



ORAL PRESENTATIONS AND POSTERS
BY HIV CENTER INVESTIGATORS
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Oral Presentations

Toward improved reproductive health choices and health care delivery for HIV-infected men and women in developing countries with generalised HIV epidemics.

Mantell JE, Cooper D, Exner TM.

Background: Addressing HIV-infected women and men's reproductive health needs is an urgent concern in countries with advanced HIV epidemics, where a sizeable population early in their reproductive years is already HIV-positive. While the availability of antiretroviral drugs has begun to normalize the lives of HIV-infected people, issues of contraception and childbearing are often sidelined. Little is known about how HIV+ women and men feel about assisted reproduction.

Methods: We conducted semi-structured individual in-depth interviews with 40 HIV-infected women and men soon after entry into the HIV public sector care system in Cape Town, South Africa, to inform the development of a structural intervention. Key issues explored included the desire for pregnancy or contraception; changes in sexual functioning due to HIV+ status; reproductive decision-making processes; approaches to safe conception in the context of HIV; views on interventions to support safer conception and delivery for HIV-infected women; and opinions on integrating components of reproductive health care into routine HIV care.

Results: Among HIV-infected women and men who had no children, most expressed continued strong desires to experience parenthood. Participants considering having children wanted to learn more about options for safer conception and childbearing in the context of HIV. Some were prepared to consider alternatives to biological parenthood if they were unable to access means to achieve greater safety in conception and childbirth. Those wishing to avoid pregnancy desired more knowledge and counselling on suitable contraceptive options for HIV-infected women and men. Most participants favoured greater integration of reproductive health counselling and services into HIV care delivery.

Conclusions: Findings suggest that tailored contraception, preconception, and termination of pregnancy counselling may be critical to helping HIV+ women and men manage their disease and make informed decisions that optimize the reproductive health outcomes for them as well as their future children.

Suggested Citation

"J.Mantell, et al. Toward improved reproductive health choices and health care delivery for HIV-infected men and women in developing countries with generalised HIV epidemics. Oral Abstract Session: AIDS 2008 - XVII International AIDS Conference: Abstract no. MOAD0204"

Challenges to male circumcision interventions for HIV prevention in settings where traditional circumcision is prevalent: a cross-sectional study among South African men and women.

L. Myer, T. Sandfort, A. De Kock, H. Lane, T. Exner, J. Mantell

Background: Despite growing scientific evidence for the efficacy of male circumcision (MC) in preventing HIV transmission, there are few insights into perceptions of MC in African populations where HIV is prevalent. We examined knowledge and attitudes towards MC among men and women in Cape Town, South Africa, in a population where MC is widely practiced as a cultural tradition among isiXhosa speakers.

Methods: 1424 consecutive women and men attending two sexually transmitted diseases clinics were interviewed between August and October 2007. Interviews were conducted in private rooms by trained interviewers working in participants' home languages and lasted approximately 20 minutes. We assessed knowledge and practices regarding MC and reasons for circumcision.

Results: The mean age of participants was 27 years, 89% spoke isiXhosa as their home language and 62% (n=878) were male. 89% of men reported being circumcised. Only 15% of men were circumcised before their first sexual intercourse; the mean age of MC (19 years) was 3 years after the mean age of sexual debut (16 years). 94% of circumcisions were performed by traditional circumcision attendants. When asked why men become circumcised, more than 80% of participants mentioned traditional cultural values. Only one-third of participants thought that MC may reduce the risk of HIV transmission; this proportion did not vary by participant age, gender or educational level.

Conclusion: These results suggest that even in a setting where traditional MC is common, HIV prevention efforts would require new interventions to promote MC before the age of sexual debut. Such interventions may be constrained by the strong cultural norms regarding traditional MC, including the use of traditional circumcision attendants. Further research into programmes to promote appropriate MC is needed to take full advantage of this important HIV prevention modality.

Suggested Citation

"L. Myer, et al. Challenges to male circumcision interventions for HIV prevention in settings where traditional circumcision is prevalent: a cross-sectional study among South African men and women. Oral Abstract Session: AIDS 2008 - XVII International AIDS Conference: Abstract no. TUAX0404"

Poster Presentations

Raising HIV-infected and affected youth: the impact on the mental health of caregivers

S. Alicea, E.K. Santamaria, E. Brackis-Cott, C.A. Mellins, C. Dolezal

Background: Although a number of studies have examined the psychosocial functioning of HIV infected and affected children, little consideration has been given to the psychosocial wellbeing of their caregivers. This paper examines the mental health of caregivers of children perinatally exposed to HIV, as well as other factors related to caregiver psychosocial wellbeing; data that is critical for informing intervention programs for this population.

Methods: We explored variables associated with mental health (depression, anxiety, and PTSD) among 322 caregivers (46% HIV+) of children who were perinatally exposed to HIV (61% HIV+). Caregivers were predominately female (87%); African-American (51%) and Latino (35%), with a mean age of 48 (range = 19-82). Caregivers were given the Beck Depression inventory, Trait Anxiety Scale, Clinical Diagnostic Interview, and the City Stress Inventory. Correlations, t-tests, and chi-square tests were used to examine the associations between mental health and various independent variables.

Results: Higher levels of depression and anxiety were found among caregivers who were HIV+, female, younger, Latino, Spanish-speaking, unemployed, less religious, and had lower incomes and poorer health. In addition, more anxiety was reported by caregivers who did not have an HIV+ child. PTSD was more prevalent among caregivers who were HIV+ and female. Significantly higher stressful experiences were reported by caregivers who were African-American, unemployed, and had worse health and lower income. Higher stress was also marginally associated with caregiver and child HIV-status.

Conclusions: Findings from this study support the need for mental health interventions for caregivers of HIV infected and affected youth, particularly those who are HIV+ themselves, female, and who face multiple stressors in various life domains with limited supports. In order for caregivers to successfully meet their own needs as well as the needs of the vulnerable youth they care for, more attention must be given to caregiver mental health.

Suggested Citation

"S.Alicea, et al. Raising HIV-infected and affected youth: the impact on the mental health of caregivers. Poster Discussion: AIDS 2008 - XVII International AIDS Conference: Abstract no. WEPDD204"

Strengthening HIV prevention and care in NYC through practice-based action research

J. Hunter, B. Stackhouse, D. Lounsbury, R. Remien

Issues: In New York City, epicenter of AIDS in the U.S., the incidence of HIV has not been slowed sufficiently. In the first half of 2006, there were 2,000 new AIDS diagnoses and 1,355 new HIV (non-AIDS) diagnoses (NYCDOHMH, April, 2007). What can be done about the increase of HIV in high-incidence areas such as New York City?

Description: The Community Collaboration Core (CCC) of the HIV Center for Clinical and Behavioral Studies, New York, has developed a new paradigm to support evidence-based practice in HIV prevention and care. The CCC, comprised of researchers, NGO and government representatives, recognized the need to work together to scale up efforts in the fight against AIDS.

As a result, the HIV Action Research Network (HARN) was developed to establish on-going research and action in order to solve protracted and emerging public health challenges. We employ an iterative, collaborative, quality improvement process to identify, implement, and test strategies for delivery of HIV prevention, treatment, and care. Working together, strategies can inform and capacity built.

The Network was developed as a technical assistance and evaluation organization and functions as a practice-research collaborative. HARN supports participating agencies to network, gain necessary information and capacity to strengthen the continuum of prevention and care to provide quality cost-effective services.

Lessons learned: Community activists, public health providers, and researchers acknowledge that strategies in the fight against AIDS must be continually reexamined and that only by working collaboratively can we further reduce the burden of HIV/AIDS.

Next steps: The HARN Network is seeking support for its infrastructure. One initial project will be a collaborative study of best practice in HIV testing in community settings.

Suggested Citation

"J.Hunter, et al. Strengthening HIV prevention and care in NYC through practice-based action research. : AIDS 2008 - XVII International AIDS Conference: Abstract no. WEPE0369"

Sex partner age differences and sex risk behaviors among African American youth

J. Bauermeister, M. Zimmerman, C.H. Caldwell, X. Yange, G.C. Gee

Background: Large age gaps between youth and their sex partners are associated with increased sex risk behaviors and sexually transmitted infections. At present, however, we do not know whether the co-occurrence of other risk behaviors is associated with having older sex partners during adolescence and young adulthood. We sought to explore whether the age gap between youth and their partners increased due to youths' reporting more alcohol use, poorer self-esteem, and/or exposure to employment. Understanding these relationships may help tailor harm reduction programs for youth.

Methods: Using growth curve modeling, we first described the shape of the age difference between participants and their sex partners in a sample of African American youth (N=582; 52% female) followed from adolescence (ages 14 to 19) into young adulthood (ages 20 to 25). Second, we explored the association between age differences and youth's self-esteem, alcohol use, and employment trajectories over these two developmental periods. Finally, we tested whether these associations varied by sex, mother's education, and high school dropout.

Results: Sex partners' age differences were modeled best non-linearly, with females being more likely to date older partners at baseline and over time. High school dropouts also reported older partners at baseline. Changes in self-esteem, alcohol use, and employment were associated with sex partners' age differences, with the effect decreasing over the young adulthood years.

Conclusions: Sex partner age differences play a role in youth's sex risk behaviors and should be addressed in HIV prevention programs, particularly among female youth. We present potential intervention strategies from a gender and health perspective on youth's sexual development.

Suggested Citation

"J.Bauermeister, et al. Sex partner age differences and sex risk behaviors among African American youth. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0687"

Sexual exploration and perceived peer norms: comparing perinatally infected and affected youth

J. Bauermeister, K. Elkington, C. Dolezal, E. Brackis-Cott, C. Mellins

Background: A large proportion of perinatally HIV-infected (PHIV+) cases are now adolescents. While sexual exploration is characteristic of adolescence, we know little of PHIV+ youth's sexual behaviors. For HIV-infected youth, normative sexual exploration may vary due to concerns regarding disclosure of HIV status to and/or infecting partners. By comparing PHIV+ youth to HIV- youth from similar background, this paper will examine the role of HIV, as well as other psychosocial factors in influencing adolescent sexual behavior, data that is critical for informing intervention/prevention programs for this population.

Methods: We explored different sexual behaviors (kissing, touching, engaging in oral sex, or having vaginal/anal intercourse) in a sample of youth (N = 339; 51% female; ages 9-16) who were perinatally exposed to HIV (61% HIV+). Using logistic regression, we tested the association between sexual behavior and HIV status, demographic characteristics, and perceived peer norms regarding substance use and sexual behavior.

Results: Youths' sexual behaviors varied: 58% reported no sexual behavior, 35% reported kissing, 17% reported touching, 7% reported oral sex, and 11% reported intercourse. PHIV+ youth reported more touching (OR=3.65) and less vaginal or anal intercourse (OR=.22) than HIV- youth. Touching was associated with permissive peer norms regarding substance use (OR=3.36) and having friends who thought sexually-active boys were popular (OR=2.72). Girls with more friends perceiving sexually-active girls were popular reported more touching than boys (OR=4.35). Intercourse was associated with youth reporting permissive substance use norms (OR=2.24) and having sexually-active friends (OR=6.19).

Conclusions: Sexually-active PI youth may delay the onset of intercourse through touching behavior. Peer norms play a role in PHIV+ youth's sexual exploration and should be addressed within interventions for this population. Prevention programs should strengthen messages addressing peer norms regarding substance use and sexuality, as well as address specific issues related to adolescent HIV.

Suggested Citation

"J.Bauermeister, et al. Sexual exploration and perceived peer norms: comparing perinatally infected and affected youth. Oral Abstract Session: AIDS 2008 - XVII International AIDS Conference: Abstract no. THPE0933"

HIV/STI risk behaviors in delinquent youth with psychiatric disorders: a longitudinal study

K. Elkington, L. Teplin, A. Mericle, L. Welty, E. Romero, K. Abram

Background: Juvenile justice involved youth are at significant risk for HIV. Mental health and substance use disorders, which are associated with HIV/AIDS risk behaviors, are substantially more common in youth involved in the juvenile justice system than in the general population. However, to our knowledge, no longitudinal study has examined the effect of psychiatric disorders on HIV/STI risk behaviors in juvenile justice youth as they age into young adulthood. The current study examined the prevalence and persistence of 20 HIV/STI sexual and drug use risk behaviors in 4 mutually exclusive diagnostic groups of delinquent youth:

- (1) major mental disorders (MMD);
- (2) substance use disorders (SUD);
- (3) comorbid MMD and SUD (MMD+SUD); and
- (4) neither disorder.

Methods: At the baseline interview, HIV/STI risk behaviors were assessed in 800 juvenile detainees, aged 10 to 18 years; youth were reinterviewed approximately 3 years later. The final sample (n = 689) includes 298 females and 391 males.

Results: The prevalence and persistence of HIV/STI risk behaviors was high in all diagnostic groups. Youth with SUD at baseline were more likely to be sexually active and have vaginal sex at follow-up compared with those with MMD+SUD or with neither disorder. Youth with MMD were less likely to engage in unprotected vaginal or unprotected oral sex at follow-up compared with those with SUD or neither disorder; youth with MMD+SUD were less likely to engage in unprotected oral sex compared with those with neither disorder.

Conclusions: Irrespective of diagnostic group, delinquent youth are at great risk for HIV/STIs as they age into adulthood. SUD increases risk. Because detained youth are released after approximately 2 weeks, their risk behaviors become a community health problem. Pediatricians and child psychiatrists must collaborate with corrections professionals to develop HIV/STI interventions and ensure that programs started in detention centers continue after youth are released.

Suggested Citation

"K.Elkington, et al. HIV/STI risk behaviors in delinquent youth with psychiatric disorders: a longitudinal study. : AIDS 2008 - XVII International AIDS Conference: Abstract no. MOPE0287"

Sexual risk and substance use in perinatally HIV-exposed youth: the role of HIV status, peers, and parents

K. Elkington, J. Bauermeister, C. Dolezal, E. Brackis-Cott, C. Mellins

Background: The co-occurrence of risky sexual behavior and substance use among diverse populations of adolescents is well known. However, very little is known about the impact of HIV status on the relationship between substance use and sexual risk, particularly among the growing population of perinatally-infected adolescents. Moreover, the influence of factors that reduce or increase sexual and drug risk behavior, such as parent or peer relationships, is unknown among this at-risk population.

Methods: Using baseline data from a multisite, longitudinal study of psychosocial behaviors in perinatally HIV-exposed urban youth (N = 339; 61% HIV+; 51% female; ages 9-16), we explored the prevalence of lifetime oral sex, vaginal/anal intercourse, unprotected sex, and multiple partners, as well as alcohol and marijuana use. Using logistic regression, we examined the association between sex risk behaviors and substance use, as well as the impact of peer norms and parental involvement on the relationship between substance use and sex risk behaviors, testing for differences by HIV-status.

Results: Alcohol and marijuana use were significantly associated with all sex risk behaviors. After adjusting for the effect of peer norms, alcohol use was only associated with oral sex. The association between alcohol use and sex risk behaviors remained after adjusting for the effects of parental involvement. Marijuana use remained a predictor of all behaviors except vaginal/anal sex after adjusting for peer norms. The association between marijuana and sex risk behaviors disappeared after adjusting for parental involvement. There were no differences by HIV status in all analyses.

Conclusion: Irrespective of HIV status, perinatally-exposed youth who use substances are more likely to engage in sexual risk behaviors. The differential effect of peer norms and parental involvement on the relationship between substance use and sexual activity differs depending on the substance, and may be an effective focus of preventive interventions for this population.

Suggested Citation

"K.Elkington, et al. Sexual risk and substance use in perinatally HIV-exposed youth: the role of HIV status, peers, and parents. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0872"

Migration status and HIV/STI risk among high-end entertainment center workers in an urban area in Eastern China

E. Kelvin, J. Mantell, X. Sun, J. Zhou, S. Hoffman, F. Zhou, F. He, T. Exner, T. Sandfort

Background: China is currently experiencing large-scale internal migration which could become an important mechanism for the spread of HIV/STIs. The distance a migrant is living from home and length of time in the new setting may predict risk behaviors.

Methods: We conducted a self-administered survey among 724 employees of a high-end entertainment center in Kunshan, Eastern China. Using logistic regression, we examined the association of hometown of origin (Kunshan city, elsewhere in Jiangsu Province, or another province in China), and consecutive years living in Kunshan (natural log transformed) with measures of HIV/STI risk.

Results: Most (74.4%) of the participants were female, with mean age of 23.1 years. Only 7.2% of participants were originally from Kunshan city, 27.3% were from elsewhere in Jiangsu Province, and 65.5% were from other provinces in China. Of those originally from Kunshan, 60.4% had lived outside of Kunshan city in the past. Controlling for gender, marital status, age and income, increasing length of time living in Kunshan was associated with lower odds of using condoms in general (OR=0.77, 95% CI=0.63-0.94) and of always using condoms with a casual partner (OR=0.66, 95% CI=0.47-0.93). The odds of ever having anal sex were significantly higher for those from Kunshan compared to those from other provinces in China (OR=2.92, 95% CI=1.09-7.84), but the odds of a past STI were lower (OR=0.25, 95% CI=0.07-0.96). We also found gender differences. Women had lower odds of multiple partners in the past month (OR=0.24, 95% CI=0.13-0.47), but higher odds of past STI (OR=11.69, 95% CI=4.00-34.18).

Conclusions: Our findings do not indicate that Chinese migrants have more HIV/STI risk behavior compared to non-migrants. Instead, more risk behaviors were reported by those originally from the town in which they worked. Adaptation to local culture, as indicated by length of stay, seems to increase risk behaviors as well.

Suggested Citation

"E.Kelvin, et al. Migration status and HIV/STI risk among high-end entertainment center workers in an urban area in Eastern China. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0593"

Is the perception of being at risk for HIV due to a woman's risk behavior or her lack of control over implementing protective behavior?

E. Kelvin, J. Mantell, J. Smit, T. Exner, M. Beksinska, Z. Mabude, S. Hoffman, Z. Stein, H. Rees

Background: Perception of HIV risk may be an important precursor to adopting protective behavior. We looked at the association of individual risk behavior and behaviors of past and current partners with perception of risk for HIV infection among young women.

Methods: We present cross-sectional data from 136 sexually active female students at a South African university. Using logistic regression, we examine whether perception of being at moderate to high risk for HIV is associated with participants' risk behavior (number of partners, condom use, and alcohol consumption), and with behavior of her past partners (ever having a partner who became violent and ever being forced or coerced to have sex) and current partners (any current partner's consumption of alcohol prior to sex and any current partner who would react negatively if participant refused sex without a condom).

Results: HIV risk perception was not associated with any measures of the participant's risk behavior (number of partners, condom use or alcohol use), but it was associated with all the measures of her partners' behavior. After controlling for age, the odds that a women reported herself to be at risk for HIV were significantly higher for those who ever had a violent partner (OR=2.75, 95% CI=1.05-7.20), were ever forced/coerced to have sex (OR=3.26, 95% CI=1.24-8.54), have current partners who drink alcohol before sex (OR=2.51, 95% CI=1.13-5.57), and feel that current partners would react negatively if she refused sex without a condom (OR=3.21, 95% CI=1.44-7.17).

Conclusions: Thus in our data, the women's perception of HIV risk did not relate to their actual risk behaviors. Instead, these results suggest that risk perception may be more a function of feeling a lack of control over risk due to partners' behavior.

Suggested Citation

"E.Kelvin, et al. Is the perception of being at risk for HIV due to a woman's risk behavior or her lack of control over implementing protective behavior?. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0683

Ethical imperialism?: views and approaches of us institutional review boards (IRBs) and South African research ethics committees (RECS) toward HIV research and related areas

R. Klitzman

Background: Institutional Review Boards (IRBs) and Research Ethics Committees (RECs) often shape whether and how HIV research occurs, but have been facing several criticisms and challenges that have been under-explored.

Methods: In-depth interviews were conducted and analyzed with 17 South African REC and 40 US IRB members, to understand: what problems they see themselves as facing regarding reviews of HIV and related research, how social, cultural and institutional contexts may affect decisions, and what implications their view may have for improving practice and guidelines.

Results: In importing Western-based principles and regulations concerning research ethics into diverse cultural contexts, IRBs and RECs face many challenges, “gray areas” and “fuzziness”, wrestling with how to interpret, quantify and weigh “probabilities” of risks and benefits, and interpret and apply regulations (e.g., define “minimal risk”), and how much to “redesign studies,” and define “good enough” science. They vary in how much they weigh social risks and benefits, how much “sustainability” is sufficient in research, and how much responsibility funders have for medical problems after studies (e.g., providing treatment for 12 vs. 24 months), and in “nit-pickiness” vs. “flexibility,” and intra-IRB dynamics. Often, members use their “intuition,” and “gut feelings” rather than “ethical analysis” per se, and are “self-taught in ethics”. They face challenges in obtaining and maintaining appropriate community members. Questions emerge of who community members do or should represent (whole vs. part of a community), and whether IRBs should include more than one; how to improve relationships with PIs; how much to pay participants; and how to handle members’ discomfort about sexual surveys, and IRB shopping by industry.

Conclusions: IRBs/RECs face many cross-cultural questions and challenges affecting reviews, and whether and how HIV research is conducted. Needs arise for appropriate clarifications of guidelines, enhancements of education and capacity of IRB/RECs, and further international research on these issues.

Suggested Citation

" R. Klitzman Ethical imperialism?: views and approaches of us institutional review boards (IRBs) and South African research ethics committees (RECS) toward HIV research and related areas. : AIDS 2008 - XVII International AIDS Conference: Abstract no. MOPE1085"

Policymakers' views about the integration of reproductive health and HIV/AIDS care in the public health sector in Cape Town, South Africa

S. Mall, D. Cooper, J. Mantell, J. Moodley, C. Morroni, L. Myer, T. Exner, V. Zweigenthal, S. Hoffman, K. Cloete, K. Jennings, Z. Stein

Background: Reproductive health (RH) issues are insufficiently integrated into routine HIV/AIDS care in South Africa. While most HIV-infected men and women are in their early reproductive years, current HIV counselling strategies do not adequately address reproductive decision-making, conception, contraception and abortion.

Methods: We conducted in-depth qualitative interviews with 28 HIV/AIDS national and provincial policy-makers/managers, key HIV university researchers and directors of HIV/AIDS support and advocacy non-governmental organizations in Cape Town. This was aimed at informing the development of a structural intervention to integrate RH care within public sector HIV services. Issues explored included: RH problems that HIV-infected individuals face; current service provision gaps; the need for RH integration into HIV care; and lessons to be learned from existing service integration initiatives.

Results: Participants recognized that in current public sector HIV care services RH issues were marginalized, making it difficult for HIV-infected women and men to reach informed reproductive decisions and access appropriate RH services. Training of health care providers in non-judgemental counselling of clients on reproductive issues was considered critical. While being willing to explore the feasibility of assisted reproduction methods for HIV-infected individuals, most participants expressed reservations about their affordability and the public health sector's human resource capacity for implementation. Most participants favoured greater integration of RH into HIV/AIDS care. They suggested drawing on existing health service integration initiatives, such as in tuberculosis and prevention of vertical HIV transmission services, to inform the design of RH-HIV care integration models.

Conclusions: Policymakers' and other key stakeholders' opinions and suggestions on RH-HIV care integration are critical factors to be considered in designing and implementing feasible innovative models for integration of reproductive health into routine HIV care in rapidly-changing public sector developing country treatment and care settings such as South Africa.

Suggested Citation

"S.Mall, et al. Policymakers' views about the integration of reproductive health and HIV/AIDS care in the public health sector in Cape Town, South Africa. : AIDS 2008 - XVII International AIDS Conference: Abstract no. THPE0530"

Race-related differences in rates of HIV testing and infection in South African MSM

T. Sandfort, J. Nel, E. Rich, V. Reddy, H. Yi

Background: Men who have sex with men (MSM) have largely been ignored in research and prevention in the South African AIDS epidemic, which is dominated by heterosexual transmission. The seroprevalence among MSM in South Africa is unknown. To focus prevention strategies and further research, it is important to know which MSM have been tested and what their HIV status is.

Methods: A sample of 1021 Black, Coloured, Indian, and White MSM reported on their testing and HIV status in self-administered surveys conducted in Gauteng, KwaZulu-Natal and Western Cape. We identified correlates of their testing behavior and self-reported HIV status.

Results: The majority of the MSM (71.7%) reported ever having been tested for HIV, about a third of whom were tested in the preceding year. Bivariately, younger age, being Black, lower level of education and socioeconomic status, and living in KwaZulu-Natal were negatively associated with having been tested. Being White and living in Western Cape were positively associated with having been tested. In a multiple logistic regression younger and Black MSM were significantly less like to have been tested (Adjusted OR=0.97, 95% CI=0.95-0.99 and Adjusted OR=0.42, 95% CI=0.26-0.67). Among the 732 MSM who reported having been tested, 13.9% said to be HIV positive. A positive serostatus was more likely among 25-40 years old men compared with younger men (16.1% versus 9.2%). Self-reported HIV status was not associated with race (12% of White MSM were HIV+), level of education, socioeconomic status and whether men reported exclusively homosexual or bisexual attraction.

Conclusions: HIV testing rates among South African MSM vary significantly in relation to socio-demographic factors such that men with more vulnerable social positions are at a disadvantage. The high HIV prevalence among White MSM is dissimilar to the situation in the general South African population in which White persons are much less affected than Black persons.

Suggested Citation

"T.Sandfort, et al. Race-related differences in rates of HIV testing and infection in South African MSM. Poster Discussion: AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0729"

“Too scared to get tested”; anxiety as a barrier for HIV testing among South African MSM

T. Sandfort, E. Rich, J. Nel, V. Reddy, H. Yi

Background: Men who have sex with men (MSM) have largely been ignored in research and prevention in the South African AIDS epidemic, with the focus being on heterosexual transmission. Little is known about the ways in which South African MSM access and receive HIV prevention services. Since knowing one's serostatus has been shown to contribute to the adoption of risk reduction practices, it is important to understand barriers to HIV testing.

Methods: In a diverse sample of 1021 MSM who participated in self-administered surveys conducted in the provinces Gauteng, KwaZulu-Natal and Western Cape, 28.3% (n=289) reported never having been tested. We explored the reasons these men endorsed for not having been tested.

Results: The most frequently endorsed reason for not having been tested was “I am too scared to get tested” (58.6% of untested men). Not considering oneself as at risk was mentioned by 50.2%, while 48.7% mentioned not having been in a situation where transmission could have occurred. Less than a third of these men mentioned not being sexually active as a reason for not having been tested (31.9%). Not knowing how to get tested was mentioned by 12.7% of the men. Men who reported being too scared to get tested were more likely to be sexually active singles (as opposed to men in monogamous relationships; Adjusted OR=4.36, 95% CI=1.74-10.97), endorsed a feminine self-presentation (Adjusted OR=2.35, 95% CI=1.22-4.56) and reported having had an STI in the preceding two years (Adjusted OR=15.68, 95% CI=2.02-122.64).

Conclusions: HIV testing anxiety among MSM who have not been tested for HIV seems to be informed by both behavioral and attitudinal factors. Promotion of HIV testing as part of prevention strategies aimed at South African MSM should take into account that anxiety for HIV testing is a major barrier. Strategies to reduce this anxiety should be developed and tested.

Suggested Citation

"T.Sandfort, et al. “Too scared to get tested”; anxiety as a barrier for HIV testing among South African MSM. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0395"

AIDS Conference, 3-8 August 2008, Mexico City.

Reliability and validity of two HIV/AIDS-specific quality of life instruments adapted for use in HIV positive Zimbabweans

T. Taylor, C. Dolezal, S. Tross, W. Holmes

Background: Cross-sectional study to assess the reliability and validity of the HIV/AIDS-Targeted Quality of Life instrument (HAT-QoL) and the Medical Outcomes Study HIV Health Survey (MOS-HIV) adapted for use in Shona-speaking rural Zimbabwe.

Methods: HAT-QoL and MOS-HIV were translated and culturally adapted into Shona, and administered to a convenience-sample of 400 patients with HIV-related opportunistic infections. HIV disease severity and bereavement history were assessed.

Results: Factor analysis of the HAT-QoL items produced 7 factors (all but HIV mastery and sexual function) that were nearly identical to the factor structure reported for the HAT-QoL scales in an American sample. Factor analysis of the MOS-HIV scales resulted in a single factor, not the expected 2-factor structure (physical and mental). Convergent and discriminant validity assessments confirmed that similar Shona HAT-QoL and MOS-HIV dimensions were correlated and dissimilar dimensions were not correlated. Construct validity assessments indicated that, on the whole, most Shona HAT-QoL and MOS-HIV dimensions were capturing anticipated subgroup differences. The exceptions were the Shona MOS-HIV sub-dimensions of general health perceptions, cognitive function, and the quality of life item.

Conclusions: Both instruments are useful in measuring the quality of life of rural, Shona-speaking populations in Zimbabwe.

Suggested Citation

"T. Taylor, et al. Reliability and validity of two HIV/AIDS-specific quality of life instruments adapted for use in HIV positive Zimbabweans. : AIDS 2008 - XVII International AIDS Conference: Abstract no. THPE0836"

Comparison of HIV/AIDS-specific quality of life change in Zimbabwean patients at biomedical versus traditional medicine care sites

T. Taylor, C. Dolezal, S. Tross, W. Holmes

Background: Antiretroviral treatment (ART) rollout programs for the 25 million sub-Saharan Africans living with HIV/AIDS that have little to no access to ART will mandate shifting care to biomedical sites. Many sub-Saharan Africans, however, receive their primary care from traditional healers. Calls for culturally sensitive community-based approaches to ART rollout would benefit from data on the health benefits of traditional care. This paper examines changes in self-reported health status resulting from traditional care (TC) and biomedical care (BC).

Methods: Quality of life (QOL) in 254 consecutively sampled Zimbabwean patients seeking care at TC and BC sites was assessed over one month using the Shona translations of the HIV/AIDS-Targeted Quality of Life instrument (HAT-QoL) and Medical Outcomes Study HIV Health Survey (MOS-HIV).

Results: After adjustment for baseline QOL scores and variables that differed across care sites, all dimensions of both instruments revealed QOL improvements only in the 155 (61%) patients from TC sites when compared to the 99 (39%) patients from BC sites. These improvements were significant ($p \leq .01$) for the HAT-QoL dimensions of overall function, health worries, illness mastery, medication worries, and provider trust, and for the MOS-HIV dimensions of general health perceptions, physical function, role function, pain, health distress, and energy/fatigue (range of regression coefficients, 10.0-18.3).

Conclusions: Patients from TC versus BC sites demonstrated significantly greater health status improvement across the majority of QOL dimensions assessed over one month. The perceived benefit of integrating TC sites in ART rollout programs - particularly in resource-poor settings - may go well beyond cultural sensitivity to impact on health itself, and the likely-related issues of ART adherence.

Suggested Citation

"T. Taylor, et al. Comparison of HIV/AIDS-specific quality of life change in Zimbabwean patients at biomedical versus traditional medicine care sites. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0139"

A political economy of HIV/AIDS in the Niger Delta of Nigeria: Poverty, migration and commercial sex work.

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Background: At 3.9 million, Nigeria has the second largest absolute number of people living with HIV/AIDS in the world. Nigeria faces enormous challenges in managing its ballooning HIV/AIDS epidemic, particularly in the impoverished Niger Delta region, the source of Nigeria's oil wealth, where the HIV/AIDS estimate is much higher than the national average.

Methods: A web-based Delphi survey of experts was conducted with 27 Nigeria-focused HIV/AIDS research scientists and public health experts from schools of psychology, medicine, rural health, communication, advocacy and human right institutes from eight countries.

Results: The Delphi experts agreed that the spiraling HIV epidemic in the Niger Delta is caused by four structural factors. First, widespread poverty and lack of social infrastructure in the region create a fertile environment for HIV transmission. Second, vulnerable women and youth resort to risky sexual practices in exchange for financial and material sustenance. This exposes them to the risk of HIV. Third, many women are caught in a web of concurrent sexual partnerships, maintained by well-financed patrons - a situation which increases their risk of getting infected. Finally, unemployed city-bound young men who become infected with the virus who have returned to their rural communities from the oil industrial centers may spread the disease in their rural communities.

Conclusions: HIV prevention efforts in the Niger Delta need structural solutions that involve a community-based participatory partnership of all sectors of society, including the national, state, and local action committees on HIV/AIDS, the Niger Delta Development Commission, civil society, oil companies and other public/private sector institutions. There is a need to invest in finding grassroots channels that integrate HIV prevention goals with poverty- reduction and community development initiatives to address rising unemployment among youth and widespread poverty among women and youth in the Niger Delta.

Suggested Citation

"I.Udoh, et al. A political economy of HIV/AIDS in the Niger delta of Nigeria: poverty, migration and commercial sex work. : AIDS 2008 - XVII International AIDS Conference: Abstract no. MOPE0330"

Factor associated with HIV infection among patients with chronic mental illness in a national multicenter study in Brazil

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Background: Published data indicate that patients with chronic mental illness (CMI) may be at increased risk of HIV infection. However there are scarce national representative studies on HIV seroprevalence and risk behavior. The objective of this study was to determine the prevalence and factors associated with HIV infection in a national representative sample of CMI patients in Brazil

Methods: A two-stage sample of adults with CMI was randomly selected from 26 mental health institutions throughout Brazil. Socio-demographic, sexual behavior and clinical data were obtained from person-to-person interviews and blood was collected for serology testing. Seroprevalence with 95% confidence limits were obtained correcting for sampling scheme while adjusted prevalence ratios were estimated using Poisson regression.

Results: From 2475 patients interviewed, 2238 had blood collected. Most participants were sexually active, female, single, and with lower income and schooling. Lifetime condom use was very low (8%) while 16% used condoms in the last six month and 24% in the last intercourse. Few participating centers had STD/HIV prevention programs or distributed condoms. Overall HIV seroprevalence was 0.80% (95% CI=0.37 - 1.76). Higher rates were found for those hospitalized ($p=.03$), with > 5 years of schooling ($p=.008$), women, with schizophrenia and bipolar disorder, with history of sexual violence ($p=.12$), lifetime history of STD and illicit drug use ($p=.018$), with 10+ lifetime partners, who perceived themselves as being at risk of infection ($p=.026$).

Conclusions: HIV seroprevalence was higher than studies with national representative studies in Brazil. Severe psychiatric diagnosis, substance use and history of violence severe are factors that potentially increase vulnerability among CMI patients to HIV. This is of public health concern and prevention and care strategies for among CMI should urgently be implemented by health authorities. More international representative studies are needed for cross-country comparisons among patients with mental illness.

Suggested Citation

"M.D.C. Guimarães, et al. Factor associated with HIV infection among patients with chronic mental illness in a national multicenter study in Brazil. : AIDS 2008 - XVII International AIDS Conference: Abstract no. CDC0151"

HIV/AIDS knowledge among adults with chronic mental illness in Brazil: a multilevel analysis

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Background: HIV/AIDS knowledge is a common strategy used in AIDS prevention programs to reduce risk behavior. However, little is known on how effective these information are, especially those provided by health services to vulnerable populations such as patients with chronic mental illness (CMI). The objective of this study was to determine the level of HIV/AIDS knowledge among patients with CMI in Brazil and to assess whether individual (e.g. sociodemographic, behavioral, medical) and/or health service factors (e.g. prevention programs and condom distribution) were associated with this level of knowledge.

Methods: Cross-sectional national multicenter study among 2475 CMI patients randomly selected from 26 Brazilian mental health institutions. Level of knowledge was assessed by face-to-face interviews and was based on ten HIV/AIDS related right/wrong questions. Item response theory was used to estimate the level of knowledge while multilevel multiple linear regression was used to assess the effect of individual (level 1) and mental health service characteristics (level 2).

Results: Most participants were female (52%), <45 years old (69%), white (51%) with low schooling (80%), had previous psychiatric hospitalization (58%) and schizophrenia as main diagnosis (48%). Mean knowledge score was 6.78 (range 1-10). Health service characteristics were not associated with knowledge while individual characteristics indicated that those with history of STD, previous HIV testing and consistent condom use had better HIV/AIDS knowledge ($p<0.05$). However, those with low schooling, delusional symptoms, schizophrenia, previous psychiatric hospitalization and low perception of HIV risk were negatively associated ($p<0.05$).

Conclusions: Although level of knowledge among patients with CMI was reasonable, it was lower than other populations. It is of concern that health services did not statistically contribute to better knowledge and individual psychiatric characteristics were negatively associated. Mental health services should consider novel strategies for implementing more effective HIV/AIDS interventions in this population.

Suggested Citation

"A.P.SoutoMelo, et al. HIV/AIDS knowledge among adults with chronic mental illness in Brazil: a multilevel analysis. : AIDS 2008 - XVII International AIDS Conference: Abstract no. CDC0554"

Risk behavior among patients with chronic mental illness in a national multicenter study in Brazil: gender differences

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Background: Patients with chronic mental illness (CMI) are known to be at increased risk for STD/HIV infection. There are scarce national representative data on risk behavior worldwide among CMI. Our objective was to compare gender differences and determine factors associated with unsafe sex in a national representative sample of CMI patients in Brazil.

Methods: Two-stage sample of adults with CMI randomly selected from 26 mental health institutions throughout Brazil. Socio-demographic and sexual behavior data were obtained from face-to-face interviews. Unsafe sex was defined as not using condoms always or most times.

Results: Among 2475 participants 51% were women, 54% were 40+ years old, and 65% practiced unsafe sex. As compared to men, women practiced more unsafe sex (62% and 70%), were married (24% and 42%), and had more depression diagnosis (7% and 20%), respectively. Women also reported more frequent sexual violence (7%) caused by intimate partners (32%), at home (48%) and during adulthood (46%). Low schooling, history of homelessness, STD or incarceration, 10+ sexual partners ever, and illicit drug or alcohol use, were more common among men. For both, men and women, age (40+ years old), being married, history of STD or incarceration, frequent sexual violence, and depression diagnosis were associated with unsafe sex, while HIV testing, low HIV/AIDS knowledge, and low schooling were associated with unsafe sex among women only. History of homelessness, frequent physical violence, reasonable perception of HIV risk, injecting drug and alcohol use, and sexual violence during adolescent were associated with unsafe sex among men only.

Conclusions: This national representative study highlights that CMI patients are at increased risk to STD/HIV infection, especially women. Severe psychiatric diagnosis, substance use and history of violence are factors that potentially increase vulnerability. This is of public health concern and prevention strategies among CMI should urgently be implemented by health authorities.

Suggested Citation

"M.D.C. Guimarães, et al. Risk behavior among patients with chronic mental illness in a national multicenter study in Brazil: gender differences. Oral Abstract Session: AIDS 2008 - XVII International AIDS Conference: Abstract no. WEAD0202"

Commercial lubricant use for anal sex among men who have sex with men in Lima, Peru

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Background: HIV transmission in Peru primarily occurs via anal intercourse among men who have sex with men (MSM). Successful introduction of Rectal Microbicides - substances which someday may be added to sexual lubricants to prevent HIV infection - will depend on knowledge of local lubricant use practices among potential users such as MSM.

Methods: A convenience sample of 549 MSM was recruited from an inner-city STI clinic in Lima, Peru. Participants completed a computer-assisted self-interview to answer questions about lubricant use during anal intercourse.

Results: Participant ages ranged from 18-70 years (median age 28). Most participants (78.1%) were high school educated and 14.7% were unemployed. 276 (50.3%) reported using a commercial lubricant sometimes or always during anal sex in the previous two months. Lube users most often obtained lubricant from a pharmacy (72.9%) or clinic (10.8%). Among men who sometimes used lubricant for anal sex (181/549; 33.0%), the most common reasons given for nonuse were: uses saliva (23.2%); uses lubricated condoms (24.9%); and unavailability of lubricant during intercourse (48.1%) (participants could provide multiple responses). Among participants who never used commercial lubricants (273/549), the most common reasons given were: prefers dry sex (9.2%); uses saliva (3.7%); uses lubricated condoms (20.5%); or no lube available during intercourse (11.0%). Nonuse due to a lack of money was reported by 1.8% of men who never used lubricant and 14.4% of intermittent users.

Conclusions: While most Peruvian MSM in this sample always or sometimes used lubricant for anal intercourse, many (almost 50%) did not. Reasons for nonuse were related to preference, access, availability and cost. Rectal Microbicides formulated as sexual lubricants, if accessible and affordable, would likely face few barriers to use among many Peruvian MSM. However, more research is needed to understand the barriers to sexual lubricant use among nonusers to optimize future Rectal Microbicide uptake in this population.

Suggested Citation

"J.Galea, et al. Commercial lubricant use for anal sex among men who have sex with men in Lima, Peru. : AIDS 2008 - XVII International AIDS Conference: Abstract no. WEPE0276"

HIV prevention challenges in cruising sites used by MSM in Buenos Aires, Argentina

V. Barreda, A. Carballo-Diéguez, I.C. Balán, R. Marone, M.A. Pando, M.M. Avila

Background: Sexual practices are often affected by the physical setting in which they occur. The purpose of this study is to describe cruising sites in greater Buenos Aires that are used by MSM and to identify the characteristics of the sexual practices that occur there in order to design HIV prevention campaigns that better reflect the socio-spatial aspects of this setting.

Methods: Eleven ethnographic observations were conducted at public places used by MSM to meet others for sex, including porno theatres, darkrooms, sex parties, and public restrooms. Observations were performed in teams and descriptive reports were prepared within 24 hours of the observation. In-depth interviews were also conducted with six MSM, transcribed, coded using a standardized codebook, and analyzed using NVivo, a qualitative analysis software program.

Results: Mapping of cruising sites revealed two different areas, one in the northern part of the city which was not gay identified and used predominantly by MSM of middle and higher socioeconomic status and another in the southwestern part of the city, in an area of transit hubs and red-light districts, which was predominantly used by men of lower socioeconomic status. The study reveals that in these sites, sexual exchanges are characterized by anonymity, brevity, sex with multiple partners, and a lack of verbal communication. Furthermore, there is a fragmented representation of the body, where the other is objectified as a body or body part for the sole purpose of consummating a sexual act. Results suggest significant variety in terms of the sexual identity of the patrons.

Conclusions: This study highlights the need for HIV-prevention strategies that take into account the characteristics of sexual encounters in MSM cruising sites, where high HIV-risk behavior occurs. The findings also call for re-assessments of prevention models which do not consider these characteristics and challenges in their approach.

Suggested Citation

"V.Barreda, et al. HIV prevention challenges in cruising sites used by MSM in Buenos Aires, Argentina. : AIDS 2008 - XVII International AIDS Conference: Abstract no. THPE0375"

Does HIV matter to MSM in Buenos Aires, Argentina?

R. Marone, A. Carballo-Diéguez, I. Balan, V. Barreda, M.A. Pando, M.M. Avila

Background: To determine the level of importance that HIV has for men who have sex with men (MSM).

Methods: Seventy-three men participated in eight focus groups, which were conducted to explore factors related to HIV transmission among MSM in Buenos Aires, Argentina. The focus groups were dichotomized by age, serostatus, and level of education. Among the factors explored were the importance of HIV and HIV-prevention in the life of these men.

Results: The data revealed that for these men, there were other factors in life that were more important than HIV. These included their economic and work situation, emotional and sexual fulfillment, and family. The men considered that the concerns and worries of MSM are the same as those of others, regardless of sexual orientation. To these concerns, however, are added the acceptance of sexual orientation to oneself, one's family, and eventually, some discriminatory situations in work or educational settings.

HIV-positive participants reported that HIV became important to them only after having been diagnosed. Only a few of the HIV-negative participants reported an interest in HIV, due primarily to having someone close to them that was infected or other direct experience with HIV that affected their prevention or testing habits.

Conclusions: In general, HIV prevention interventions have been directed at MSM that are already motivated or interested in decreasing their risk of infection. These findings highlight the need to develop other ways of reaching MSM taking into consideration this lack of interest observed in HIV prevention. Community interventions should be developed that augment the importance of HIV for MSM. The increased concern for HIV infection that seems to accompany HIV testing could provide opportunities for intervention. Furthermore, broadening testing, possibly through rapid testing in friendly sites, may also be helpful.

Suggested Citation

"R.Marone, et al. Does HIV matter to MSM in Buenos Aires, Argentina?. : AIDS 2008 - XVII International AIDS Conference: Abstract no. TUPE0772"