

Gender, Power, and HIV Risk

The Promise of Woman-Initiated Prevention Options

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CIRA AIDS Science Day
April 22, 2005

Introduction

- Worldwide, rates of HIV infection among women are rapidly increasing
- In the U.S., AIDS cases have increased among women, disproportionately affecting Latinas and African-Americans
- In Hartford, 37% of new HIV cases are among women

Factors Affecting HIV Prevention

- Most effective existing methods generally depend on partner cooperation
- Desire to have children makes barrier methods and abstinence impractical
- Poverty, economic dependency, violence, coercion, and addiction make it difficult to negotiate condom use

Gender Roles & Power

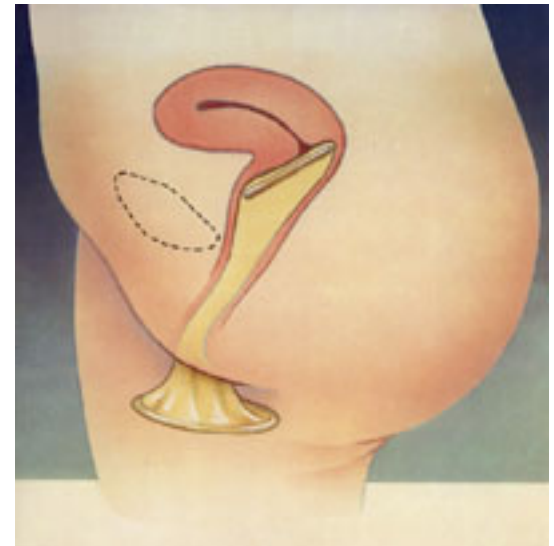
- Men are sexual decision-makers
- Women are mothers and protectors of family and relationship stability
- Women experience a variable sense of empowerment to negotiate for HIV prevention depending on the relationship

Social Meanings of Male Condoms

- “I don’t trust you; you’ve been sleeping around.”
- “You’re not serious about our relationship; maybe you don’t really love me.”
- You think I have a disease, or maybe YOU have something.”

Woman-Initiated Prevention Methods

- Female Condoms
- Microbicides



Microbicides

- Topical products in gel, cream, film, or suppository form being developed to reduce the transmission of HIV and other STD pathogens
- If a **60% effective** product is offered to **73 lower income countries** and is **used by 20% of people** reached by healthcare during **50% of unprotected sex acts...2.3 million HIV infections would be averted over 3 years.**

Project Protect

- Explore concepts and experiences of HIV/STD prevention
- Examine microbicide readiness and acceptability
- Explore factors of female condom awareness, use, and adoption
- Ethnographic and quantitative methods
- Simulation and product trials

Participant Socio-Demographics

N=464

Age	18-66 (mean=36.48)
Ethnicity	
African American	44.4%
Latina	35.1%
Less than High School	52.6%
Homeless	40.9%
Work Status	
Unemployed/Laid Off	58.2%
Disabled	21.8%
Income < \$750/mo	89.1%

Participant Socio-Demographics

Marital Status

Single	52.6%
Married/Partnered	26.7%

Partner Types

Primary Partner	78.1%
Casual Partner(s)	23.4%
Paying Partner(s)	24.4%

Lesbian/Bisexual 17.5%

HIV Risk Factors

Prior 30 days:

Smoked crack	48.6%
Injected drugs	22.5%
Sniffed cocaine/heroin	22.5%
Exchanged sex	24.4%
Sex partner was an IDU	15.6%

STD and Violence History

One or more STDs	68.8%
Gonorrhea	33.1%
Chlamydia	26.7%
Hepatitis C	23.0%
Syphilis	10.5%
HIV/AIDS	10.6%
Physical Abuse <16	43.7%
Sexual Abuse <16	43.3%
Physical Abuse >16	36.6%
Sexual Abuse > 16	35.3%
Current Abusive Partner	7.9%

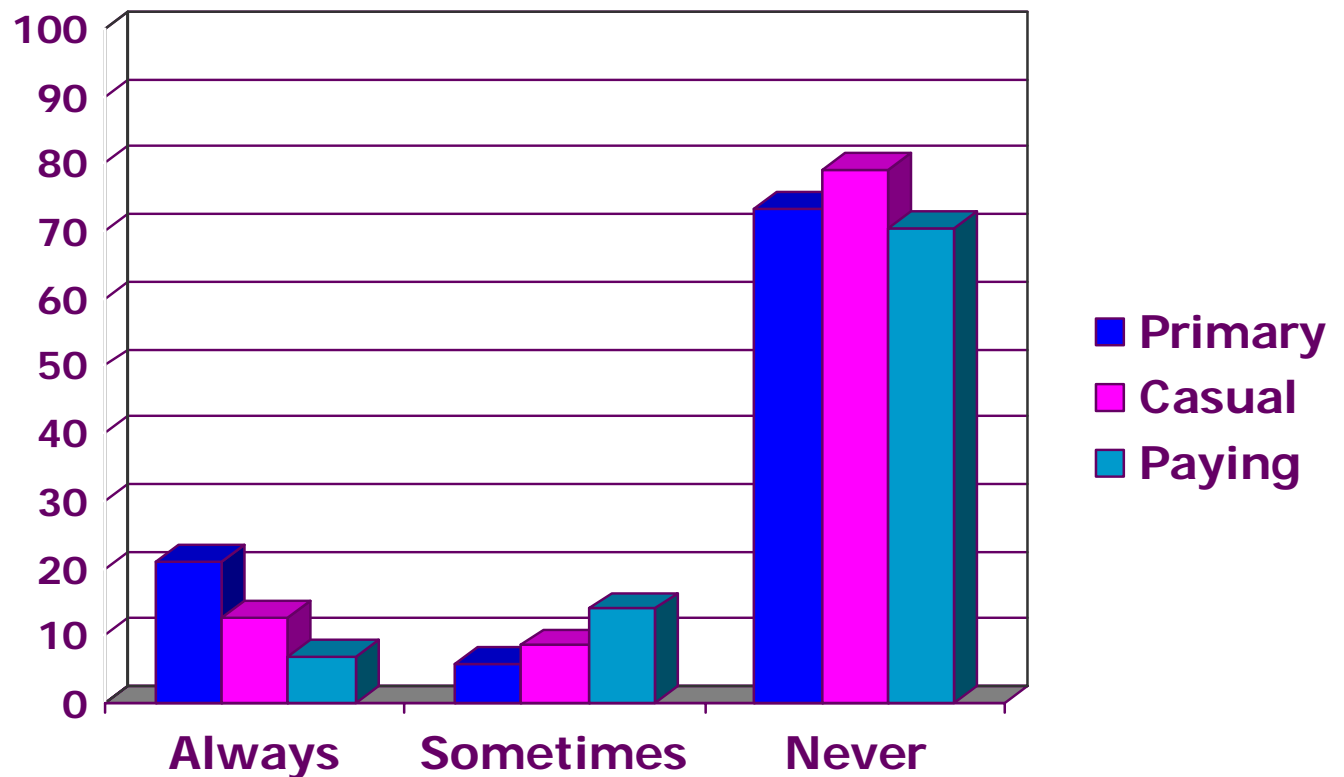
Condom Use

Percent of protected vaginal/anal sex acts in last 30 days with:

Primary Partner	35.0%
Casual Partner(s)	64.2%
Paying Partner(s)	77.0%
All Partner Types	46.4%

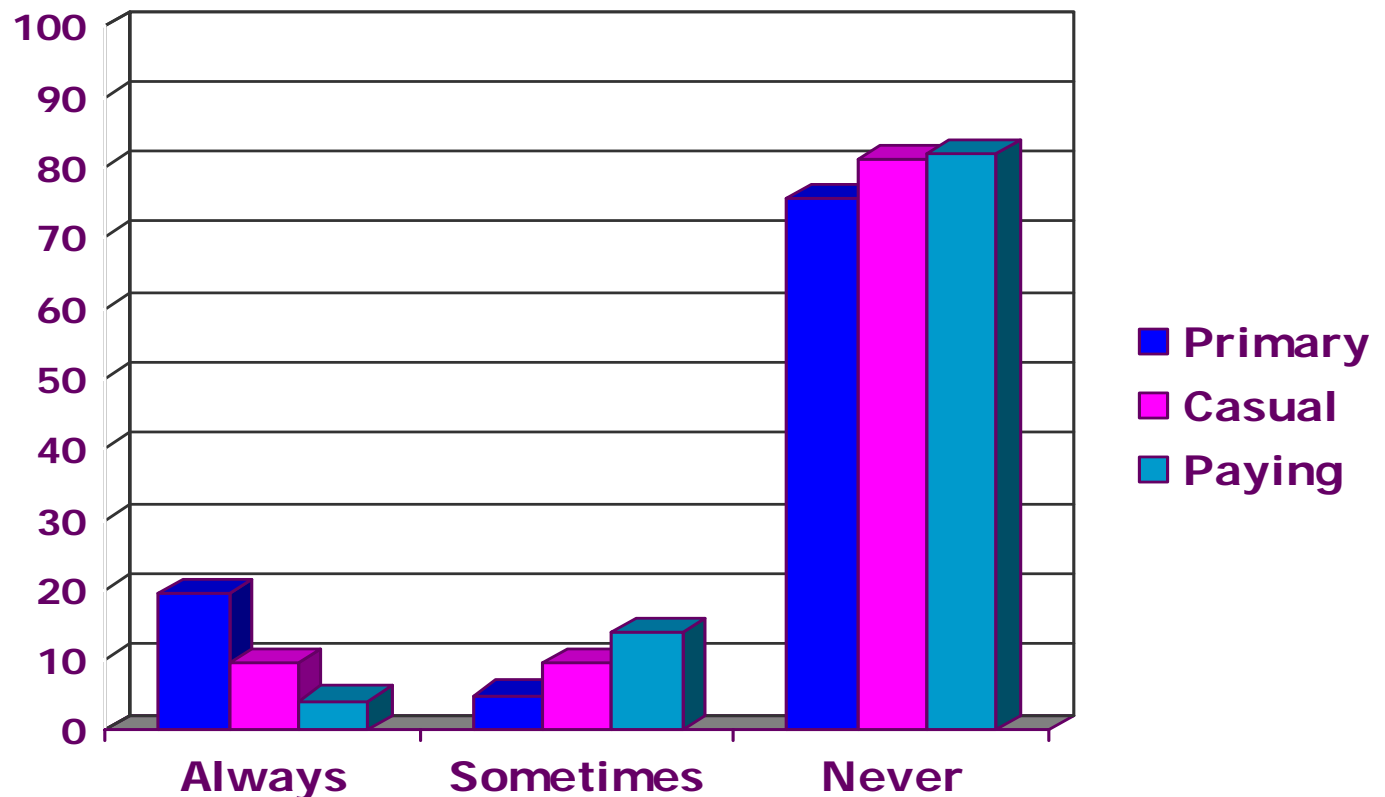
Condom Refusal

How often have you had sex without a condom in last 30 days because your partner refused to use one?



Condom Avoidance

How often did you have sex without a condom because you were not comfortable asking your partner to use one?



Power and Condom Use

Women who felt they had more power in their primary sexual relationship reported:

- having more protected sex,
- fewer occasions of unprotected sex due to partner refusal or avoidance,
- and engaging in more HIV/STD prevention behaviors

Female Condoms

- Used in >80% of all encounters, 71.7% of most recent encounters
- “I like it better. I think it’s safer. I think it’s built better...I don’t care what it looks like, as long as it does what it’s supposed to.”
- “A female condom is good because you put it in there yourself and you know it’s in there and you know they can’t go down there and take it out.”

Female Condoms

- Main reasons for non-use at last sexual encounter:
 - “My partner didn’t want to use it”
 - “My partner didn’t like how it feels”
- “Somewhat likely” to use with all partner types in the future
- Barriers to use are similar to those of male condoms

Microbicide Acceptability

- Acceptability on a scale of 1-4
 - ◆ African-Americans 2.64
 - ◆ Latinas 2.76
 - ◆ Whites 3.01
- Most acceptable among Latinas, those with higher education, IDUs, and women who were HIV-

Microbicide Acceptability

- Women who perceived more relationship power found microbicides to be *less* acceptable
- Women with only a primary partner reported less acceptability
- African-Americans reported lowest acceptability rating yet are experiencing higher rates of HIV infection

Summary

- Sample of women at very high risk of HIV infection
- They are aware of their risk and inclined to protect themselves but are inconsistent condom users for a variety of reasons
- High rates of STDs and HIV are evidence of the limitations of their current condom use

Summary

- The female condom can be a viable alternative for some, but only if promoted
- Microbicides may be most suitable for women who find current options insufficient, undesirable, or impossible to use
- Microbicides must appeal to those at highest risk and least likely to find them acceptable

Conclusion

- Women are at disparate risk of HIV infection due to issues of culture, racism, and structural inequities
- These factors must remain in the forefront when designing research and developing interventions
- They *must* be addressed if we are to improve not only the health of women, but of all people

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