

National Transgender Health Summit, 2015
Abstract proposal
Erin C. Wilson, Glenn-Milo Santos

Sexual Mixing patterns among trans*female youth and implications for HIV risk

Background

Transwomen and youth are most at risk for HIV from risky sexual behaviors. However, a gap in the literature exists between the study of individual and structural risks for HIV among trans*female youth – the study of sexual networks. This study was conducted to assess the sexual networks and risk factors related to different partnership types to begin to zero in on the epidemiology of HIV among trans*female youth.

Methods

Data were obtained a study of 292 trans*female youth in the San Francisco Bay Area. Assortativity by age, race, partner type, HIV serostatus, and IDU across sexual networks was calculated using Newman's assortativity coefficients (NC). Multivariable generalized estimating equations (GEE) logistic regression models were used to evaluate associations between unprotected anal intercourse with age, race and HIV serostatus, partner-IDU status and relationship type discordance while adjusting for the HIV status of transwomen.

Results

There were 230 trans*female youth in this study who were sexually active within the past 6 months, of whom 2 (0.9%) were HIV-positive and 26 (11.3%) had a history of injection drug use. Trans*female youth had a total of 742 sexual partnerships in the last six months, with an average of 3.23 of sexual partners per youth. White (NC 0.30, 95%CI 0.25-0.35), Black (NC 0.28, 95%CI 0.24-0.32) and Latina (NC 0.28, 95%CI 0.24-0.32) trans*female youth were the most racially assortative, or likely to have sexual partners of their same race. Most sexual partnerships were with casual partners (n=532, 71.7%), and the largest proportion of partners was identified as heterosexual (n = 327, 44.1%). Most trans*female youth were in sexual partnerships with people of their same known serostatus (73.2%, n = 543) and few had sexual partnerships with people who injected drugs (n = 42, 5.7%). In multivariable analyses, condomless anal intercourse was significantly associated with primary partners (aOR 3.66, p<0.001), having discordance in injection drug use with a partner (aOR1.83, p=0.048).

Conclusions

Engagement in condomless anal intercourse is highest in primary partnerships for trans*female youth, which is consistent with the literature among transwomen and populations at risk for HIV. These data present a challenge for public health experts to obtain a better understanding of the composition of the sexual networks of trans*female youth and work within a network paradigm to change the risk environment for this disproportionately impacted youth community.