participated in human development, HIV status, STI history, pre-sex alcohol use, sexual role, and partner sexual role).

Results

138 TW (median age 27, IQR: 22–33) provided data on their last sexual encounter with 376 distinct partners (78% reporting 3 partners; 16% reporting 2; 6% reporting 1). Most (65.2%) TW practiced receptive AI exclusively, 36.6% practiced insertive AI exclusively, and 31.2% practiced both. I-CAI was more prevalent than R-CAI among TW with alcohol use disorders, drug use before sex, sexual role strain (performing a different role than preferred), and than secondary education. I-CAI was more prevalent with transactional sex partners (PRadj: 1.54; p = 0.19; reference: primary partners) and casual partners (PRadj: 1.39; p = 0.31), while R-CAI was more common with stable compared with transactional (PRadj: 0.67; p = 0.06) and casual partners (PRadj: 0.70; p = 0.14). I-CAI was significantly lower among HIV-positive TW (PRadj: 0.53; p = 0.02; reference: HIV-negative), while R-CAI was significantly higher among TW with unknown HIV status (PRadj: 1.91; p = 0.048).

Conclusion Examining partner-level I-CAI/R-CAI separately reveals different HIV/STI risk contexts/behaviours among TW. Future studies should explore implications of partner and AI-associated risk behaviours, including experience of sexual role strain and differences in TW’s partner-specific perceptions of HIV/STI risk, sexual intimacy, gender affirmation, transactional sex demands, and condom use agency.

Disclosure of interest statement: None.

Abstracts

P04.28 EXPLORING CONTEXTUAL DIFFERENCES FOR RECEPTIVE AND INSERTIVE ROLE STRAIN AMONG TRANSGENDER WOMEN AND MEN WHO HAVE SEX WITH MEN IN LIMA, PERU

1MF Satche*, 2ER Segura, 3A Silva-Santisteban, 4SL Reiner, 5JL Lama, 6Jl Clark. 1South American Program in HIV Prevention Research (SAPHR), David Geffen School of Medicine, University of California, Los Angeles, CA, USA; 2Program in Global Health, Division of Infectious Diseases, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, CA, USA; 3Unit of Health, Sexuality and Human Development, Cayetano Heredia University School of Public Health, Lima, Peru; 4Department of Epidemiology, Harvard School of Public Health, Boston MA, USA; 5The Fenway Institute, Fenway Health, Boston, MA, USA; 6Asociación Civil Impacta Salud y Educación, Lima, Peru

10.1136/sextrans-2015-052270.282

Introduction We explored contexts within which transgender women (TW) and men who have sex with men (MSM) practice insertive anal intercourse (AI) despite receptive role preference (receptive role strain, RRS) and receptive AI despite insertive role preference (insertive role strain, IRS).

Methods We analysed cross-sectional, egocentric data from a 2012–2014 Partner Management study in Lima, Peru. We included MSM/TW reporting an exclusive preference for receptive (pasivo) or insertive (activo) roles and AI with at least 1 of their last 3 non-female partners. Generalised estimating equations with Poisson distribution were used to assess prevalence ratios with 95% CIs for RRS and IRS during the last sexual encounter, stratified by participant gender/identity. We adjusted for partner pre-sex drug use, condom use, partner type, and partner sexual orientation/role. RRS was assessed for TW and homosexual MSM, and IRS for hetero/bisexual MSM.

Results 766 MSM/TW (median age: 27, IQR: 23–32) provided data for 2,019 recent sexual partners, including: 104 TW with 286 partners, 404 homosexual-identifying MSM with 1,103 partners, and 225 hetero/bisexual-identifying MSM with 554 partners. TW reported the most strain with casual/transactional partners, homosexual MSM with primary/casual partners, and hetero/bisexual MSM with primary partners. TW predominantly (94.2%) preferred receptive roles and RRS was significantly associated with low education and pre-sex drug use (p < 0.05, references: secondary/university, no drug use). Homosexual MSM mainly (75.0%) preferred receptive roles and experienced RRS more commonly during condomless AI (p < 0.05, reference: condom-protected) with partners who preferred receptive/versatile roles (p < 0.05; reference: insertive-prefering). Conversely, 77.8% hetero/bisexual MSM preferred insertive roles and experienced IRS more commonly with insertive/versatile-prefering partners (p < 0.05) than receptive-prefering partners, while less IRS occurred with casual partners (p < 0.05; reference: stable).

Conclusion Our findings suggest different MSM/TW vulnerabilities during sexual role negotiation with partners. Future studies/interventions should consider implications for condom use agency, HIV/STI risk, and sequelae of gender dysphoria.

Disclosure of interest statement: None.