Part in Study Date

_____

Printed Name of Person Taking Part in Study Date

_____

Signature of Person Obtaining Informed Consent / Research Authorization Date

_____

Printed Name of Person Obtaining Informed Consent / Research Authorization Date

_____

Printed name of witness Date

Appendix 8: Main consent form (Spanish)

COLEGIO DE LA FRONTERA NORTE (COLEF ESTUDIO: #006-29-09-10)
UNIVERSIDAD DE CALIFORNIA, SAN DIEGO (UCSD ESTUDIO: #090570)
UNIVERSIDAD DE FLORIDA SUR (USF ESTUDIO: Pro00003621)

Carta de Consentimiento de la Entrevista Cualitativa y Proyecto de Fotografía
¿El Amor y el riesgo? Las relaciones íntimas entre las trabajadores sexuales usuarias de drogas inyectables y sus parejas no comerciales en Tijuana, B.C., México
Investigadora Principal: Steffanie Strathdee, Profesor y Harold Simon Chair; Directora, Division Salud Publica Global, Departmento de Medicina, UCSD. No afiliada a la USF.

Nombre:_____Fecha:_____ ID#:_____

FINES DEL ESTUDIO

Los doctores Steffanie Strathdee de la Universidad de California en San Diego, Gudelia Rangel del Colegio de la Frontera Norte (COLEF) y sus asociados, están llevando a cabo un estudio de investigación del contexto social y el comportamiento sexual y uso de drogas entre trabajadores sexuales y sus parejas estables no comercial en México.

Le ha pedido a usted participar en la entrevista de hoy porque usted está participando en el estudio descrito anteriormente. Usted ha sido invitada a participar en la entrevista de hoy porque estamos interesados en aprender acerca de cómo las relaciones íntimas afectar a la salud.

Aproximadamente otras 10 parejas que están participando en el estudio más grande también recibirán esta entrevista, pero cada persona será entrevistada por separado. Esta investigación se utilizará para orientar la planificación de los programas de prevención del VIH y los servicios conexos en la región fronteriza. Esta investigación también reúne el requisito educativo de la co-investigadora Jennifer Syrvesten para su doctorado en Antropología en la Universidad del Sur de Florida.

PROCEDIMIENTOS

Si usted acepta participar, se le harán dos entrevistas en un periodo de un mes. Las entrevistas tendrán una duración de alrededor de 1,5 horas, y serán grabadas en audio. La grabación de la entrevista nos permitirá dedicar más tiempo a escuchar sus respuestas y responder a sus preguntas durante la entrevista en vez de tomar notas, ya que seremos capaces de revisar sus respuestas después de la entrevista. Si usted acepta participar, las entrevistas se llevarán a cabo en su casa. Si no se siente cómodo/a con esto, podemos hacer las entrevistas en la clínica o en cualquier otro sitio que escoja usted.

En la primera entrevista, le voy a hacer preguntas acerca de sus relaciones con su pareja y también sobre sus prácticas sexuales y uso de drogas. Después, le daré una camera desechable y pedirle sacar fotos de un día típico de su vida. Vamos a recoger las cámaras, desarrollar las fotos, y hablaremos de las fotos en la entrevista final.

RIESGOS Y BENEFICIOS

No hay riesgos físicos para la participación en este estudio, aunque existe la posibilidad de que alguien pueda aprender acerca de su participación o las respuestas que usted proporcione. Se harán todos los esfuerzos para proteger la confidencialidad de la información que usted proporcione. Para mantener su información segura:

- El personal está entrenado para respetar su privacidad. Ellos nunca hablaran sobre lo que usted les ha dicho de una manera que pudiera identificarla ni sobre su entrevista en pareja.
- La ley nos obliga a denunciar situaciones de abuso de menores que no hayan sido reportadas previamente. Si tenemos razones para sospechar que tal abuso está ocurriendo, no lo mantendremos confidencial y lo reportaremos a las autoridades correspondientes.
- La grabación de su entrevista será transcrita, y su nombre y otra información de identificación serán eliminados de la transcripción. Esta grabación será destruida cuando termine la transcripción. Esta carta de consentimiento será el único formulario con su nombre en él, y lo guardaremos por separado de la transcripción de su entrevista en un gabinete bajo llave en la oficina de investigación en San Diego, CA. Su identidad como participante de la investigación está protegida por la ley. Mantendremos la confidencialidad de toda la información sobre su participación en la medida en que la ley permite. Sus respuestas y la cinta de audio digital serán etiquetadas únicamente con un número del estudio y no con su nombre.
- Usted no tendrá que compartir sus fotos con nadie fuera del proyecto si no está dispuesto/a. Al final de este estudio, le vamos a presentar otro formulario que documentara sus deseos para los siguientes usos de las fotos. Tendrá derecho a copias de todas las fotos.

Si Ud. otorga su consentimiento al personal del proyecto para poder contactarla por teléfono, existe un cierto riesgo que su participación en este estudio sea revelada a otras personas. Para reducir este riesgo, nosotros nunca compartiremos información alguna sobre su participación en este estudio a cualquier persona que atienda su teléfono. Nosotros sólo dejaremos un mensaje general para que se ponga en contacto con nosotros. Nunca mencionaremos el estudio de investigación, y sólo usaremos el primer nombre del miembro del personal que lo está tratando de contactar.

Puede haber preguntas que usted encuentre difíciles de responder o que puede hacerla sentirse incómoda. Usted puede negar a contestar cualquier pregunta que usted no quiera contestar. El entrevistador tratará de responder a las preguntas que usted tiene y discutir cualquier preocupación que pueda tener antes, durante y después de la entrevista. Ud. también tiene el derecho de solicitar que se interrumpa o se borre la grabación en cualquier momento.

Los beneficios directos que Ud. puede recibir al participar en este estudio son mínimos, aunque la información que usted proporcione nos ayudará a mejorar los programas de prevención del VIH y los servicios de apoyo a las parejas. Recibirá $50 para compensarle por su tiempo. Recibirá $20 por la primera entrevista, $5 cuando recojo

la camera desechable, y $25 por la última entrevista con las fotos. Tendrá que devolver la camera y haber sacado fotos de que hablar para recibir el ultimo incentivo de $25. No hay ningún costo de participar en este estudio, fuera de su tiempo.

PRIVACIDAD Y CONFIDENCIALIDAD

Mantendremos su expediente del estudio en privado y confidencial. Algunas personas podrán necesitar ver sus registros del estudio. Por ley, cualquiera que mire su expediente deberá ser completamente confidencial. Las únicas personas que podrán ver estos expedientes son los siguientes:

- El equipo de investigación, incluyendo al Investigador Principal, coordinador del estudio, y todo el personal de investigación.
- Algunas personas de gobierno y la universidad que necesiten saber más sobre el estudio. Por ejemplo, las personas que proporcionan la supervisión de este estudio puede ser necesario revisar su expediente. Esto se hace para asegurarse de que estamos haciendo el estudio de la manera correcta. También debe asegurarse de que se están protegiendo sus derechos y su seguridad.
- Cualquier agencia del gobierno federal, estatal o local que regula esta investigación. Esto incluye el Departamento de Salud y Servicios Humanos (DHHS) y la Oficina de Investigación y Protección de Seres Humanos (OHRP).
- El comité de investigación (IRB) de las universidades; UCSD, USF, y COLEF y su personal relacionado con responsabilidades de supervisión de este estudio, incluido el personal de la Oficina de USF de Investigación e Innovación, la División de Investigación de Integridad y Cumplimiento de USF, y otras oficinas de USF que supervisan esta investigación.
- Se podrá publicar lo que aprendamos de este estudio. Si lo hacemos, no vamos a incluir su nombre. No se publicara nada que la gente pueda relacionar con usted.

INFORMACIÓN DE CONTACTO

Si usted es afectada como resultado directo de la participación en esta investigación será atendida en la clínica donde se está llevando a cabo este estudio, la Universidad de California pagará su cuidado médico necesario. La Universidad no le proporcionará ningún otro tipo de compensación si usted resulta afectada.

Usted puede hablar a la Oficina de Sujetos Humanos del Colegio de la Frontera Norte (COLEF) al (664) 664-6511, Programa de Protección de Investigación Humana de la Universidad de California en San Diego (UCSD) al (001-858) 455-5050, a la División de Integridad y Cumplimiento de la Investigación de la Universidad del Sur de Florida (USF) al (001-813) 974-2880 para más información acerca de sus derechos como participante en esta investigación, o para reportar problemas relacionados con la Investigación.

En caso de resultar afectada durante esta investigación por favor comuníquese inmediatamente con uno de los investigadores de este estudio. En Estados Unidos usted puede llamar a la Dra. Steffanie Strathdee al 858-822-1952, y en Tijuana, México usted puede llamar a la Dra. Gudelia Rangel al (011-52-664) 631-6300, Ext 1201 o al (011-52-664) 634-6511/51. Usted también puede comunicarse al número gratuito 01-800-788-8474.

Las Dras. Strathdee y Rangel, o _____ le han explicado este estudio a usted y le han contestado sus preguntas. Si tiene alguna otra pregunta, puede hablarle a la Dra. Steffanie Strathdee al 858-822-1952 y en Tijuana usted puede llamar a la Dra. Gudelia Rangel al (011-52-664) 631-6300, Ext 1201 o al (011-52-664) 634-6511/51. Usted también puede comunicarse al número gratuito 01-800-788-8474.

Su participación en esta investigación es totalmente voluntaria. La alternativa de participar es no participar. Usted puede negarse a participar o retirarse del estudio en cualquier momento sin poner en peligro su cuidado o tratamiento que esté recibiendo en la clínica donde este estudio se lleva a cabo. Por la naturaleza científica de estudio, el investigador también puede terminar su participación en cualquier momento.

Usted ha recibido una copia de este consentimiento y una copia de los "Derechos del Sujeto de Investigación" para que pueda conservarlas si así lo desea.

Si usted acepta participar en este estudio, por favor firme su nombre a continuación:

_____

Firma de la Persona que Participa en el Estudio Fecha

_____

Nombre de la Persona que Participa en el Estudio

_____

Firma de la Persona que Obtiene el Consentimiento Informado/ Autorización para la Investigación Fecha

_____

Nombre de la Persona que Obtiene el Consentimiento Informado/ Autorización para la Investigación Fecha

_____

Nombre del Testigo Fecha

Appendix 9: Photo consent form (English)

COLEGIO DE LA FRONTERA NORTE (COLEF STUDY: #006-29-09-10)
UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD IRB STUDY: #090570)
UNIVERSITY OF SOUTH FLORIDA (USF IRB STUDY: Pro00003621)
Love and Risk? Intimate Relationships among Female Sex Workers who Inject Drugs and their Non-Commercial Partners in Tijuana, Mexico

As part of this project, you took photographs that we discussed during an individual interview. This form will document what happens to the photos next.

You have the option to keep all of your photos and/or negatives and not share them with anyone outside of the research project. You also have the right to request that your photographs and negatives be destroyed after the project.

You may also allow Jennifer Syvertsen, the Co-PI of the study, to share your photos outside of this project. If you chose to share any of your photos, this form will indicate your consent to use the photos for any of the following specific purposes.

This is completely voluntary. In any use of the photos, your name will not be identified.

Use of photos	**Yes**	**No**
I AGREE to share the photos outside of the research project:		
Photos can be studied by the researcher for use in the research project		
Photos can be used in a dissertation, scientific publications, and books		
Photos can be shown at meetings of scientists interested in the study of public health and anthropology		
Photos can be shown in public presentations to non-scientific groups		
Photos can be shown in classrooms to students for educational purposes		
Assent of children under age 18 is needed for any photos?		
Consent of others (who are clearly identifiable) is needed for any photos?		
I DO NOT AGREE to share my photos outside of this research project:		
I want to keep all the photos and negatives		
I want to have all of the photos and negatives destroyed after this interview.		

Notes/Special instructions:

You have read the above description and give your consent for the use the specific photos as indicated above.

_____

Signature of Person Taking Part in Study Date

_____

Printed Name of Person Taking Part in Study Date

_____

Signature of Person Obtaining Informed Consent / Research Authorization Date

_____

Printed Name of Person Obtaining Informed Consent / Research Authorization

_____

Printed name of witness Date

Appendix 10: Photo consent form (Spanish)

COLEGIO DE LA FRONTERA NORTE (COLEF ESTUDIO: #006-29-09-10)
UNIVERSIDAD DE CALIFORNIA, SAN DIEGO (UCSD ESTUDIO: #090570)
UNIVERSIDAD DE FLORIDA SUR (USF ESTUDIO: Pro00003621)

El Amor y el riesgo: las relaciones íntimas entre las trabajadoras sexuales usuarias de drogas inyectables y sus parejas no comerciales en Tijuana, B.C., México

Como parte de este proyecto, usted tomó fotografías de las cuales hablamos durante una entrevista personal. Este formulario documenta lo que sucederá con las fotografías en el futuro.

Usted tiene la opción de guardar todas las fotos y/o negativos y no compartirlas con nadie fuera de este proyecto de investigación. También tiene el derecho de pedir que sus fotos y/o negativos sean destruidos después del proyecto.

Además puede permitir que Jennifer Syvertsen, investigadora co-principal del estudio, comparta sus fotos fuera del proyecto para uso de investigación. Si usted elige a compartir cualquier foto, este formulario indica su consentimiento del uso de las fotografías para cualquiera do los siguientes propósitos específicos.

Esto es completamente voluntario y anónimo. Durante el uso de las fotografías, su nombre no será identificado.

USO DE FOTOGRAFÍAS	**Si**	**No**
ESTOY DISPUESTO a compartir las fotos fuera del proyecto de investigación:		
Las fotos pueden ser estudiadas por la investigadora para su uso en el proyecto de investigación.		
Las fotos pueden ser utilizadas en una tesis, publicaciones científicas y/o libros.		
Las fotos pueden ser mostradas en las reuniones de los científicos interesados en el estudio de la salud pública y la antropología.		
Las fotos pueden ser mostradas en las presentaciones públicas a los grupos no científicos.		
Las fotos pueden ser mostradas en las aulas a los estudiantes con fines educativos.		
¿Consentimiento de los niños menores de 18 años es necesario para las fotos?		
¿El consentimiento de los demás (que son claramente identificables) es necesario para las fotos?		
NO ESTOY DISPUESTO a compartir las fotos fuera del proyecto de investigación:		
Quiero guardar personalmente todas las fotos y los negativos		
Quiero que sean destruidos todas las fotos y los negativos después de esta entrevista.		

Notas/Instrucciones especiales:

He leído la descripción anterior y doy mi consentimiento para el uso de las fotografías específicas como se indica arriba.

_____

Firma de la Persona que Participa en el Estudio Fecha

_____

Nombre de la Persona que Participa en el Estudio Fecha

_____

Firma de la Persona que Obtiene el Consentimiento Informado/ Autorización para la Investigación Fecha

_____

Nombre de la Persona que Obtiene el Consentimiento Informado/ Autorización para la Investigación Fecha

_____

Nombre del Testigo Fecha

Appendix 11: Transcription protocol

QUALITATIVE DATA PREPARATION AND TRANSCRIPTION PROTOCOL*
UCSD DIVISION OF GLOBAL PUBLIC HEALTH

TEXT FORMATTING

General Instructions
Transcriptionists and translators shall transcribe/translate all individual and focus group interviews using the following formatting:

1. Arial 11-point font.
2. Single spaced text; one space in between questions and answers.
3. One inch top, bottom, right, and left margins.
4. All text shall begin at the left-hand margin (the only indents should be between the **Q/A:** and the text of the interviewer's question or participant's response – see below)
5. Entire document shall be left justified.
6. Use only a single space between every period and the start of a new sentence.
7. Pages shall be numbered on the bottom left corner of each page and include the interview ID number. In Word, use Insert -> Page Number and manually type in the interview ID number and a colon on page 1; the ID # and page # will appear on each page of the document.
Example: PTJ101M:1, PTJ101M:2, through *n* pages.

Labeling Transcripts
Interview transcripts shall include the following labeling information at the top of the document:

Participant(s) ID #:
Interview Date: yyyy/mm/dd
Name of Transcriptionist/Translator:

Documenting Comments
Comments or questions by the Interviewer should be labeled with a **Q:** at the left margin and the text of the question or comment that follows shall be indented. Use the tab key or 0.5" for the indent.

Any comments or responses from participants should be labeled with **A:** at the left margin with the response indented.

If there is more than one interviewer and/or participant, the **Q** and **A** should be modified by adding the sex of the speaker:
QF: indicates questions asked by a female interviewer
QM: indicates questions asked by a male interviewer
AF: indicates responses by female participant
AM: indicates responses by male participant

Example:

> **QF:** OK, before we begin the interview itself, I'd like to confirm that you have read and signed the informed consent form, that you understand that your participation in this study is entirely voluntary, that you may refuse to answer any questions, and that you may withdraw from the study at any time.

AF: Yes, I had read it and understand this.

AM: I also understand it, thank you.

QM: Do you have questions before we proceed?

End of Interview

In addition, the transcriptionist shall indicate when the interview session has reached completion by typing END OF INTERVIEW in uppercase letters on the last line of the transcript. A double space should precede this information. Erase any additional space after END OF INTERVIEW to prevent additional blank pages from appearing at the end of the document.

CONTENT AND MECHANICS

Audiotapes shall be transcribed verbatim (i.e., recorded word for word, exactly as said), including any nonverbal or background sounds (e.g., laughter, sighs, coughs, claps, snaps fingers, pen clicking, car horns, and other background noise or disruptions).

- Nonverbal sounds shall be typed in parentheses, for example, (short sharp laugh), (group laughter), (police siren in background).

- Filler words such as *hm*, *huh*, *uh huh*, *um*, *yeah*, *whoa*, *uh oh*, *ahah*, etc. shall be transcribed.

- Other sounds made by the individual in order to imitate the sound of something they are referring to shall be transcribed verbatim in *italics* and explained in parenthesis.

Example:

> **A**: It was like *boom, boom* (participant imitates the sound of a beating heart) and I felt like, whoa, my heart was beating out of my chest!

- If interviewers or interviewees mispronounce words, these words shall be transcribed as the individual said them. The transcript shall not be "cleaned up" by removing foul language, slang, grammatical errors, or misuse of words or concepts.

- If an incorrect or unexpected pronunciation results in difficulties with comprehension of the text, the correct word shall be typed in square brackets. A forward slash shall be

placed immediately behind the open square bracket and another in front of the closed square bracket.

Example:

A: I thought that was pretty pacific [/specific/], but they disagreed.

- Although transcripts should not be "cleaned up" for content, it is important to otherwise follow proper grammatical conventions to make it easier for analysts to read, such as capitalizing the beginning of sentences and ending sentences with periods. Transcripts in Spanish should include proper use of accents and punctuation specific to the language, such as upside-down question marks and exclamation points. The proper use of accents in Spanish words is critical, as omitting or adding incorrect accents can change the meaning of words entirely.

- Exclamation points should be included with words and phrases of exclamation. When participants express a discreet change in emotion in what they are saying, such as altering the excitement, tone, or volume of their voice, this should be indicated with exclamation points to add emphasis. On the other hand, exclamation points should be avoided when such expressions are used without emotion or change in intonation in the individual's voice.

Examples:

Spanish:
A: Yo estaba tan molesta, me gritó "¡eres un mentiroso!" y salió de la habitación.

Translation:
A: I was so upset, I yelled "you're a liar!" and stormed out of the room.

Inaudible Information
The transcriptionist shall identify portions of the audiotape that are inaudible or difficult to decipher. If a relatively small segment of the tape (a word or short sentence) is partially unintelligible, the transcriptionist shall type the phrase "inaudible segment." This information shall appear in square brackets.

Example:
The process of identifying missing words in an audiotaped interview of poor quality is [inaudible segment].

If a lengthy segment of the tape is inaudible, unintelligible, or is "dead air" where no one is speaking, the transcriptionist shall record this information in square brackets. In addition, the transcriptionist shall provide a time estimate for information that could not be transcribed.

Example:
[Inaudible: 2 minutes of interview missing]

Overlapping Speech
If individuals are speaking at the same time (i.e., overlapping speech) and it is not possible to distinguish what each person is saying, the transcriptionist shall place the phrase "cross talk" in square brackets immediately after the last identifiable speaker's text and pick up with the next audible speaker.

Example:

> **A:** Turn taking may not always occur. People may simultaneously contribute to the conversation; hence, making it difficult to differentiate between one person's statement [cross talk]. This results in loss of some information.

Interruptions
Interruptions should be noted, including instances when the interviewer interrupts the participant, so that analysts are able to assess the difference between a pause in communication (see next section) versus an interruption in the flow of speech. The word or phrase or partial word that is interrupted should be indicated with a dash – and no period should be used to show that the thought was incomplete. The interrupting statement should be indicated as [crosstalk].

Example:
AM: Exactly, it's a really sensitive issue becau –

QF: Because you thought her feelings would be hurt [crosstalk]?

AM: Well, yes.

Pauses
If an individual pauses briefly between statements or trails off at the end of a statement, the transcriptionist shall use three ellipses. A brief pause is defined as a two to five second break in speech.

Example:

> **A:** Sometimes, a participant briefly loses . . . a train of thought or . . . pauses after making a poignant remark. Other times, they end statements with a clause such as but then . . .

If a substantial speech delay occurs at either beginning or the continuing a statement occurs (more than two or three seconds), the transcriptionist shall use "long pause" in parentheses.

Example:

> **A:** Sometimes the individual may require additional time to construct a response. (Long pause) other times, s/he is waiting for additional instructions.

Questionable Text
If the transcriptionist is unsure of the accuracy of a statement made by a speaker, this statement shall be placed inside parentheses and a question mark is placed in front of the open parenthesis and behind the close parenthesis.

Example:

> **A:** I walked down the street to ?(Bar Loco)? to see if they had a job for me because I thought the working conditions would be better there.

Sensitive Information
If an individual uses his or her own name during the discussion, the transcriptionist shall replace this information by indicating the person's initials in quotes and explain who it is in brackets in the first occurrence, such as if the friend's name is Jennifer it should read: "J" [participant's friend]. If a translator encounters a name that was not shortened by mistake, please translate as "J" and highlighted in yellow so the data manager can edit the Spanish version.

Example:

> **AF:** He said to me, "'J' [participant's friend], think about things before you open your mouth."

AM: I agree with "J"; I hear the same thing from him all the time.

If an individual provides others' names, locations, organizations, and so on, the transcriptionist shall enter an equal sign immediately before and after the named information. Analysts will use this labeling information to easily identify sensitive information that may require substitution.

Example:

> **A:** I told =Martin= that she works at =Green Valley Clinic= but that she's really unhappy about the conditions there.

*Protocol adapted from: McLellan, Eleanor, Kathleen M. Macqueen, and Judith L. Neidi. (2003). Beyond the Qualitative Interview: Data Preparation and Transcription. Field Methods, 15(1):63-84. Adaption, revisions, and additions based on lessons learned the hard way while working on research projects.

ABOUT THE AUTHOR

Jennifer L. Syvertsen graduated from the University of South Florida (USF) with her Masters of Public Health with a concentration in Epidemiology in 2009, and her Bachelors in Anthropology from Baylor University in 1996. Her doctoral dissertation titled *Love and Risk: Intimate Relationships among Female Sex Workers who Inject Drugs and their Non-Commercial Partners in Tijuana, Mexico,* is an ethnographic study in which she conducted participant observation, semi-structured and ethnographic interviews, and a photo elicitation project with seven couples enrolled in a larger public health study to examine how love and other emotions influence sexual and drug-related HIV risk behaviors among sex workers and their intimate partners.

Jennifer attended USF with five years of generous funding from the Presidential Doctoral Fellowship. While pursuing coursework, she gained research experience at the USF Center for HIV Education and Research as a Project Coordinator for Centers for Disease Control and Prevention (CDC) initiatives aimed at expanding HIV testing. Prior to attending USF, she spent four years as a Research Associate at the University of Delaware Center for Drug and Alcohol Studies branch office in Miami, Florida, where she worked on epidemiologic studies of club drug and prescription drug use.

Jennifer has experience with ethnographic, qualitative, and quantitative research methods and HIV testing and counseling. She has published in the areas of drug use and HIV/AIDS. She was most recently lead author on a study protocol for recruiting female sex workers and their non-commercial partners into couple-based HIV research.