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GENDER, VIOLENCE AND HIV: WOMEN'S SURVIVAL IN THE STREETS

ABSTRACT. In this article I propose that gender inequality promotes – directly or indirectly – vulnerability to HIV as a consequence of a multidimensional violence (structural, symbolic and physical) experienced by injection drug using (IDU) women in The Mission District (San Francisco). Given the female subordinated position stipulated by the street ideology, I analyze how drug dependence afforded by precarious strategies of subsistence places IDU women under multiple dangers and threats. In this setting, unequal gender relations are part of a complex system of transactions in the street economy and a way to reduce or increase the everyday violence. Facing multiple dangers and risks, some women adopt a subordinated position, some try to negotiate the conditions of the exchanges and the others resist the exploitation. Finally, everyday violence under conditions of gender inequality and scarcity of resources imposes a logic defined by the challenge of survival under the threat of immediate dangers, which transform HIV into a secondary risk.

KEY WORDS: gender inequality, HIV risk, IDU women, violence

INTRODUCTION

I try to take care of myself but everything gets me down. Nobody should look at you as weak. You do not have a choice. Drugs help me, they relax me, make me feel that things are easier. I can think more slowly. Without the drug everything is coming at once. A lot of things happen around me. But when I use drugs I can stop them. I feel like I am a survivor, a warrior. (Irene)

The word "survival" goes beyond metaphor and acquires its real sense for women like Irene, who suffer from drug dependence and spend their days in the streets of the inner city. Injection drug using women who precariously subsist throughout the street economy (by sex work, shoplifting and drug dealing) face multiple kinds of dangers, threats, and risks, deepened by the female subordination promoted by the male-centered street ideology.

Given this perspective, the aim of this work is to describe how gender inequality promotes vulnerability to HIV as a consequence of the everyday violence experienced by IDU women who work in the streets of the Mission District (San Francisco).

From the perspective of the paradigm of risk, the higher female vulnerability to HIV is explained by different factors that promote the lack of

control and health care in sexual and injection practices. However, this paradigm – based on an individualistic approach and on the measurement of risks – cannot capture the complex power structure, the transaction system and the diversity of dangers that characterize IDU women's lives. Considering this complexity, I propose that in this setting the logic of risk is mediated and replaced by another logic based on the threats of immediate violence, closely linked to everyday survival.

Given the female subordination in the street economy, I argue that women adopt, negotiate and resist the unequal gender relations as part of their strategies of subsistence and as a way to face multidimensional violence (structural, symbolic, and physical). However, women's focus on these immediate threats may displace HIV into a secondary risk. In other words, drug dependence in a setting defined by scarcity of resources and excess of dangers limits the possibility of developing HIV preventive practices.

Threats, Dangers and Everyday Violence: Transforming HIV into a Secondary Risk

Since the initial mistaken perception of HIV-AIDS as a men's disease, it has been recognized as one of the more important threats to women's health all over the world (Farmer et al. 1993; Lawless et al. 1996). Critical analysis of U.S. epidemiological data has shown that vulnerability to HIV is dominant in those women who live in poverty and belong to ethnic minorities, specifically African American and Latino (Singer 1992; Ward 1993; Rodriguez 1993; Goldstein 1998). According to this epidemiological trend, socioeconomic and gender inequality has become one of the central issues subjected to analysis and discussion in AIDS research.

Within the research field related to IDUs, some surveys have shown that even when most IDUs have adequate information about HIV preventive practices (Carlson et al. 1994; Connors 1994) they do not always carry them out. Studies have considered how unequal gender relations affect sexual and injecting practices, promoting higher rates of female infection (Connors 1996; Bourgois et al. 1997), specifically under conditions of socioeconomic marginality, poverty and lack of living arrangements (Booth et al. 1995; Metsch et al. 1998). Ethnographies have also linked HIV vulnerability to patriarchal structure and women's subordinated position within the street economy (Waterston 1993, 1997; Bourgois et al. 1997; Bourgois 1998; Connors 1996). Gender relations have been studied in those specific practices related to HIV infection: the characteristics of sexual practices, the use and meaning of condoms, sex for money and drug exchanges, and women's access to sterile syringes (Wood et al. 1998;

DesJarlais et al. 1987; Tortu et al. 1994, 1998; Koester 1994; Auerbach et al. 1994; Both et al. 1995; Weeks et al. 1998; Ramos 1999).

However, the dominant tendency in HIV epidemiological and preventive studies of IDU women has been to discuss HIV risk inside gender relationships without considering the everyday setting in which it takes place (Singer 1993; Waterston 1997; Farmer et al.1996; Bourgois 1998). When the setting is included in the analysis, the logic of the risk finds its limits (Fee and Krieger 1993; Friedman 1996).[1] The preventive scheme supported by the individual economy of self-control (information, control and change of behaviors) conceals the complex relationship between issues such as control, health care and socioeconomic disempowerment (Crawford 1994). Moreover, the individualistic tendency disregards the effect that everyday violence has in defining the difference between life-threatening dangers and risks.

Given a setting dominated by poverty and illegality, I propose that gender relations can be considered as a part of IDU women's strategies developed to survive in the streets. Considering women's perspectives, I suggest that gender relations are a way to reduce or increase the multidimensional violence that dominates their everyday life. This violence appears in different but closely interconnected forms: structural, physical and symbolic. In other words, from the structural violence related to political and economic inequality (Farmer 1997), to the damages linked with physical and sexual abuse, to the more silent symbolic violence related to the female subordination imposed by the male-centered street ideology.

Even though some studies have considered the link between violence and HIV, that analysis has been restricted to the IDU and his or her relationship with a sexual partner.[2] I suggest that multidimensional violence defines a logic characterized by the challenge of survival under the threat of immediate dangers. Consequently, these women's assessments of risk and the HIV preventive care are mediated and postponed by the immediate requirements of the uncertain dangers coming from different places at the same time. In this sense, HIV risk must compete with a set of dangers such as arrest, rape, physical abuse, robbery, and murder (Connors 1992; Koester 1994).

Although all IDU women are affected by these dangers, the most vulnerable are those who are more dependent on and immersed in the street economy. In this sense, the differentiation among women can be defined according to diverse aspects: subsistence strategies (sex workers, petty thieves, and street drug dealers), housing (homeless, semi-homeless, and room or apartment tenant), and also age. However, from the women's perspective, the current and more important way to make a differentiation

among them is based on gender relationship: whether they have a male partner (called boyfriend, husband or man) or if they are alone. Having a male partner has an effect on the issues related to daily survival of women: provision and distribution of drugs and money, protection, help during injection, and domestic violence and sexual activity. These are conflictive areas in which not only unequal gender relations, but also higher female vulnerability to HIV are expressed.

I suggest that even when the street ideology and the hierarchies in the social network define a subordinated and even exploitative position for drug user women, their gender relationships cannot be reduced to a stereotype. Women face the everyday violence through different strategies: the adoption of the dominant gender pattern, the negotiation with men and resistance by precarious and silent ways. Although these different strategies can reduce certain dangers they are not able to reduce HIV vulnerability.

METHODS AND PARTICIPANTS

The research was conducted over a period of one year with an active IDU population in the Mission District of San Francisco. The objective of this study was to determine through a qualitative methodology[3] the risk conditions and care practices related to HIV in the everyday life of IDUs, specifically women, who belong to the "Latino minority."

The Mission has been the traditional Latino working-class neighborhood in San Francisco. Even though its population is predominantly Mexican American and Mexican, there are minority groups from Central America (Guatemala, El Salvador and Nicaragua) and from some Latin American countries. However, the progressive displacement of the American middle class population (dot-com gentrification) to the Mission during the last few years has increased not only the prices of the housing but also ethnic tensions and law enforcement (Levy 2000). These conflicts are part of everyday life in the streets of areas where poverty, homelessness, illicit drug dealing, and sex work are concentrated. My fieldwork was carried out in an approximately ten-square-block area of one of these zones in the Mission. The study focused in Latino IDUs, but the drug dealing social network was a multiethnic population (Mexican Americans, African Americans and White Americans).

The initial phase of the field research involved the recruitment of participants at one of the sites of the Needle Exchange Program NEP settled in Agencia Contra SIDA. The snowball technique (Goodman 1961; Meter 1990) was used in order to recruit other members of the social

network who did not regularly use the NEP. Even when the majority participants were clients of the NEP, some of them obtained sterile syringes by other means, for example buying them in the streets. The interviews took place in different places depending on the housing availability of the participants, specifically in coffee shops and hotel rooms where some of them lived. A total of 35 in-depth interviews were conducted: 25 women and 10 men. 88.5% of the interviews were taped and transcribed and the rest were recorded as field notes. The majority of them were conducted in Spanish and the rest in English. (Most of the quotations included in this paper have been translated to English). With half of the participants, there were two or three more interviews in order to deepen some topics. Informal conversations and observation in the streets, hotels and hangout places in the neighborhood were recorded in ethnographic field notes.

The interview protocol included the following topics: demographic and personal data, ethnic situation (migration history), strategy of income production, characteristic of gender relationships, drug use history, current drug use, drug treatment history, injection practices, sexual practices (sex for drugs and sex for money exchanges and sexual practice in stable relationships), HIV-related prevention practices, experiences in violent and abusive situations, and characteristics of everyday life in the streets.

The ages of the women varied between 22 and 54 years old. The mean age was 34. All of them used heroin (also called "*la chiva*") intravenously or intramuscularly, but around half injected a mixture of heroin and cocaine or methamphetamine (called speedball). 84% of the participants consumed other drugs including crack, cocaine, speed, and marijuana.

With respect to sexual orientation, most of the women were heterosexual. Only two women had sex with women. Belonging to the lowest level of the drug dealing network, both of them sold drugs as a strategy of income production. With respect to ethnicity, the "Latino" category conceals a social diversity (Singer et al. 1990; Singer 1991; Schiller 1992). While some of them were migrants, others belonged to the first or second generation that have often migrated within the U.S. (see Table I).

STREET IDEOLOGY AND EVERYDAY VIOLENCE

Look dear, this is not a place for you. In these streets women do not stay alone. Because here, nobody has respect for women, they think that we are garbage. I advise you to be careful; they could kill you, rape, rob and hurt you very much. This occurs almost daily in this area. You must come with somebody, a friend. So you can be more protected. (Laura)

This is the way in which one IDU woman introduced me to the rules that regulate the everyday life in The Mission District's streets. This advice

TABLE I

Characteristics of participants (N = 25)

	%
Ethnicity	
Mexican	12
Mexican American	56
Puerto Rican	12
Other Latin American countries	20
Marital Status	
Single	8
Single with partner	36
Married	16
Divorced/widowed/separated	40
Education	
Less than high school	72
High school	20
More than high school	8
Strategy of income production	
Employment	0
Sex work	52
Drug dealing	16
Shoplifting	12
Mixed sources	20
Language	
Only Spanish	12
English and Spanish	64
Only English	24

synthesizes the principles of the street ideology that define the position of drug user women in the social network. Moreover, this advice points out how the invisible and silent violence that comes from socioeconomic marginalization is transformed into symbolic violence and physical abuse.

Laura's advice, repeated many times by different members of the social network, points out the subordination of women within the male-centered ideology: 1) Women can not be alone, they need male protection; 2) Men do not have respect for women. Women can only obtain it through a man; 3) Women are frequently exposed to sexual and physical violence. Nevertheless, these explicit rules are only half description. Going even deeper

into the female subordination, women are also objectified by men as a safer and more profitable source of resources than men. Pablo, a Mexican American IDU dealer explained this issue:

For women, it is easier, because they can sell their body for money. But, well, they live worse, they are used and abused ["estan muy abusadas"]. Here, they trade sex for drugs and sometimes they have sex with dealers. . . . If I see a woman that I like, I tell her: "well, I give you one or two and we go to the room." But if I do not like her, no way.

In the street economy, women are seen not only as having more possibilities to find resources (money or drugs), but also with more capabilities to steal in stores (shoplifting), which is one of the non-violent ways to obtain resources. Moreover, from men's perspective women are also considered as an easier target for drug and money stealing. This constant threat of being stolen from and beaten becomes a part of a disciplinary strategy against women. This threat becomes efficient under the unsafe and isolated conditions that dominate their everyday life.

In the street you are alone. Once a man beat me very bad. I asked the police for help and they answered me: "but . . . you are a prostitute. I know you; you sell drugs. If you do not want something to happen to you, go out of here." (Nancy)

The subordinated and objectified position promoted by the street ideology is suffered in a deeper way for those women who spend almost all of their lives in the streets. In this sense, the availability of socio-economic resources (mostly represented by a room or an apartment) reduces the impact of the symbolic violence. This symbolic violence within the network not only defines the place of women, but also justifies diverse forms of physical and sexual abuse.

This control instilled by fear also emerges throughout the narratives of violent attacks against women (rapes, physical abuse and murders). Most of the stories show what happened to women when they tried to leave their place of subordination or tried to resist being exploited. I had the opportunity to listen to different versions of one of these stories. It told of how a man murdered two of "his" sex workers in the street where everybody could see it. Not only this story but many of those related to violent experiences (arguments, fights and murders) have the street as setting. For some men, like Pablo, these frequent arguments and fights are a kind of male-controlled game of power:

Here, there are lots of appearances. Sometimes a man beats his woman in the street where everybody can see it and he screams to her "give me the *chiva* [heroin], now, it is mine. If you do not give it to me, I am going to beat you up again." Sometimes it is a game, but sometimes it becomes more violent.

In contrast, women do not see these threats as a game. Although these arguments do not always become physical punishment, all of the women have experienced different kinds of violent reactions:

Five years ago, they brought me under the freeway and they tried to kill me. It was the worst. I worked for a man and he thought that I did not give all the money to him. Then they raped me and beat me very bad. (Marisa)

These stories that included violent attacks to women circulate in the social network and are remembered as events that happened in specific spots of the neighborhood. They were narrated as a way to show me the level of danger, fear and threat that dominates their everyday life (Riches 1986).

As Taussig (1987) explains in his analysis of "terror culture," beyond the specificity of these versions, the narrative itself promotes a setting of fear in which all of them are included (Bourgois 1995). This context, defined by threats of violence, not only disciplines women in their place of subordination, but also transforms them into exploitable sources of resources. However, these women recognize that the more uncertain and dreadful dangers are those that come from outside of the social network. Police and the possibility of arrest are some of the more frequent and stronger threats. All of them have been in jail.

Nevertheless, the fear of being arrested varies according to the subsistence strategy. While police are more feared by those who sell drugs and steal in stores, they are less feared by sex workers. As a result of the growing ethnic and socioeconomic tensions in the neighborhood, the number of arrests increased during the fieldwork. Many of the known people were arrested and imprisoned. This growing and permanent fear among women of being arrested promotes fewer possibilities of choosing clients, more sex for drugs exchanges, and more unsafe conditions during injection.

In contrast, those who are sex workers are more afraid of rape, random physical violence, and also murderers. All the IDU women who are sex workers have been raped:

We are raped. I worked as sex worker, but not exclusively and you find crazy people. Three Mexicans trapped and raped me. They beat me and they have a gun. They told me repeatedly, "this is for you and for all the prostitutes." I was so afraid, I thought that they wanted to kill me. (Verónica)

Even when serial killers are a secondary danger, some women mentioned their fear of them. Some told stories about women who were killed by them. When I asked Susana if she was worried about HIV, she answered:

Yes, I try to use condoms and to carry my own syringe. But there are a lot of dangers in the streets; I am afraid of the crazy killers, a serial killer. Now, there is one around this area. One or two years ago, I had a friend. She went up to a car and she was murdered. Four girls lost their lives.

These everyday dangers and the symbolic violence produced by the street ideology explain the women's necessity for protection. Ethnographic studies have shown the importance of "respect" as a value in social networks of drug dealing and using (Bourgois 1995). Because this respect and the protection that it imposes are only a male inheritance, women's survival is mediated – directly and indirectly – by gender relationships.

MAN, BOYFRIEND, PARTNER, AND PIMP: GENDERED RELATIONSHIP IN THE STREET ECONOMY

The characteristics of the gender relationships between male and female drug users have been one of the central topics in the field of HIV studies. Nevertheless, the common use of the expression "running partners" has concealed different kinds of relations. The interviewed women differentiate them through the use of different terms. While only a few are married at the present, most of them have been married or have had long term relationships in the past. Outside of marriage relationships, the majority refer to their male partners as "boyfriend" or with the expression "my man."

This gender relationship between partners is affected not only by the scarcity of resources and the male-centered street ideology, but also by the hierarchies of the subsistence strategies within the street economy. Even when most women subsist through sex work, this strategy is more devaluated than selling drugs or stealing in stores. Also among sex workers, it is possible to recognize a hierarchization based on differences among work with regular clients, street sex work, or sex work mixed with other ways of income production.

In this sense, the position in the street hierarchy is related directly or indirectly to the vulnerability of HIV. If a woman is placed in a marginal position, her possibilities of choosing clients and of obtaining drugs or money are more limited. A female marginal position affects not only the value of the transaction but also the possibility of forming alliances for 'protection' and for obtaining 'credit' of substances.

Considering the precarious subsistence strategies, IDU women frequently describe their relationships with their partners, boyfriends and even husbands in terms of exchanges. It is about the equality of the

exchange where the relationship with a "male partner" becomes conflictive and subjected to questioning.

Only a few women defined their relation with a male partner (calling them boyfriend) as an equal sharing. In contrast to the unstable bonds among the members of the social network, they refer to this kind of tie as the only one supported by trust. Both partners provide resources of subsistence or drugs, and the men also contribute with protection for their women:

[Q: How is the relation?] At the beginning, you see another person who likes drugs and works well with you. So you stay together and start to be alone and then without other people. The relation is about drugs, money and getting along well together. (Verónica)

In contrast, most women who emphasize the transactional character of the relationship with "their men" try to negotiate the condition of the exchanges:

Now, I live alone in a hotel room, but I have a partner who sometimes helps me, [so that] others do not steal my money. He shows himself with me in the street, and as an exchange I give him some of my drugs. But he is not like my husband. I can not trust in him. He always wants more and more. . . . My husband is in jail because he sold drugs, and he used to help me to pay for drugs. (Nora)

Male protection is an important good for all these women who produce their income throughout the street economy, specifically for sex workers. Besides male protection, sex workers carry out other protective strategies like selection of regular clients and offering oral sex. Most street sex workers have an intense rhythm of work. They spend two or three days working all day and night and then they rest in a hotel room (they cost from 35 to 55 dollars a day) shared with their male partner or in rooms of acquaintances. The price of sexual work in the street is difficult to estimate, because it depends on the type of sex purchased. Some women earn forty, thirty, twenty, or even ten dollars per client. Even though it earns them less money than intercourse, many women prefer providing oral sex because it requires less body commitment and reduced dangers.

Among these transactions, a sex-for-drugs exchange is the most unequal one and carries with it the least possibility of control. This transaction is carried out mostly with men of the same social network, specifically street drug dealers. Generally it is done when women are having withdrawal symptoms and they cannot find clients or when the police modify the organization of their everyday life. Women obtain a small amount of drugs and consume it immediately, without sharing it with their partners.

The circumstances of street sex work promote the consumption of larger amounts and a higher diversity of drugs. These IDU women consume heroin or speedball from four to fifteen times daily.

Only a few said that male partners provide some resources (money or drugs). Most women expressed that they provided most of the living expenses for both of them, and men only provided the protection and sometimes helped during the injection. The character of the male protection varies from "helping" find good clients, forcing clients to pay, and protecting women from abusive men and rapes.

You always listen to stories about men who kill each other, but the higher violence is against women. Because of that, it is not good for women to be alone. Lots of women have boyfriends, who take care for them. Thus I always prefer stay with a man. Men are violent. I have my boyfriend, everybody knows in the street. So other men do not to disturb you. (Marisa)

Within the hierarchies of social network, the least valued and most vulnerable position among sex workers is of those who work for a pimp. Even though pimps are an issue women talk about, I could only contact one young woman who worked for a pimp and others who had this experience some time ago. The extreme devaluation of pimp's women is caused by the exploitative conditions (specifically the management of the money) in which they live. The woman has to give the money to the pimp and she receives a little amount of drugs in exchange. Under these circumstances, she must exchange sex for drugs and suffer exploitative situations with other men, inside and outside of the social network.

The description of the woman-pimp relations is contaminated with the conflicts and prejudices among different minorities within the extended social network. Latina women say that white women or "*gavachas*" frequently work for pimps. Pimps are also described as African Americans who use crack (a drug that drives them to be more violent with women). In contrast, those IDU women who obtain their resources through shoplifting hold a better position within the hierarchies of the street economy. This way of subsistence makes these women stay less integrated and exposed to the everyday violence in the street. Even when most of them live in neighborhood hotel rooms, they only participate in the street life when buying drugs or shoplifting. These women steal different things – especially clothes – as a way to obtain money without violence. For those who have male partners, the statement "women know how to steal better than men" has as a consequence the higher exposure of females to arrest.

In order to reduce the multiple dangers and also to avoid the police, a few IDU women mixed different strategies: stealing, selling and exchanging sex for money or drugs, working legally, and sometimes welfare. Even when they have a boyfriend, this way of subsisting provides them with more freedom in their everyday lives. The erratic, uncertain and

diverse ways of obtaining drugs and money reduce the possibility of being controlled by men all the time. Although this mixed strategy is a way to reduce the dangers of each one, all of them have been in jail and have been submitted to sexual or physical abuse.

[Q: What do you do for living?] Usually, I sell drugs to the people who I know. But in these days police are everywhere. Sometimes I sell my body, for drugs or for the rent of a hotel room. But I only do it [sexual relations] with men I like and I know. I do not want to catch any illness. They everyday propose me, then when I got the *malía* [withdrawal symptoms], I do it. Other girls are sick, I do not want to do it with whomever. I have my boyfriend. Sometimes I use drugs with my friends [women], we buy and inject together, while he tries to have something, by his side. We are getting drugs how we can. (Victoria)

Inequality of Gendered Exchanges: Sex, Drugs and Domestic Violence

Even when having a boyfriend appears to be the most adjusted way to survive in the streets, the majority of women complain about the inequality that characterizes this relationship. They not only criticize men, but also carry out silent strategies of obtaining their own resources and of avoiding domestic violence.

Women who have different subsistence strategies often complain about the unequal provision and distribution of money and drugs. While women bring the resources, men bring only protection, but they also consume more amounts of drugs.

I work with regulars; they come where I live. With my money I buy drugs for both of us. He sometimes helps me looking for men. So I do not need to work in the street. . . . I only have one problem with him, he always wants more and more. Men have high tolerance; they need more. (Elena)

"High tolerance" is a usual justification used by men in order to have a larger amount of drugs and to be the first in the injection process. This common situation leaves women not only with a smaller amount of drug but also with the necessity of looking for more resources (money or drugs). Moreover, because of the second position during the injection process, women are exposed to a higher vulnerability to HIV.

Sometimes this subordination becomes a clearly exploitative relationship in those cases like Juana's, in which domestic violence adds a new danger to the private relationship:

I live on stealing from stores, only shirts and pants; I am good enough to do it. But, I do not want to do it anymore, because I want to quit heroin. I use only a little heroin, once everyday. But I have too much trouble with my boyfriend. He forces me to continue stealing. But I do not want anymore. If I do not want to do it, why should I do it?
[Q: Why is he forcing you?]

Because I do not want to go out with him for stealing. Although I am using only a little, I must bring the money. He only wants me to steal for *la chiva*. So it is easier for him. I do not want to steal anymore. The last year I spent a long time in jail. I am very tired.
[Q: Does your boyfriend obtain money?]
No, he only knows how to steal candies, but it is not enough. He uses *chiva* and alcohol, wine. He is angry. When he is drunk he beats me and now I am afraid of him. Sometimes I go to steal for money, but I do not want to do things that I do not want to do. . . . The worst is that I am not feeling the *chiva*, because of methadone. But I still do it.
[Q: Why?]
I do it because I am paying for the drugs and I do not want to pay and give all to him. I feel very stupid. I prefer to use it and not feel it than become a *pendeja* and let myself be used in this way. . . . Men always want to be the first. He has never given anything to me. Women have the right of the half, because most of us make the money.

In Juana's case, as in others, women explicitly criticize and try to avoid the exploitative conditions. But as her case shows, the defense of women's rights, (specifically the equal provision and distribution of drugs) promotes not only the continuity of the drug consumption but also the exposition of domestic violence. Even when through this kind of fragmentary resistance women can avoid some inequalities, this way of resisting promotes the continuity of the high level of female vulnerability.

Problems around the injecting process are common also among sex workers. These women, who practically live in the streets, sometimes inject with other women and men according to the circumstances. As I have observed, when they inject drugs in the streets, they generally inject into the muscle and sometimes through the clothes. But most IDU women depend on their male partner for "being injected." The injecting process becomes a conflictive issue because most women, specifically old drug users, complain that "they have more difficulties than me to find the vein" and "the women's veins are weaker than men's."

Although sometimes they pay with a "taste" or with other objects to someone who is good at injecting others, their precarious subsistence makes it impossible for them to afford this expense on a daily basis. In this sense, the male partner becomes the main provider of help during the injection. But as with other functions performed by men, this help is not constant. Although a few women say that their boyfriends inject them, in most cases they recognize that if this help exists, it is only at the beginning of the relationship.

We women have a struggle, because almost all of us do not have veins. I fight too much, one or two hours to hit me. My husband helped me, in the past. But when he realized that it would last too much time, he used his drugs and then he left me alone. (Elena)

Although help during the injection is considered as a preventive strategy for abscesses and for the deterioration of the physical appearance, "male

protection" is the most important thing men supply related to safety. While in long term relationships male protection is provided as part of diverse transactions, in some cases it becomes the only one basis that defines the relationship. Even though this protection reduces several dangers in the social network (such as rape, physical abuse, and stealing), women criticize its effectiveness with respect to the regular danger faced by sex workers (such as arrest, rape and murder) and by petty thieves (arrest). Some boyfriends or partners stay with their women in the street all night, but it is not the case of the majority:

[Q: What do men give as an exchange?] Nothing, no protection. They give them some space in the room, but they [women] are so stupid, they are paying for that room. The man spends all the day in the room with his friends and women are in the street making money.

Although the protection provided by men is useful within the limits of the social network, sometimes it turns into domestic violence. Conflicts about drug distribution and also about sexual practices promote violence between partners.

Some studies have shown that those drug-using women who are sex workers know how to prevent HIV through condom use. These women always carry condoms and try to use them. However, withdrawal symptoms and violent sexual intercourse force them to practice unsafe sex. Within relationships with male partners or boyfriends the use of a condom is less frequent, and sometimes its promotion can produce violent situations as well (Worth 1988). The interviewed IDU women not only reported less use of condoms, but also they reported scarce sexual activity. Among different reasons for this lack of sexual activity (precarious subsistence, homelessness and street work) women mostly explain it as a side effect of high level of drug consumption in men. These drug-related difficulties or even impotence dominate among long-term users of heroin and crack. This side effect not only restricts sexual activity, but also oral sex becomes the most frequent form of sexual intercourse. While women (specifically sex workers) see this restriction as a "natural" component of everyday life for drug abusers, men can have violent reactions associated with sexual difficulties.

Given the unequal character of the exchanges, only a few IDU women who have a "boyfriend" accept these submissive conditions as the best way to reduce the everyday violence. In contrast, most of them carry out a variety of strategies in order to avoid dangers and to reduce the unequal distribution of resources. Those who are subjected to permanent control by their partners try to hide a portion of the drugs or money or to lie about the real earned amount, in order to avoid fights and absolute dependence on men. Through the diversification and mixture of subsistence

sources, others reduce the possibility of being controlled all the time by men. Finally, some women try to create "alliances" with other women, specifically around the buying and injecting process.

But the extreme isolation and the different dangers to which they are exposed (outside and inside of the social network and inside of the relationship as well) transform these methods of negotiation and resistance into silent and fragmentary strategies within a dominant order of female subordination.

"Being by Myself." Women Working for Their Habit

I am by myself.
[Q: Why?]
Some ladies have a man, they must do what they say. They must give the money to them. It is crazy, so stupid. I do no why a woman can do that. I do not want to have a boyfriend. I work for myself. Sometimes, women pay for her man's drug. It is as if they have a child.
[Q: Do you have more dangers?]
They think that I am worse. But I am safe, more than women who have a man are. I will be clear. They (women) think that they are safer because they have a man, but if it were the case, they would not need to work in the street. You know, I do not need a man. (María)

"Being alone" is the most evident and extreme way for women to resist their subordinated positions. Most of these IDU women subsist through sex work, drug selling or mixed strategies. While these sex workers live under more marginal conditions than those who have a man, a few who work in the male-controlled selling network have a better position in the hierarchy of the network.

The majority have experienced long term relationships with drug dealers and/or users. In some cases women have left their partners because of violent behavior; others are widows or have husbands or boyfriends in jail.

Resisting the street ideology, women who are sex workers only work by themselves. They expressly refuse to be controlled by men and share the money or drugs with them. They avoid the exploitative situation of "feeding men's addiction" and the risk of domestic violence. However, "being alone" submits them to a deeper isolation and to more danger from outside and inside of the social network:

I am Chicana. I am walking in these streets. I live in the streets. This is where I belong, who I am. I know that is bad.
[Q: How often do you use drugs?]
Everyday, from the time when I wake up to the time when I go to sleep. I do not have a boyfriend. Nothing. I had my husband, but he died because of heroin. But now I am alone and I do not have anywhere to live.
[Q: What are the dangers in the street?]

They treat me very hard. They want to kill me. But I am still surviving. There is nothing that anybody can do to hurt me enough. (Martha)

Those who are sex workers are more immersed in the street life and also more affected by the random circumstances of buying and using. Most of them do not have a place to rest nor anybody to help them during the injection process. Specifically among old drug users, this situation promotes injection in the muscle. As in a vicious circle, the muscle injection increases the deterioration of their body and consequently the reduction of the prices of sex work. This progressive deterioration condemns them to more uncertain dangers and a deeper marginalization even inside of the social network:

[Q: How do you inject?]
Well, I use it alone, I go to the needle exchange when I can and also I buy syringes here in the street.
[Q: Who sells them?]
A guy sells them for two dollars. But sometimes you do not really know whether they are used or not. Sometimes I do it with other people, I do not care! It is in this way. If I go to this restroom and people are there, I go and inject myself. I try not to use stuff from other people, but if I do not have anything, whatever. Here you cannot trust in anybody.
[Q: Even in women?]
Women are the worst. I caught the HIV with a friend. I do not have any place to stay, so I stayed with her. I know that you must not use needles and cotton from others, but when I have the *malía* and I need to hit me . . . I do not care if your mother is death, I hit myself first of everybody. This is like this. (Carmen)

Occasionally it is possible to see women suffering withdrawal symptoms in the streets (vomiting and crying). Sometimes they are helped by some acquaintances, and depending on their credit history, a dealer can give something for cutting the "*malía*." Related to the marginal position that these lonely sex workers have in the street economy, they frequently cut the withdrawal symptoms through sex for drug exchange.

In contrast, the few IDU women who live through drug selling have one of the best positions in the hierarchy of the social network. Having a "male job" places them in this better position, in which they suffer less exposition of the body to their everyday life.

However, only a few IDU women can afford their daily living expenses by selling drugs. Consistent with the principles of the male-centered street ideology, women have some difficulties in placing themselves within the street-level dealing work. As Sylvia said: "For each ten men there is only one woman. Men do not like that we work as dealers, they only accept those who are more trustworthy." Women who participate in dealing are usually alone, with dead or imprisoned partners who were dealers too.

Most of them try to generate income by other strategies as well, like occasional sex work and public assistance.

Even in the selling network, their work consists in "helping a dealer" who has a higher position. As an exchange for this help they receive drugs; they can only rarely obtain money. In this sense, all these women work in dependence with men, generally Mexicans. Although this relation is adjusted to the male-dependence stipulated by the street ideology, it does not imply sexual relations and it is described as less conflictive than others in the network.

The few women who sell or "help in the selling" in this area consume less drugs (a third to a quarter as much), and are exposed to fewer dangers than sex workers are. Although this activity is illegal and is conducted in the streets, the danger is more similar to those experienced by men (like arrest by police and being robbed by others). Because women are considered "easier to rob," they have developed a system of mutual protection (with male dealers) in order to prevent stealing.

Within the hierarchy of the social network, the better position of these women allows them not only to have more possibilities of creating associations for buying and injecting but also to differentiate themselves from the rest of the women who are sex workers in the street. Even when female drug selling is indirectly a male dependent strategy, adopting a man's work reduces the variety of dangers and risks.

CONCLUSION

Women's evaluation of HIV risk and the possibility of developing and carrying out sexual and injection preventive practices depend upon the complex and unequal system of transactions that characterize the street economy.

IDU women's everyday life is conditioned by the tension among three principal processes. Of prime importance are the scarcity of economic resources, social marginalization, and the isolation from mainstream society. Second is the male-centered street ideology, which places women in a subordinated position. This place makes them not only dependent on men for respect and protection, but also exploited as a source of resources and as a target of violent actions. The final element is the women's knowledge and defense of "women's rights." They criticize the subordination and carry out a fragmentary resistance to it.

In the male-centered street economy, IDU women's precarious subsistence not only exposes them to different kinds of dangers but also makes them carry out strategies of protection and defense. In this scenario

gender relations become a way to reduce or increase the multidimensional violence that dominates IDU women's everyday life. However the vicious circle defined by scarcity of resources, street ideology and resistance to male domination places IDU women in a paradoxical situation. While those who adopt a subordinated position apparently obtain protection as exchange, those who are alone and resistant to having a male partner reduce the violence that comes from this bond. However in the first position, not only does the protection often become something fictitious, but also it is transformed sometimes into domestic violence. On the other hand, women who are alone, although they reduce the abuse caused by men, are more exposed to the variety of dangers that come from inside and outside of the social network, and they tend to live in a deeper isolation. In other words, their ways of resisting not only are fragmentary but often useless because of the illegal and extreme marginal conditions in which they live.

Considering the nomadic women's everyday life, the unequal distribution of resources (money and drugs) promotes more unsafe sexual practices and exposure to more violent conditions during sexual intercourse, in which condoms are excluded. Moreover, the male dependence for help during injection and the tendency of occupying a second position in the injection process put women under a higher vulnerability of HIV.

In this setting, the close relationship between precarious subsistence and immediate life-threatening dangers changes the status of HIV. Even though these women try to carry out HIV preventive practices, drug dependence under conditions of gender inequality transforms HIV into a secondary risk.

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NOTES

1. The notion of risk has been discussed and criticized in anthropological studies related to HIV (see also Frankenberg 1992, 1993; Connors 1992; Crawford 1994).

2. Physical violence and sexual abuse during childhood have been related to the higher HIV risk experienced by drug-using women or women who are sexual partners of drug users (Worth, Drucker and Eric 1990; Klein and Chao 1995; Haiou et al. 1998).

3. Qualitative methodology and the ethnographic approach within the studies of drug abuse and HIV have been presented in NIDA Research Monographs (see Lambert (ed.) 1990; Lambert, Ashery and Needle (eds.) 1995).

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