

Sex Trade for Money is Associated with Lifetime

Self Reported Sexually Transmitted Infections among Injection Drug Using Women in Baltimore

Typhanye V. Penniman, Ph.D., MPH, Courtenay E. Cavanaugh, Ph.D., Leah J. Floyd, Ph.D., & William Latimer, Ph.D., MPH.

Johns Hopkins University Bloomberg School of Public Health

Background



Trading sex has been associated with women's increased risk for sexually transmitted infections (STIs) including HIV, however, there has been little study into whether there are differential influences between types of sex trade (for drugs versus money) and women's risk for STIs.

Female injection drug users are at even greater risk for sexually transmitted infections including HIV. However, there has been little examination into sexual behaviors and the sexual health of these women. Nevertheless, such information is needed to inform infectious disease prevention and intervention efforts.

Study Aim 1: Test the relationships between sex trade for drugs and sex trade for money with 169 injection drug using women's self-reported lifetime STIs

Study Aim 2: Describe the prevalence of self-reported STIs and rates of the types of sex trade and their relationship to STIs among female IDUs

Methods

Design: Baseline data from the NIDA-funded (R01DA014498), NEURO HIV Epidemiologic Study, which used targeted sampling to recruit drug users.

Sample: 169, female injection drug users (IDUs) in Baltimore, MD. Eligibility criteria included: (1) English speaking, (2) 15-50 years of age, and (3) illicit drug use during the previous 6 months

Measures: HIV Risk Behavior Interview obtained information regarding participants' lifetime drug use, sexual behaviors, and history of STIs

Analysis:

- Chi Square tests were used to compare patterns of sex trade for either drugs or money with participant demographics, substance use behaviors, and self-report of infectious diseases (Not shown)
- Logistic regressions were used to test independent demographic and sexual trade correlates of lifetime STIs, after which one simultaneous logistic regression was then performed to test significant univariable correlates of lifetime STIs

Results

	Mean (SD) 32.77 (7.5)	
Age		
Race/Ethnicity	N (%)	
Black	89 (52.7)	
White	80 (47.3)	
Education <high equivalent<="" or="" school="" td=""><td>114 (67.5)</td></high>	114 (67.5)	
Homeless in Past 6 Months	29(17.8)	
Lifetime STI Prevalence	66 (39.9)	
Sex Trade for Money	32 (18.3)	
Sex Trade for Drugs	8 (4.7)	
Sex Trade for Both	38 (22.5)	

ariable	Lifetime STI (%) (N=169)	UOR (95% CI)	AOR (95% CI)
Age		1.05 (1.01-1.10)	1.03 (0.96-1.08)
Race White	29.5	1.00	1.00
Black	48.8	2.27 (1.21-4.26)**	2.20 (1.00-4.58)*
Education			
< High School	37.9	1.00	1.00
High School of More	41.1	0.87 (0.46-1.68)	1.83 (0.83-4.04)
Homelessness			
Homeless in past 6 months	39.4	1.00	1.00
Not Homeless in past 6 months	46.7	1.13 (0.50-2.54)	0.79 (0.23-2.09)
Sex Trade for Drugs			
Never Trade for Drugs	31.9	1.00	1.00
Trade for Drugs	60.9	3.44 (1.70-6.96)***	1.55 (0.64-3.78)
Sex Trade for Money			
Never Trade for Money	25.3	1.00	1.00
Trade for Money	58.6	4.19 (2.16-8.07)***	4.91 (2.12-11.40)***

Age is a continuous variable; therefore odds ratios are interpreted for 1 year increments UOR = Unadjusted Odds Ratios; AOR = Adjusted Odds Ratios; CI = Confidence Intervals

Results (cont.)

Participants who reported ever having an STI were significantly more likely to be Black.

Participants reporting trading sex for money were significantly more likely to report ever having an STI.

Sex trade for money and race/ethnicity emerged as the only significant correlates of lifetime STIs among female IDUs.

Female IDUs with a lifetime history of trading sex for money had almost five times the odds of a lifetime STI compared to female IDUs with no lifetime history of trading sex for money, after controlling for education, race/ethnicity, and homelessness during the previous six months and sex trade for drugs

Summary and Conclusions

High prevalence of sex trade among female IDUs in this study underscores the need for STI prevention interventions targeting female IDUs

Raises questions for future epidemiological and prevention studies about the nature of sex trade in Baltimore, specifically the extent to which female IDUs drug networks differ from their sex networks

Furthermore, future studies should examine whether women who trade sex for drugs differ with respect to their number of partners or frequency of sex trade, as well as condom use during sex trade

Special consideration should be given to Black female IDUs engaging in sex trade for money and their clients who may substance using males or not but may possible serve as bridges to less risky populations