

Structural Violence and Racial Disparity in HIV Transmission: community-level/ecological factors placing minority women at increased risk.

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Objective

- Using structural violence as a conceptual framework we examine ecological or macro-level risk factors leading to disparate rates of heterosexually transmitted HIV among women of color in Syracuse, New York
- In this analysis we utilize national data, previous studies, and data from the Syracuse, New York area.

Objective

- We acknowledge that we have not attempted to test the validity of a causal model through analyses such as path analysis.
- Rather our goal is to examine more closely ecological variables involved and suggest three potential pathways leading to increased rates of HIV among minority women to help guide policy makers and future research in this area.

Background

- According to the Centers for Disease Control and Prevention HIV infections among women of color in the U.S. have risen dramatically in the recent years.
- A growing literature on racial and ethnic disparities in health tends to overemphasize individual-level risk factors, which are important but only partially explain why minority groups experience worse health.

Background

- Research and policy in public health tends to focus on individual lifestyle risk factors.
- This focus ignores the institutional disadvantages constraining healthy behavior or the context in which lifestyle choices are made and lived.
- This attention to individual-level risk factors is sometimes referred to as biomedical individualism

Structural Violence

“preventable harm or damage to persons (and by extension to things) where there is no actor committing the violence or where it is not meaningful to search for the actor(s); such violence emerges from the unequal distribution of power and resources or, in other words, is said to be built into the structure(s).” (Weigert, 1999)

- Covers institutional racism, disease-ridden environments, stigmatized social norms, and barriers preventing underserved populations from getting adequate healthcare

Individual-Level Risk Factors for Heterosexual HIV Transmission by Race/Ethnicity

- Previous studies only suggest modest differences among racial/ethnic groups in women's sexual risk behavior, with the largest difference being age at which sexual activity begins.
- Lane (2002) in a national sample of 13,570 teenagers found 50% reported 2 or more sexual partners in the previous 18 months, and there was only a 2% difference between non-Hispanic whites and African American girls.
- These factors do not explain why HIV rates are higher among women from racial and ethnic minority groups.

Sexual Activity Among Adolescent American Women: 1982-1995

- (Susheela and Darroch, 1999; 1999 Trends in Sexual Activity Among Adolescent American Women: 1982-1995

Percentage of women aged 15-19 who have ever had sexual intercourse by race or ethnicity and age at interview, according to year

<u>Age</u>	<u>White</u>	<u>African American</u>	<u>Hispanic</u>
• 15-17	36.2%	48.9%	49.4%
• 15-19	50.7%	60.4%	56.0%
• 18-19	70.7%	78.8%	65.6%

Adolescent sexuality

- National Longitudinal Study of Adolescent Health (1994-1995)--heterosexual relationships reported by teenage high school students (8,024 students who had 17,266 heterosexual partners in 18 months)
- Over 50% of respondents reported two or more partners during the previous 18 months

	<u>Total</u>	<u>Male</u>	<u>Female</u>
• White	54%	52%	56%
• Af. Am.	61%	63%	58%
• Hispanic	56%	59%	51%

Individual-Level Risk Cont.

- Wyatt et al. (2002) interviewed a community sample of 490 HIV positive and HIV negative white, African American and Latina women. She found that race and ethnicity was not associated with HIV risk behavior.
- Wyatt conducted three community-based studies on the sexual practices of white and African American women in Southern California. White women in the study reported more total partners and a higher proportion of white women reported oral, anal and group sex.

Demographic Data: Syracuse, NY

- Syracuse is the 5th largest city in New York State, and resides in Onondaga County, where it is the largest city in the county.
- Majority of African Americans in the county reside in Syracuse
- For some of our analyses only county level data were available

	Onondaga County	Syracuse
Total	458,336	146,435
Population		
% African	9.4%	25.3%
American		
% Latino	2.4%	5.3%

AIDS, HIV, and STDs by race/ethnicity, Onondaga County

	White	African American	Latino
Cumulative AIDS Actual # cases (1982-2000)	521	290	67
AIDS per 100,000 population	122.4	635.6	742.3
Cumulative AIDS cases in females, actual #	62	88	15
AIDS diagnoses per 100,000 female population	30.6	384.5	267.6
Cumulative AIDS cases in females with risk factor of heterosexual contact, actual #	59	44	9
HIV prevalence among pregnant women, 2000	0.09% (4 positive of 4,457 tested)	0.41% (4 positive of 983 tested)	0.61% (1 positive of 169 tested)
<i>Chlamydia</i> infections, 2000	233 (55 per 100,000)	378 (859 per 100,000)	Data not available
Gonorrhea infections, 2000	77 (18 per 100,000)	323 (734 per 100,000)	Data not available

Source: Onondaga County Health Department

STDs by age category Onondaga County, 2000

Age	<i>Chlamydia</i> in females (2000)	<i>Chlamydia</i> in males (2000)	Gonorrhea in females (2000)	Gonorrhea in males (2000)
< 15	36	6	10	6
15-19	527	94	129	50
20-24	408	146	118	110
25-29	127	68	42	41
30+	74	42	63	29

Source: Onondaga County Health Department

Incarceration and HIV risk

- 10% of male inmates are raped
- 30% have sex, many of whom trade sex for drugs
- about 25% of inmates injected drugs prior to incarceration--some portion of these inmates continue to inject drugs in prison
- about 50% of men in one study got a tattoo while incarcerated

Incarceration and HIV risk

- In the United States in 1997, of all individuals nationwide infected with blood-borne diseases, 20-26 percent of those with HIV/AIDS, 12 to 16 percent of those with hepatitis B, and 29 to 32 percent of those with Hepatitis C had been released from a correctional facility that year (Hammet, 2000).
- AIDS has also been documented as the second leading cause of death in U.S. prisons (Rapposelli et al., 2002)

Disproportionate incarceration

- **In the U.S:**
 - **African Americans are incarcerated at a rate of 9.6 times white citizens**
 - **African Americans make up almost 13 percent of the population, yet they are 30 percent of the people arrested and 49 percent of those in prison (Human Rights Watch, 2000).**
- **In New York State**
 - **African Americans make up 16 percent of the population, but constitute 43 percent of the arrests (New York State Uniform Crime Report, 1998), and 51 percent of those in state prison (New York State Department of Correctional Services, 2002).**

Disproportionate incarceration

In Onondaga County

- African Americans comprise 9.4 percent of residents and 52 percent of the inmates incarcerated in the local correctional facility.
- African Americans are incarcerated at over 11 times the white rate.
- During 1997-1999 African Americans made up 52 percent of all persons sentenced to jail and 61 percent of all persons sentenced to state prison.
- Among all persons arrested, African Americans were nearly 4 times more likely to be sentenced to incarceration (jail or prison) than white residents (who were more likely to receive probation or a fine) (odds ratio 3.92, 95% CI 3.43-4.47)

Words of Former Inmate

- Male: “Because you are not supposed to have sex anywhere, condoms are unavailable and it makes sex a high risk activity. Somebody may get a rubber glove to use, but still, the rules are you should not be having sex. My experience with it was the majority were having sex with other inmates in there.”

Constrained Social Networks

- Social or geographical isolation of human networks can result in the maintenance of elevated rates of STDs
- In Syracuse *de facto* racial segregation concentrates the majority of African American residents in the near-west and south sides of the city
- The prevalence of gangs, that threaten to harm people who enter a turf in which they do not reside, further limits the ability of teens and young adults to initiate relationships outside of a few neighborhoods.

Limited STD Clinic Hours

- **In Baltimore a syphilis epidemic was associated with cuts in the provision of STD screening and treatment services.**
- **STD screening and treatment services are limited in Onondaga County due to fiscal constraints.**
- **There is one public STD clinic, located in the basement of the downtown civic center. Its hours are: Mon 9-10:30am and 1-3pm, Tues 1-3pm, Wed Closed, Thurs 12:30-4:30pm, Fri 9-10:30am.**

Limited STD Clinic Hours

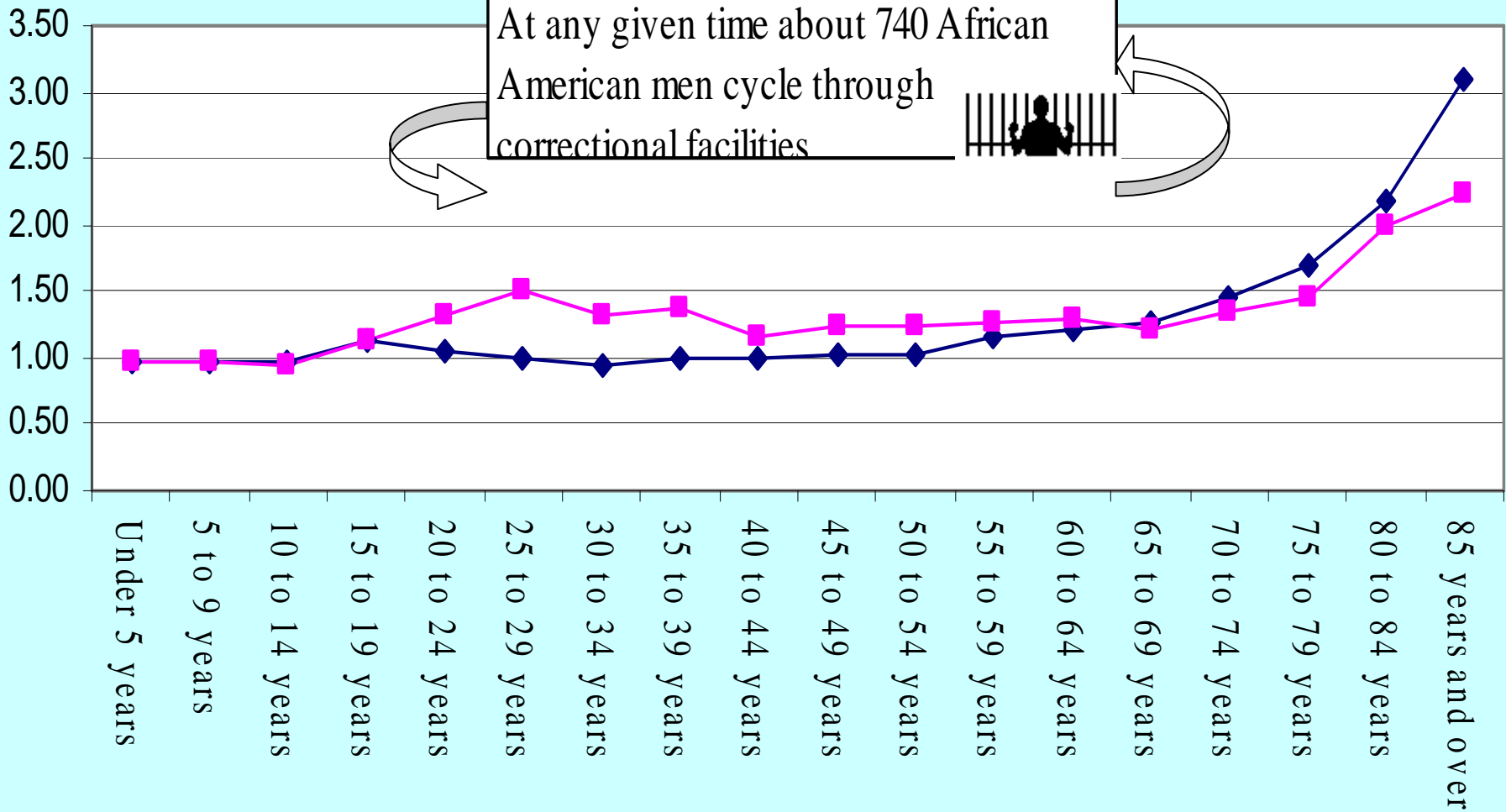
- **In 2000, the Onondaga County Health Department STD clinic staff undertook an assessment of the length of time their patients waited from first symptoms until effective treatment for their STDs and their exposure to other partners while infected.**
- **The majority of patients had experienced symptoms for 7-10 days; they spent the first couple of days hoping the symptoms would go away and the remainder determining where and when to get treated.**
- **The majority also continued to have sex concurrently with the symptoms; the most recent sexual encounter was usually within the preceding 24 hours.**

Population Demographics

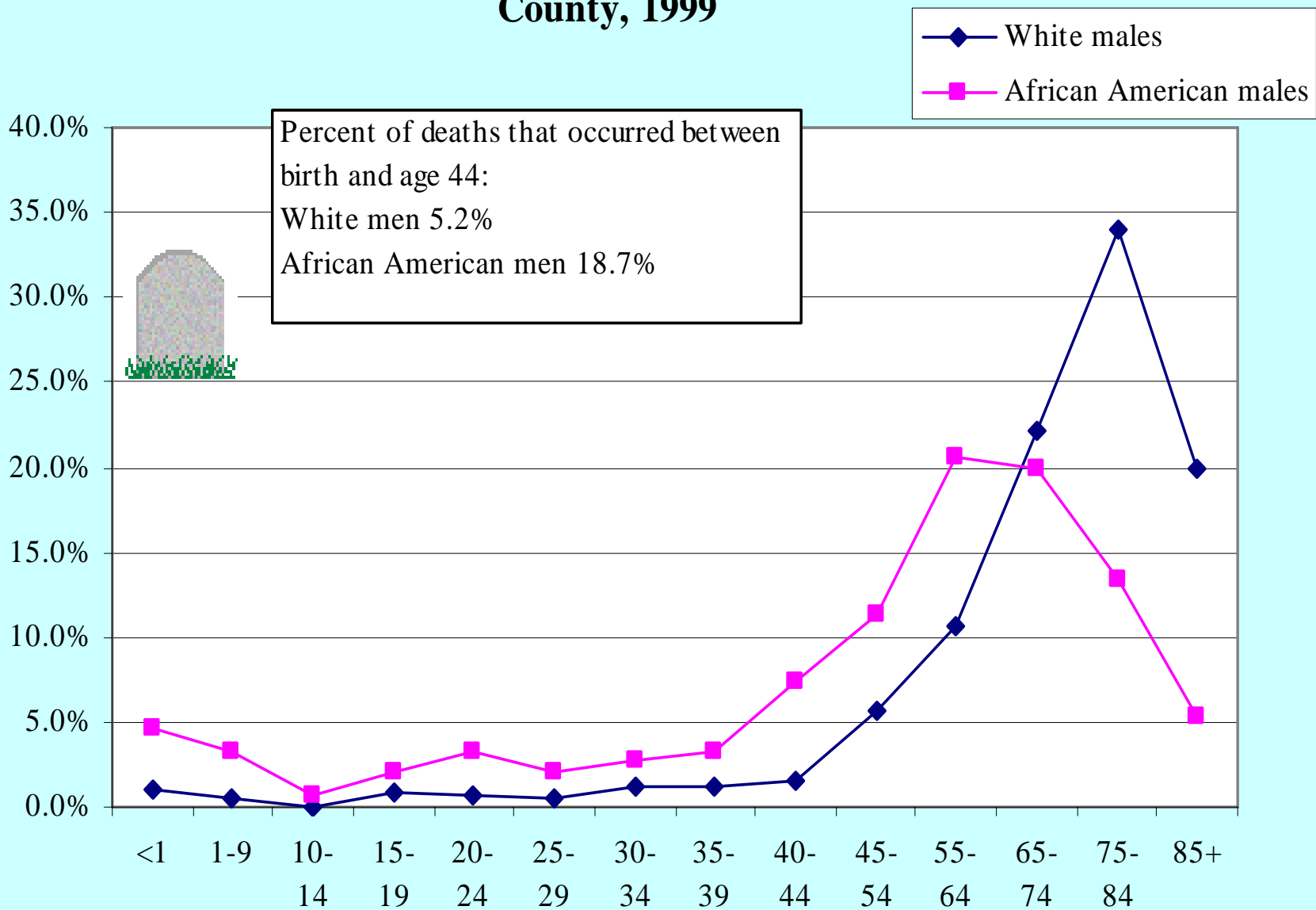
- **The sex ratios in Syracuse were calculated using the 2000 census.**
- **Between the ages of 25 to 29 for every 100 African American males there are 150 African American females.**
- **If the sex ratio was 1:1 there would be approximately 1,114 more African American males in Syracuse between the ages of 20 to 59.**
- **Reasons for this sex ratio include: disproportionate incarceration rates and premature mortality.**

Sex ratio (women per men) by race, Syracuse, 2000 census

- White
- African American



Mortality, by race and percent of deaths at each age, Onondaga County, 1999



Population Demographics: Concurrent Partnerships

- **Newly minted term--one person having two or more other sexual partners in the same time period. These partners may not be aware of each other.**
- **Sexual partnership data reported by the 10,847 women, age 15-44 years, (Adimora et al., 2002; 1995 National Survey of Family Growth). Prevalence of concurrent partnerships:**
 - 21% among African Americans,
 - 11% among whites,
 - 8% among Hispanics
 - 6% among Asian American and Pacific Islanders

Concurrent Partnerships: An African American woman's perspective

- “It’s hard because men have it easy. They have two to three women per man, so it’s very easy for him to not stay committed. A woman like me is looking for commitment and will try almost anything just to keep that commitment going...I’m gonna accept this BS he’s giving me because...without him...it’s gonna be hard for me to find someone else to [be with]...seeing it as if I let him go, this [other] woman’s gonna have him...I don’t want to be alone.”

Homophobia:

- In Syracuse as in many other cities, homosexuality is stigmatized, particularly in communities of color.
- Because of this stigmatization, some men who have sex with men (MSM) hide their same-sex sexual encounters.
- Men of color who have sex with men may not identify as gay, homosexual, or bisexual and may miss being reached by safer-sex messages.

Homophobia:

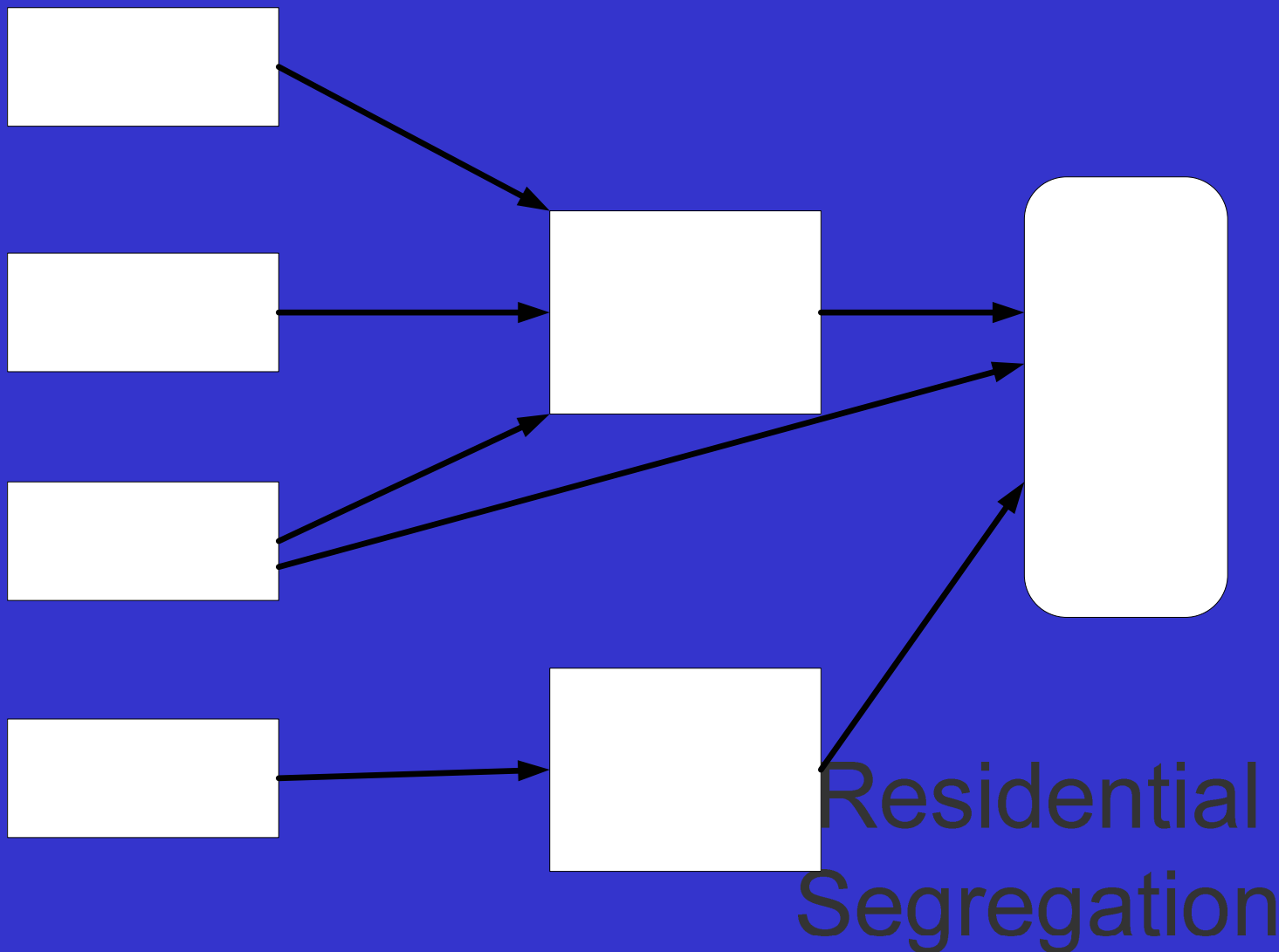
The Down Low or the DL

- Definition: A man-who-has-sex-with-men (MSWM) who presents a public heterosexual persona, often with a steady female partner or wife.
- Interviewee: “There are lots of guys on the DL in Syracuse...I could tell you some stories...Just the other day I saw this man walking down the street with his lady, pushing a baby carriage. He looked right past me, even though he saw me, because he knew I had seen him at his boyfriend’s house the night before.”

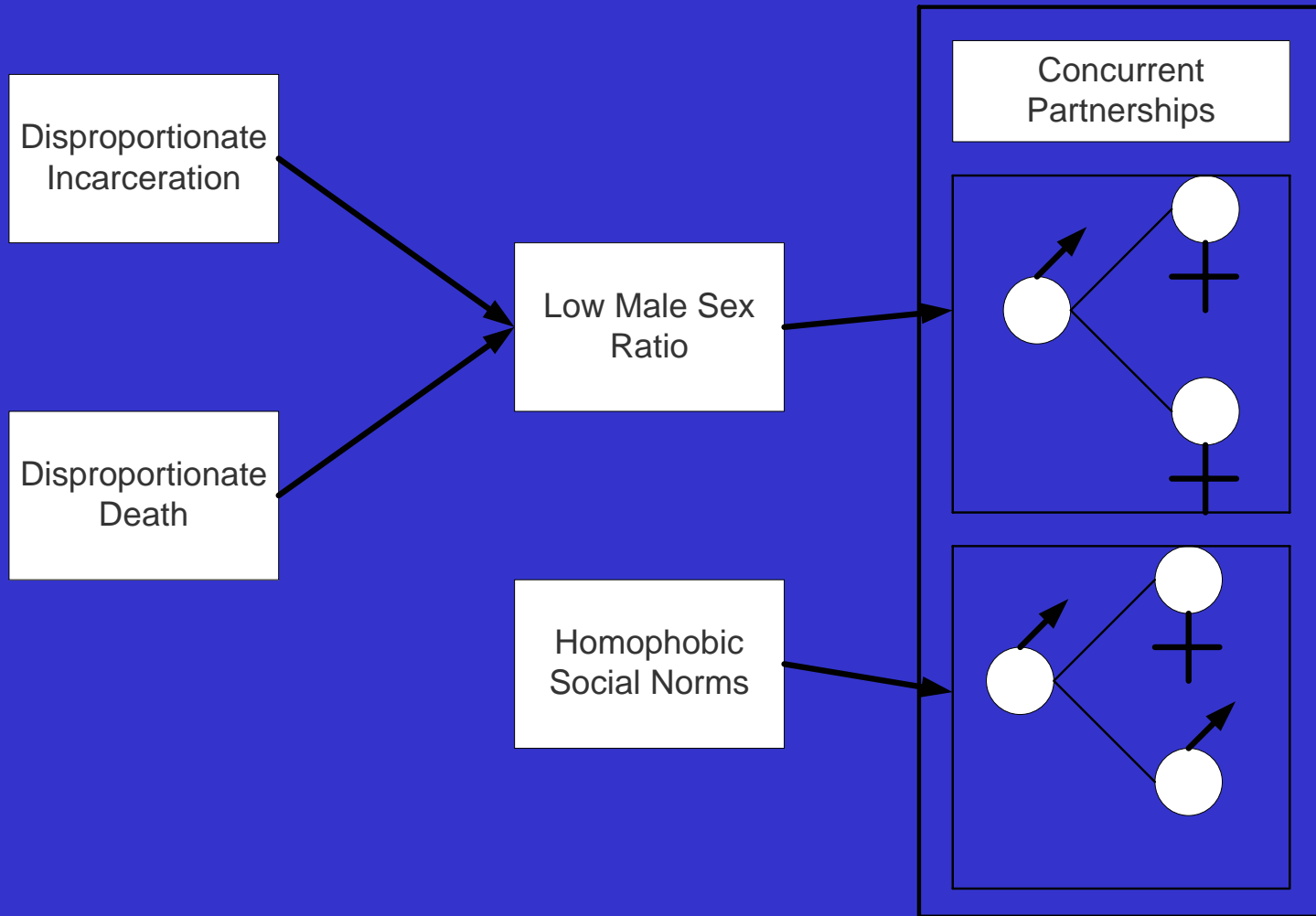
Vaginal Douching

- Douching is a culturally specific behavior driven by social norms and marketing, and is practiced more frequently by minority women.
- The market for commercial douching products is between \$120 and \$144 million per year.
- Douching has been found to enhance the transmission of STDs and HIV.

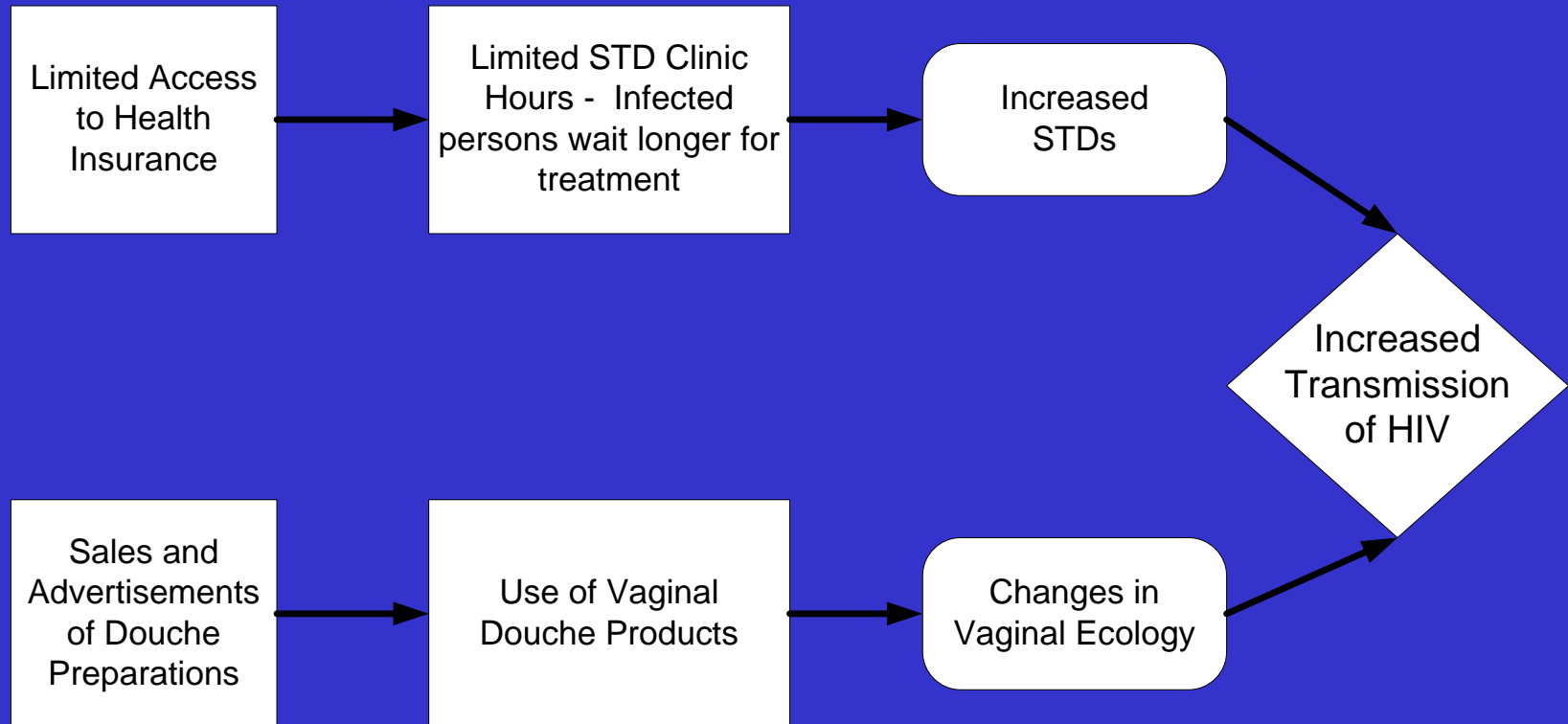
Pathway 1: Increased Community Rates of Infection



Pathway 2: Concurrent Partnerships



Pathway 3: Increased Vulnerability to HIV Transmission



Summary

- The cumulative effect of these three pathways create a context that greatly increases African American women's exposure to HIV and heightens the risk of its transmission.
- African American women are at an increased risk for heterosexual HIV transmission because of factors that result from unequal power and resources in society for which no single actor is responsible.

Policy and Research Recommendations

- Re-examine underfunding of STD services
- Need to examine the effects of disproportionate incarceration of minorities on their communities.
- Need to change protocols in HIV testing and counseling for assessing risk to include questions about partner incarceration.

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Additional and Contact Information

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