

Partners of Transgender Women in Buenos Aires, Argentina: A Key Population for Targeted HIV and Syphilis Prevention Strategies

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BACKGROUND

- Transgender women (TGW) have high HIV/syphilis prevalence, but the role of their partners (PTGW) in the transmission is unclear.
- Characterizing sexual behavior of PTGW could clarify how they contribute to HIV/syphilis transmission among TGW and other populations.

OBJECTIVE

To compare sexual behavior and HIV/syphilis prevalence of PTGW to other populations at high risk.

- Partners of transgender women are a gender-diverse group with HIV and syphilis prevalence similar to MSM, but lower than TGW.
- Transactional sex and cocaine use are significantly associated with syphilis among PTGW.
- Tailored prevention strategies are urgently needed to address PTGW's unique sexual behaviors and vulnerabilities.

METHODS

We analysed cross-sectional data from a voluntary HIV-testing centre in Argentina (June 2023-January 2025). PTGW refers to individuals self-reporting sex with TGW, regardless of their own gender or other partner's gender. HIV/syphilis prevalence among repeat testers was based on their first test. Group comparisons were performed with Kruskal-Wallis, chi-squared, and Fisher's exact tests, with post hoc Wilcoxon rank-sum and Fisher's exact tests with Bonferroni correction, when appropriate. Bivariate analyses were conducted in PTGW to determine associations between age, gender, receptive anal/vaginal sex, cocaine use, transactional sex, and HIV/syphilis diagnosis.

RESULTS

A total of **3110** individuals were included: **211 PTGW**, 1715 men who have sex with men (MSM), 1032 heterosexual cisgender men (h-cis-men) and 152 TGW. Among PTGW, median age was 30 years. Gender identity distribution was 65% cisgender men, 13% cisgender women, 8% non-binary, 8% TGW, 4% transgender men and 2% other. Table-1 shows sexual behavior and HIV/syphilis prevalence by group. Figure-1 shows HIV/syphilis prevalence by group. HIV/syphilis prevalence were lower in PTGW compared to TGW (3% vs 10.5% for HIV, $p<0.05$; and 5% vs 27% for syphilis, $p<0.01$). No significant differences were found between PTGW and MSM ($p>0.05$). Syphilis prevalence was associated with transactional sex and cocaine use ($p<0.05$) while no variables were associated with HIV prevalence.

Figure 1: HIV/syphilis prevalence by group.

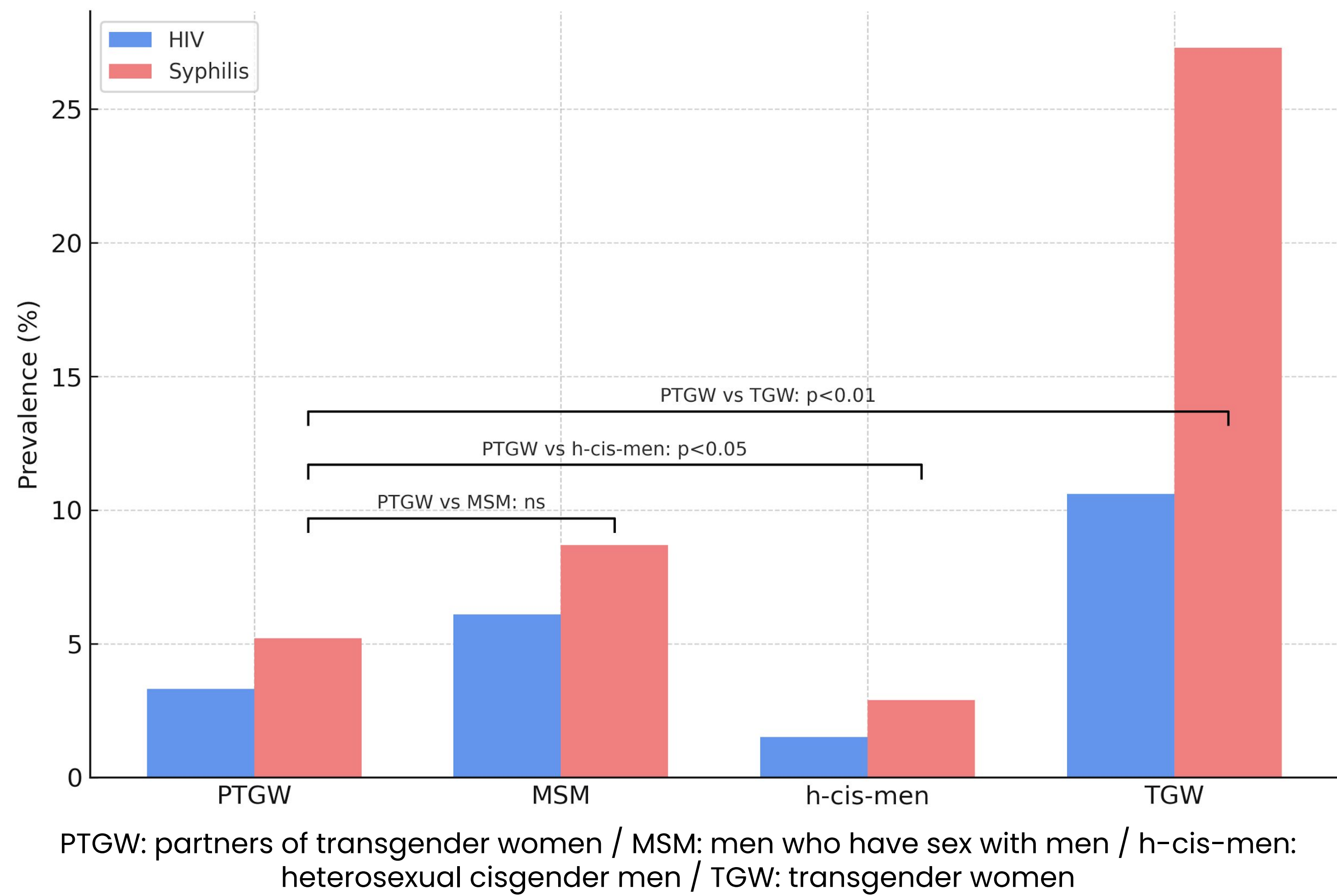


Table-1 Sexual behaviour in PTW compared with MSM, TGW and h-cis-men							
Characteristics		Overall	PTGW	MSM	p-value (PTGW vs MSM)	TGW	p-value (PTGW vs TGW)
		n = 3,110	n = 211	n = 1,715		n = 152	
Gender of sexual partners, n (%):	Cisgender woman	1,374 (44.2%)	158 (74.9%)	175 (10.2%)	< 0.01	9 (5.9%)	< 0.01
	Cisgender man	1,962 (63.1%)	113 (53.6%)	1,715 (100.0%)	-	134 (88.2%)	< 0.01
	Transgender man	121 (3.9%)	73 (34.6%)	38 (2.2%)	< 0.01	4 (2.6%)	< 0.01
	Non-Binary	126 (4.1%)	70 (33.2%)	40 (2.3%)	< 0.01	6 (3.9%)	< 0.01
Number of sexual partners in the last 6 months, Median (IQR)		3.0 (2.0, 6.0)	4.0 (2.0, 7.5)	4.0 (2.0, 6.0)	1	6.0 (2.0, 15.0)	< 0.01
Sexual practices, n (%):	Anal and/or vaginal receptive sex, n (%)	2,060 (71.4%)	149 (75.6%)	1,400 (85.1%)	< 0.01	131 (99.2%)	< 0.01
	Consistent condom use in anal and/or vaginal receptive sex, n (%)	855 (41.5%)	59 (39.6%)	602 (43.0%)	0.8	53 (40.5%)	1
	Anal and/or vaginal insertive sex, n (%)	2,779 (93.3%)	188 (93.1%)	1,510 (90.7%)	1	119 (86.9%)	0.2
	Consistent condom use in anal and/or vaginal insertive sex, n (%)	1,045 (37.6%)	63 (33.5%)	609 (40.3%)	0,2	48 (40.3%)	<0.05
Transactional sex, n (%)		367 (12.2%)	46 (22.1%)	155 (9.3%)	< 0.01	111 (76.0%)	< 0.01
Drugs use in last month, n (%)		1,448 (47.9%)	138 (66.0%)	801 (47.9%)	< 0.01	95 (66.0%)	1

CONCLUSIONS

PMTGs are a **diverse group of individuals** with varied gender identities and sexual orientations, often facing a **heightened risk of acquiring and transmitting HIV and syphilis**. Their **HIV prevalence is similar to that of other key populations, such as MSM**. To better support their health and well-being, **it is essential to develop prevention strategies that are tailored to their experiences and reduce exposure to risk**. This highlights the need for **research that deepens our understanding of their lives, needs, and contexts**.

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