Priority 4: Females at Very High Risk for HIV (FVHR)

Behavioral Population Description:

The National Center for Disease Control and Prevention (CDC) estimate that 1.1 million people in the United States are living with HIV infection, 21% of those undiagnosed and therefore unaware of their HIV status. It is also estimated that there are about 56,300 people newly infected annually with HIV. (CDC 2006)
In Maine, approximately 1,500 people have been diagnosed with HIV and there may be as many as 300-400 people in the state living with HIV that are unaware of their status. Of those people with diagnosed HIV infection, 16% are female. In 2009, Maine diagnosed 56 new HIV infections, 25% (14) of those were among women. (ME CDC HIV/AIDS Surveillance Program 2009)

Specific demographics of the participants in the ME CPG Needs Assessment Survey for 2010 can be found on pages 8-10 of the Needs Assessment.

Although we realize that any unsafe sexual and/or injection drug use can put females at risk for HIV infection, a particularly high risk for females is unsafe heterosexual sex. Heterosexual females who have unsafe sex refers to females who engage in unsafe behaviors (a sexual episode in which there is no or very little protection put in place to prevent HIV infection) that could put them at high risk for HIV infection from their opposite sex partner because that partner is HIV positive, an injection drug user, or is a male who also has sex with other males.

Research shows that men transmit HIV more easily to their partners than women do. Women are more susceptible to HIV infection through heterosexual, vaginal intercourse for several biological reasons.

- The lining of the vagina provides a large area, which can be exposed to HIV-infected semen.
- Semen has higher levels of HIV than vaginal fluids do.
- Usually more semen is exchanged during sex than vaginal fluids.
- Having untreated sexually transmitted infections (STIs) makes it more likely for women to contract HIV. (www.womenshealth.gov/hiv/women-at-risk/)

Of the 14 women in Maine who were newly diagnosed with HIV in 2009, 50% were white and 50% were black. Among those females living with HIV, there is a larger proportion of minority females as compared to their male counterparts, 74% are white, 22% are black/African American, and 3% are American Indian/Alaskan Native as compared with their male counterparts of whom 91% are white. It is also of note that 50% of the women newly diagnosed with HIV in 2009 were foreign born. (ME CDC HIV/AIDS Surveillance Program 2009)

Risk Profile, FVHR:

U.S. Centers for Disease Control and Prevention recognize eight risk factors and prevention barriers for HIV among women (ME CPG Needs Assessment page 7). The needs assessment data (page 49) show that all of these factors increase the risk of HIV transmission among women in Maine:

- Younger age (ages 15-39)
- Lack of recognition of partner's risk factors, such as unprotected sex with multiple partners, sex with men, or injection drug use
- High-risk heterosexual risk factors, such as lack of HIV knowledge, lower perception of risk, drug or alcohol use, and different interpretations of safer sex
- Biologic vulnerability and history of STDs
- Substance use
- Lower socioeconomic status
- Racial/Ethnic differences
- Multiple risk factors such as inequality in relationships, socioeconomic stresses, substance abuse, and psychological issues.

In addition, needs assessment data shows us that 44% of women are/have been in an abusive or fear inducing relationship, which contributes to the inability of women to access HIV prevention and properly protect themselves. The exchange of sex for money, drugs, basic survival needs, and to take care of family is also a reality for many of the women of Maine and provides its own challenges to accessing HIV prevention.

Behaviors:

Certain behaviors, called HIV risk behaviors, increase the level of risk for infection among females. There are four general behaviors which put women at higher risk for HIV:

1. having unprotected sex with a man/men who are HIV positive, men who have sex with other men, and men who inject drugs; having anonymous sex partners; multiple sex partners;
2. using and/or abusing drugs and/or alcohol;
3. trading sex for money, drugs, and/or other basic survival needs; and
4. obtaining a tattoo or body piercing in an non-sterile/unsanitary setting.

Over 25 years of research has identified that HIV is a preventable disease. Research has also identified the specific behaviors that result in 100% prevention, other behaviors that result in higher, but not complete, levels of prevention, behaviors that offer a low level of prevention, and those behaviors that offer no preventative benefit.

The other risk factors described in the following sections have a more indirect relationship to HIV prevention. They influence the decisions to engage in behaviors. As such these factors can either support or undermine preventive behaviors from occurring on a case-by-case basis.

Impacts of addiction and substance abuse (SA):

There are three primary addictive states that can seriously undermine HIV prevention actions and behaviors. Untreated, these addictions exert strong control over a person's behavior in unpredictable ways. They are:

1. drugs;
2. alcohol; and
3. sex.

Of the women surveyed who reported using drugs in the past year, Marijuana (48%) Oxycontin (17%) and Cocaine (powder) 15% were the most popular choices.
Also, 7% of women surveyed have injected a drug in the past six months.

Alcohol and drugs play a huge role in having unprotected sex. It lowers inhibitions and allows a person to behave in a way they may not have while not under the influence of drugs and alcohol and also limits a person's ability to negotiate condom use. Of the women who reported having had sex in the past six months, 43% had sex while drunk or high.

HIV Status (HIV positive, negative, unknown)

The information that was collected during the recent needs assessment shows that behaviors and needs for HIV positive and negative women were similar. It should also be noted that the sample of HIV positive women taking part in this assessment was too small to draw any further conclusion about this population of women.

Other research has shown that people who have been diagnosed as being HIV positive have reported that knowing their HIV status has helped them to change unsafe behavior for safer behavior. Knowing your HIV status is important. People who have not been tested for HIV, and therefore are of unknown HIV status, represent a challenge for HIV prevention. There are three important facts related to unknown status:

1. the U.S. Centers for Disease Control and Prevention (CDC) estimate that about 21% of people infected with HIV don't know it because they haven't been tested. In Maine, that proportion represents about 300-400 people;

2. the U.S. CDC estimates that more than half of HIV infected adolescents don't know it because they haven't been tested; and

3. the U.S. CDC estimates that more than half, from 50% to 70% of new infections

are caused by people who are infected but untested and unaware of their infection.

Individual attitudes, beliefs, feelings, etc.

How a person feels, the things they believe in, and the attitudes they hold are other important factors that influence HIV prevention. The FVHR population as well as the general population must believe that HIV is a serious enough health issue to do something about. For the female population it is very important that they understand that women can be/are infected with HIV and that the percentage of women with HIV is growing at alarming rates.

More than half of the recent needs assessment respondents reported having unprotected intercourse within the past 6 months and of those 77% did not use a condom during their last sexual encounter and 25% of women never use condoms. The reasons most women give for not using condoms are because they don't like them and/or they know or believe that their partner doesn't like using them.

There appears to be a lack of overall education about HIV prevention; as many women feel they are not at risk, simply because they are women. Over 50% of the respondents, who have not had an HIV test in the past 6 months, when questioned why, gave the reason that they did not believe they were at risk.

Many women assume they know their partners' HIV status, even though they may have never asked their partner(s) about HIV status and their partner(s) have never disclosed either positive or negative status to them. It was also noted that 10% of women are afraid to know their status, mostly because they don't want to know if they have HIV. Another barrier to HIV prevention is the belief of many women over the age of 25 that condoms are for pregnancy only and are not thought of for HIV/STD protection. This is true especially for older women who have gone through menopause. Since pregnancy is no longer a concern, they feel free to have unprotected sex without giving much thought to HIV and other STDs.

Individual mental and emotional status:

A person's mental and emotional health status is another important factor affecting HIV prevention. Such conditions as a diagnosed mental illness, depression (often undiagnosed), level of self-esteem, loneliness, and a history of trauma and/or abuse are factors, which can either support or undermine HIV prevention behaviors.

Mental illness and/or depression can present challenges for HIV prevention. When diagnosed they can cause real or perceived stigma and undiagnosed they can lead to behavior and/or addition problems. Both cases can lead to feelings that undermine HIV prevention.

The recent needs assessment shows that 44% of respondents are/have been in an abusive or fear inducing relationship. This can lead to lower self-esteem; less self-care; lack of condom negotiation.

Co-occurring disorders; addiction; even living in a rural area are also concerns for HIV prevention. Feeling isolated, stigmatized and/or alone can undermine HIV prevention messages or in some cases keep people from even getting the messages.

Social and Cultural Norms:

Social and cultural norms are the generally accepted rules and beliefs of a society as a whole or groups of people who share some common characteristics.

Of HIV prevention services accessed by respondents of the FVHR needs assessment, it appears there are two main HIV prevention methods Maine women are using, HIV testing and condoms. Two thirds of the respondents state that they have had an HIV test and know their HIV status and one in five women used a condom the last time they had sex.

Of the barriers to HIV prevention services in Maine for FVHR the following were noted:

- Lack of HIV knowledge (Basic 101)
- Lack of understanding/perception of risk
- Lack of HIV screenings as part of routine STD screenings
- Lack of consistent HIV testing in prison/jail system
- Lack of media messaging
- Lack of self-esteem
- The belief of most women over 25 that condoms are for pregnancy, not STD/HIV prevention
- The belief of most young women that anal sex prevents pregnancy and maintains virginity, while not realizing that it puts them more at risk for STD's/HIV
- Inability or lack of empowerment to negotiate safer sex
- Gender power imbalances/inequity
- Lower socio-economic status (Lack of access/affordability for health care as well as provider inconsistencies)
- Immigration status in country
- Minorities (disproportionately affected as well as lack of cultural competence in providers)
- Lack of care takers/family supporters
- Accessibility of services (too far away; no transportation; unaware of services)

Systems and Institutions:

Systems and institutions are broadly organized and established entities that function for some specific purpose. Examples include the education system, the criminal justice system, religious institutions, governmental services, mental health systems, and

substance abuse treatment systems. These systems and institutions have norms and values that are specific to the individual system or institution.

In the recent needs assessment for FVHR there were several barriers noted to HIV prevention systems in Maine:

- Lack of routine HIV screening as part of routine health care
- Lack of perception/knowledge of risk among FVHR
- Services too far away
- No transportation
- Unaware of the service location
- Inconvenient times of service

Key NA findings:

In reviewing the 2009 CPG Needs Assessment Report for Females at High Risk for HIV and epidemiological information, several key points regarding this population emerge.

There are barriers for Maine women at risk for HIV to accessing HIV prevention services. The most common barriers described by women are: services are too far away, there is no transportation, there is unawareness of the service and/or the service location, and times of service are inconvenient.

The needs assessment shows that Maine women have similar risks to women in the U.S.:

- More than one quarter of the respondents had between two and 30 sex partners
- Almost half of the respondents noted that they have been in an abusive or fear-inducing relationship
- One in eight of the respondents had anonymous sex partners in the past six months
- One third of the respondents do not know their HIV status
- The majority of those who had sex in the last six months did not discuss HIV with their sex partners; rates for STDs are only slightly better
- Almost one quarter of the respondents stated that they do not know if their partners have HIV or an STD
- Seven percent of women report injecting substances, and just under half have shared their needles or works
- Almost three quarters of the respondents have used substances to get high in the last year
- Almost half have had sex while drunk or high in the last six months
- Rates of condom use among women in Maine are poor and inconsistent: more than half had sex without a barrier in the past six months and more than a quarter of the women never use a condom - only 21% of women used a condom the last time they had sex.

There are several factors associated with inconsistent condom use. Apart from not using a condom because being in a monogamous relationship, Maine women report five top reasons for not using a condom:

- Personal dislike
- Partner dislike (known and/or assumed)
- Knows and/or assumes partners are HIV negative
- Discomfort
- Substance use.

Women aged 25 and younger are the most likely to use condoms, based on condom use at last sexual encounter.

The needs assessment gathered data on eight prevention services. All services were known to a good extent, and all showed common barriers:

- Free Conventional HIV Testing: 36% did not know about the service. Only nine people stated that they had difficulty getting the service or were unable to get the service.
- Free Rapid HIV Testing: 50% did not know about the service. Only five people stated that they had difficulty getting the service or were unable to get the service.
- Counseling: How to tell sex partners HIV status: 58% did not know about the service; this, however, is not surprising, as this is a service reserved for people with HIV. Only two people stated that they had difficulty getting the service or were unable to get the service.
- HIV Testing for a Sex Partner: 38% did not know about the service;
- HIV Status Disclosure to Partners: 65% did not know about the service;
- Information on How to Prevent HIV and STDs: 28% did not know about the service and ten people stated that they had difficulty getting the service or were unable to get the service.
- Information on How to Decrease Behaviors that Increase Risk of HIV Infection: 33% did not know about the service and seven people stated that they had difficulty getting the service or were unable to get the service.
- HIV Prevention Messaging: 73% of the women only see or hear prevention messages occasionally, rarely, or never. Of those who have seen or heard HIV prevention messages, the majority of them have seen or heard the messages on television, a doctor's office or medical clinic, at the hospital, or at an STD clinic.

The sample of people who report not knowing about one or both of the free HIV testing services does not differ significantly from the whole respondent group: Those not knowing of the services might be:

- Slightly younger (under 25 years of age)
- Greater likelihood to be non-white
- Less stable housing situation

- Less likely to inject drugs
- More likely to use the internet, particularly dating sites
- Somewhat less likely to have had sex in the past six months
- Slightly less likely to use condoms.

When it comes to HIV testing, two thirds of the respondents state that they have had an HIV test and know their HIV status. The most frequently noted reasons for not being tested is the respondent does not feel that they are at risk for getting HIV and/or because they don't have sex.

- The most frequently reported reason for getting an HIV test in the past six months was because it was offered by the doctor during a routine exam, offered at an event or club, or because they knew they were at risk.
- The majority of people test in a medical setting including the doctor's office, a family planning clinic, a public clinic, or at a hospital.
- Those who do not get their HIV test result after their last test list the three top reasons were that they forgot, they moved, and that they were homeless.

Recommendations:

- Meet women at venues where they already congregate for socialization or to access other services and provide education, testing, etc.
- More community building, outreach provided by women and partnerships made with women at risk for HIV, both positive and negative, to provide outreach, education, and testing.
- Create partnerships with existing systems and institutions to provide outreach/education
- Use appropriate language for target population
- Increase awareness of risk and perceived susceptibility and vulnerability
- Increase knowledge of status through low barrier, targeted outreach, and CTR
- Include STD and hepatitis messages during outreach
- Provide risk assessment and referrals for hepatitis C testing and hepatitis A/B vaccine as appropriate
- Increase access to substance abuse and mental health services particularly services that can accommodate women and single parents and are available to people who do not have private insurance or MaineCare
- Increase self-esteem and confidence that one can use risk reduction behaviors under a variety of situations and circumstances
- Increase communication, problem solving and decision making skills that reduce HIV transmission including negotiation skills, and skills that lead to empowerment and assertiveness
- Advocate for changes to decrease HIV stigmatization