HIV Risk Factors and Associated Health Outcomes Among Sexual Minority Women in the United States

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Background
Female-to-female sexual contact is an inefficient route of HIV transmission; as such, sexual minority women have not been prioritized for HIV prevention programs. However, previous research has found high rates of sexual violence victimization, injection drug use, and lower healthcare access among sexual minority women, suggesting underlying vulnerabilities. This analysis examines sexual health outcomes and HIV risk factors among a population-based sample of sexual minority women in the United States.

Conclusions:
Although women who have sex with women (WSW) have a low risk of HIV transmission from sexual contact with women, elevated risk of sexual violence victimization, injection drug use, and proxies for unprotected sex with men, including abortion and use of emergency contraception, suggest risk for sexually transmitted infections including HIV. Healthcare providers should understand that sexual identity does not always predict behavior, or risk, and that women who identify as LGB may still be at risk for HIV. WSW would benefit from trauma-informed medical care as well as culturally sensitive interventions that address HIV risk from injection drug use and unprotected sex with men.

Methods
Data were from the 2013-2015 National Survey of Family Growth for female respondents aged 15-44. (weighted n = 1,21,627,354) were analyzed. Multinomial logistic regression was used to model associations between WSW women reporting sex with women (WSW), and B women identifying as lesbian, bisexual or gay (LSG), with a set of HIV and sexual health risk factors (Table 1).

Table 1: Summary of primary variables used in models

Table 2: Comparative characteristics by group: same-sex behavior vs. no same-sex behavior

Figure 1: Proportion of U.S women reporting same-sex sexual orientation, experiences, and attraction (2015-2015)

Table 3: Crude odds ratios (OR) and odds ratios adjusted for age, race, SES, education, mental health, alcohol use, and lifetime number of male partners.

Table 4: Summary of primary variables used in models

In adjusted analysis, WSW had increased odds of forced sex by a male, involuntary first sex, induced abortion, use of emergency contraception, and injection drug use compared to other women (Table 6). Similar results were found among LSG women. WSW are more likely to have had a recent STI test, but no more likely to have HIV tests, pelvic exams, or pap smears compared to other women.