CONCENTRATED HIV EPIDEMIC IN PERU

Previous research in Peru has found a greater risk of condomless anal intercourse (CAI) in primary partnerships 1, 6, 7:
- Examining CAI in aggregate may not account for the ways in which the sociocultural landscape of masculinity, homophobia, and transphobia in Peru may shape the sexual roles and expectations of TW and their male partners

• To assess the association between partner type and condom use during insertive versus receptive anal intercourse with the last three non-female partners of TW, in Lima, Peru.

METHODS

We analyzed cross-sectional, egocentric data from TW screened for a 2012-2014 Partner Management study in Lima, Peru.

Study Population

Self-identified TW reporting anal intercourse (AI) with at least one of their last three non-female partners.

Statistical Analysis

Models were created using GEE with Poisson distribution (Stata 10.0) to assess prevalence ratios and 95% confidence intervals for:
- (1) condomless receptive anal intercourse (RAI) by partner type
- (2) condomless insertive anal intercourse (IAI) by partner type
- (3) any condomless anal intercourse by partner type

• Adjusted for participant education, HIV status, STI history, pre-sex alcohol use, sexual role, and partner sexual role.

SUMMARY & CONCLUSIONS

Reciprocal Anal Intercourse

Condomless RAI was more common with primary partners compared to TW with unknown HIV status (vs. uninfected).

Implications:
- Reciprocal role as gender-affirming
- Condomless sex as expression of intimacy with primary partners
- Perceived lower risk in stable partnerships
- Lack of direct control of condom

Insertive Anal Intercourse

Condomless IAI was more common with transactional and casual sex partners, by TW with a history of harmful or hazardous alcohol use, pre-sex substance use, and/or HIV-uninfected status (vs. infected).

Implications:
- Insertive role as a predominantly transactional sex practice
- Advantage of direct control of condom outweighed by lack of economic agency

Our study highlights the need for:
- Further examine the relationship between the cultural constraints on gender/sexual roles and the sexual risks enacted within distinct partnership contexts
- Make comprehensive rights-based interventions to decrease marginalization
- Increase availability of HIV/STI prevention technologies that can be independently accessed and controlled without legal, economic, or interpersonal consequences

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