

# **HIV Risk among Pregnant Women in Haiti: Knowledge is Not Power**

**HOPE RESEARCH GROUP**

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# "Bay kou bliye, póte mak sonje"

-Haitian Proverb



**"He who strikes the blow forgets,  
he who bears the mark remembers"**

# Haiti: Social and Health Disadvantages<sup>1</sup>

- Caribbean has highest HIV prevalence next to Sub-Saharan Africa
- Haiti has over 250,000 HIV positive individuals (83% of all cases in the Caribbean)
- HIV prevalence: 5.2%
- GNP per capita: \$250
- Female life expectancy: 56.3 years
- Adult illiteracy: 47%
- Maternal mortality: 500/100,000 live births
- Infant mortality: 86/1,000 live births

<sup>1</sup> International Programs Center, US Census Bureau, HIV/AIDS Surveillance Database (2000)

# Haitian Women at Risk

- Women “bear the mark” of HIV and STI risk
  - 2 out of 5 Haitian women get an STI during pregnancy<sup>1,2</sup>
  - Highest rate of new AIDS cases in the Americas<sup>3</sup>
- Economic dependence, lack of power, and neglect of women’s sexuality may be barriers to women-focused HIV/STI prevention
- Prenatal care provides access to “hard to reach” population
- Integrate prevention programs that reduce risk for several health outcomes (e.g., STI, HIV, maternal mortality)

<sup>1</sup> Fitzgerald et al. Am J Trop Med Hyg (2000); <sup>2</sup> Pierre & Fournier. J Natl Med Assoc (1999);

<sup>3</sup> HIV/AIDS in the Caribbean: Caribbean Group for Cooperation in Economic Development (2000)

# Primary Aims

**Among pregnant women in rural Haiti, we will describe:**

1. HIV Knowledge and sexual communication
2. Power dynamics and experiences of abuse
3. Sexual risk behavior and self-reported STIs
4. Predictors of sexual risk behavior and STIs

# Methods

- 180 semi-structured interviews of pregnant women
- 6 community dispensaries of Hôpital Albert Schweitzer (HAS) in rural Deschapelles, Haiti
  - Serves 258,000 people of the Artibonite Valley
  - More than 80% of the women in the area receive prenatal care at community dispensaries
- Women approached at prenatal visits and asked to be interviewed
  - 97% response rate
- All measures translated in Haitian/Creole and interviews conducted by trained Haitian Interviewer



Hôpital Albert  
Schweitzer



# Sample Characteristics (N=180)

Age (M) 27 (SD=6.7)

## Income

- No income 95%

## Trimester

- First 12%
- Second 43%
- Third 45%

## Parity

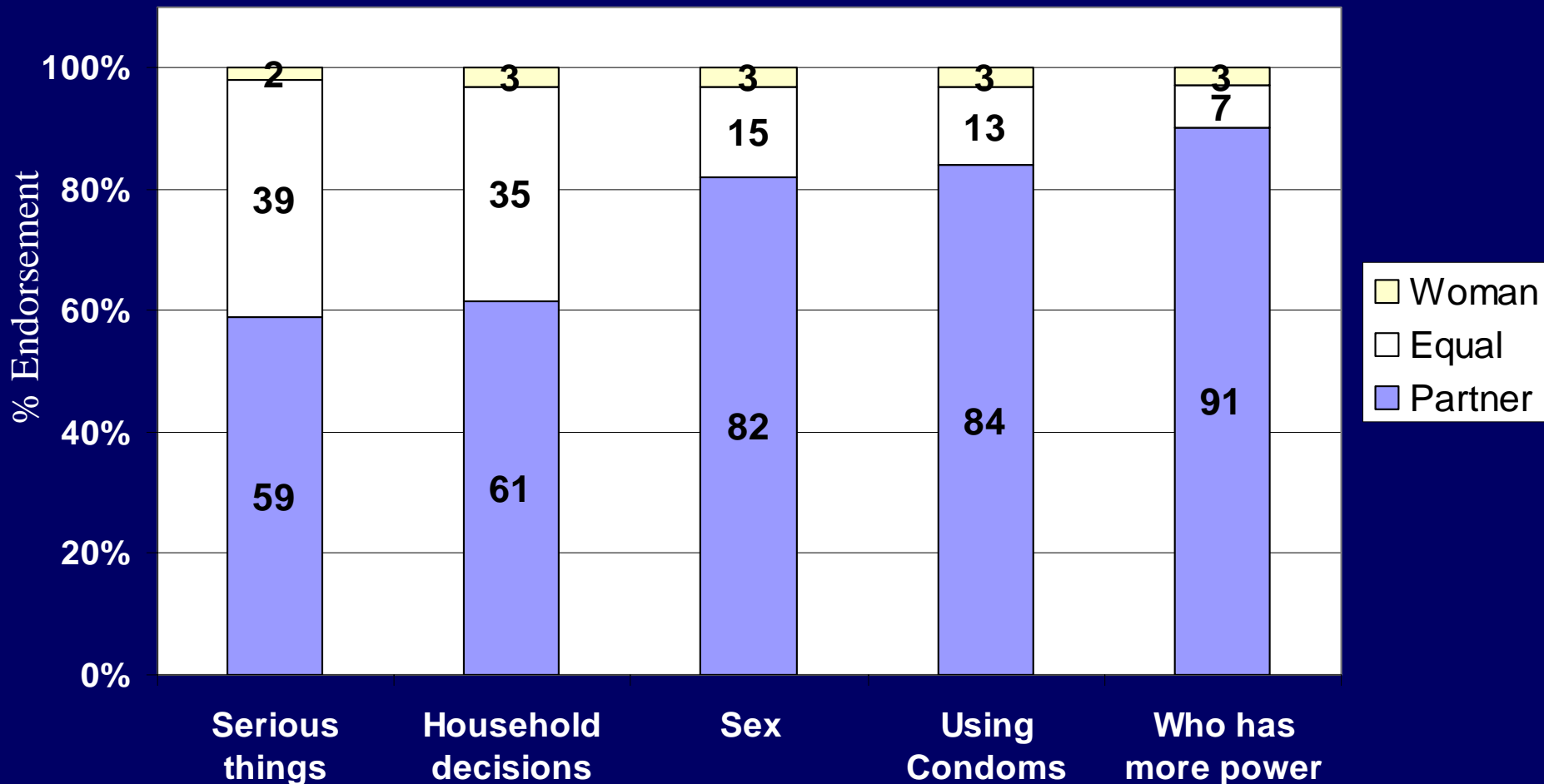
- 0 40%
- 1 25%
- $\geq 2$  35%

# Aim 1: HIV Knowledge & Sexual Communication

- **Asked 9 HIV knowledge questions**
  - **M=5.4 correct**
- **Showed correct knowledge for common risk pathways**
  - **Sex without condoms, multiple partners, blood transfusion**
- **Showed poor knowledge for HIV “myths”**
  - **Using something belonging to PWA, bit by mosquito, having sex with long-term partners**
- **Had moderate amount of sexual communication**
  - **M=8.7 (Range 0-20)**
  - **Most communication about partner’s past sexual partners and whether partner has sex with others**

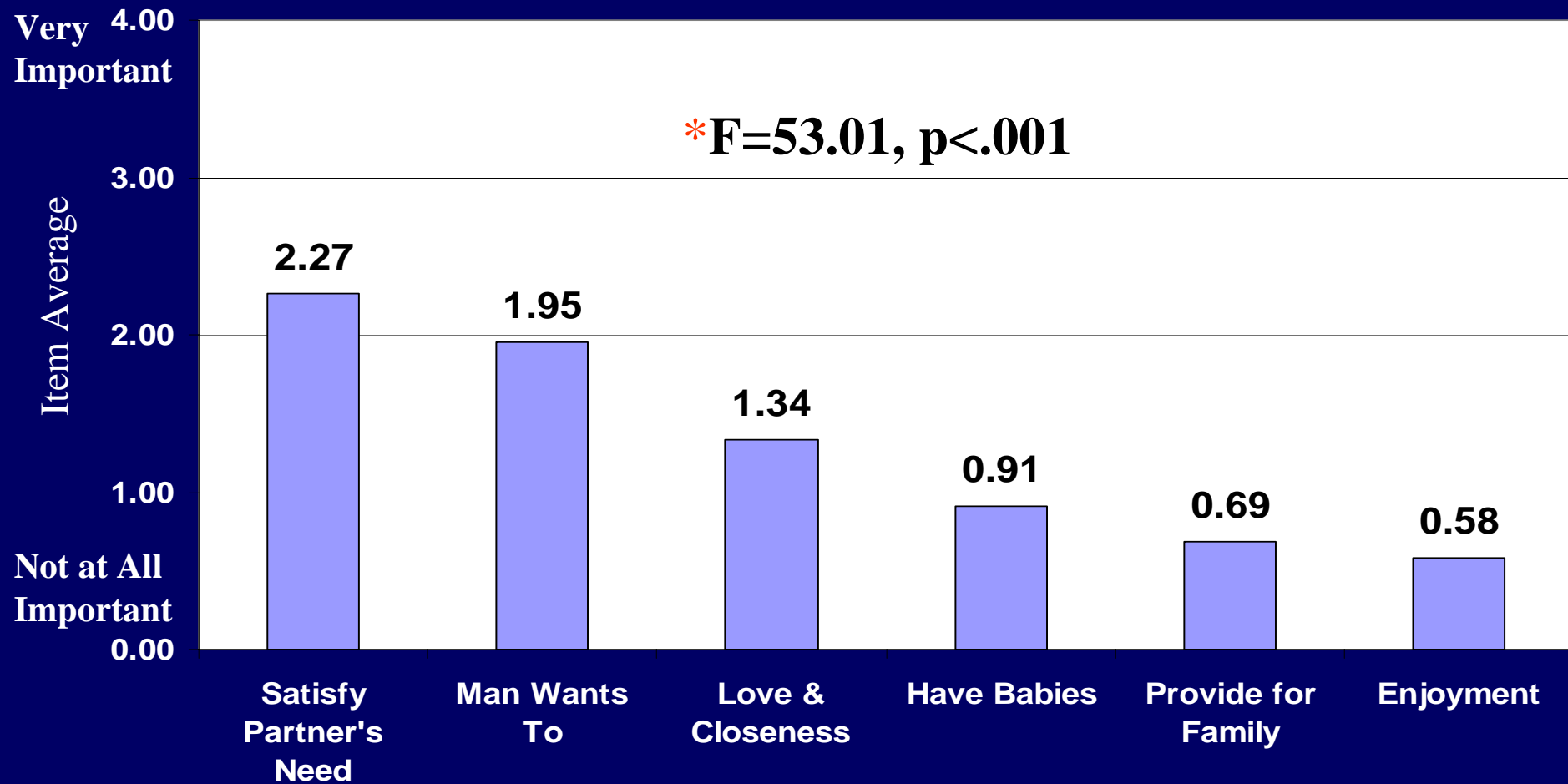
# Aim 2: Power Dynamics

Who has the power to make the decision in the following areas:



# Aim 2: Reasons for Sex

In general, how important are each of the following reasons to have sex:



# Aim 2: Abuse in Past Year

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- **Insulted/put down** **42%**
- **Forced to have sex** **36%**
- **Punched/kicked/slapped** **9%**

# Aim 3: Sexual Risk Behavior

- **Age at sexual debut** **17.3**
- **Sex partners past year:**
  - **1** **72%**
  - **2** **22%**
  - **3 or more** **6%**
- **Sex partners since pregnant**
  - **0** **36%**
  - **1** **55%**
  - **2 or more** **9%**
- **60% had “very strong belief” that partner currently having sex with someone else**

# Aim 3: Condom Use and STIs

- **Condom use past year** **20%**
- **Condom use since pregnant** **2%**
  
- **STI past year** **21%**
- **STI since pregnancy** **16%**

# Aim 4: Logistic Regression Predicting Condom Use in the Past Year

<u>Predictor</u>	Unadjusted Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)
Gestational age	1.14 (.93-1.38)	
Age	<b>.95 (.89-1.01)*</b>	<b>.93 (.86-.99)**</b>
Partners per year sexual activity	1.38 (.82-2.34)	
Partner having sex with other women	1.03 (.83-1.29)	
HIV knowledge	<b>2.12 (1.45-3.10)**</b>	<b>1.90 (1.30-2.79)**</b>
Sexual communication	<b>3.24 (1.98-5.29)**</b>	<b>3.35 (1.93-5.81)**</b>
Partner decision-making power	1.33 (.91-1.92)	
Insulted in past year	1.45 (.69-3.05)	
Sexually abused in past year	<b>1.91 (.90-4.04)*</b>	1.08 (.43-2.73)
Physically abused in past year	1.54 (.46-5.15)	

\*p<.10; \*\*p<.05;

# Aim 4: Logistic Regression Predicting Self-Reported STIs in the Past Year

<u>Predictor</u>	Unadjusted Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)
Gestational age	1.10 (.90-1.33)	
Age	1.01 (.96-1.07)	
Partners per year sexual activity	.31 (.06-1.60)	
Partner having sex with other women	<b>1.23 (.98-1.55)*</b>	1.14 (.89-1.45)
HIV knowledge	1.04 (.79-1.36)	
Sexual communication	<b>1.48 (1.01-2.15)**</b>	1.22 (.80-1.87)
Partner decision-making power	<b>1.49 (1.03-2.19)**</b>	1.21 (.79-1.89)
Insulted in past year	1.19(.58-2.45)	
Sexually abused in past year	<b>2.73 (1.31-5.69)**</b>	<b>2.13 (1.07-4.61)**</b>
Physically abused in past year	.90(.24-3.37)	

**\*p<.10; \*\*p<.05;**

# Conclusions

- **Haitian women had high perceptions that partner was having sex with others, high self-reported STIs, but low rates of condom use**
- **Haitian women had little perceived power in decision making---especially concerning sex**
- **Many women suffered from recent emotional, physical, and sexual abuse**
- **Lack of knowledge, power, control over sexual decisions, and fear of abuse may serve as barriers to risk reduction for Haitian women**

# ***"Nanpwen maladi li pa gen remede"***

-Haitian Proverb



**“There is no illness that does not have a remedy”**

# Implications

- **Need integrated prevention programs incorporating Haitian women and men that:**
  - reduce myths about HIV
  - include the influence of gender on risk
  - increase women's empowerment
  - change social norms about power, decision-making, and abuse
  - consider social inequities

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