PRESENT BUT NOT ACCOUNTED FOR:

entifying & Addressing the Needs of N
terosexually Identified Women with HI
Interventions for Women with HIV

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Presentation Goals

s in a word?: NHI, WSW vs. lesbian and/or bisexual w

ght some key issues relevant to NHI women & HIV;

quantitative and qualitative data from the non-
osexually identified (NHI) women in the *Protect and*
ect program for women with HIV/AIDS, illustrate the
iences and prevention needs of NHI women with
IDS;

ss the implications of failing to address the needs of
en in research & HIV prevention programs.

men Who Have Sex with Women (WSW
IV/AIDS: More Questions than Answer

: roughly 3% of reported AIDS cases among women throug
nber 2004 (CDC, 2006)

(2006) reports no confirmed cases of HIV transmitted sexually between wo
owledges that vaginal secretions and menstrual blood are potentially infec
ral or vaginal mucous membrane exposure to these secretions may increa
fection

half (60%) of the total women's AIDS case reports (*n* = 246,
to include information about female sex partners because
ian did not inquire about it and/or the woman did not volu
ormation

ccurate and complete estimates of the extent of HIV amo
n are unavailable

' So Little Information on WSW & HIV/A

HIV and STI research and prevention initiatives for women fo
osexual sexual risk practices, and do not collect adequate
ation about NHI women's partners or risk practices (Kenned

s hierarchical categorical system of HIV risk accounts for
nission via injection drug use, heterosexual sex, and homose
sex only (Chu, 1990; Marrazzo, 2005; Mays et al., 1996; Richardson, 2

neasures of sexual identity & behavior for women

current study asked women about their identification as:
ight/heterosexual"; "gay/homosexual"; "bisexual"; "not su
er".

..king the Case for a Focus on WSW in I Prevention Programs

en who report male & female sex partners report m
l and drug risk behaviors than heterosexual women
995; Lemp et al., 1995; Koh et al., 2005; Marrazzo, Koutsky, & Handsfie

may perceive that they are at low risk for HIV (Dolan
omez et al., 1996; Fishman & Anderson, 2003; Stevens, 1994; Stevens

may be ill-informed about how to protect themselv
nd HIV (Marrazzo et al., 2005; Stevens & Hall, 2001)

revention programs focus almost exclusively on mal
oms & heterosexual women's safer sex needs

Goals of Our Analysis

etter understand the non-heterosexually
tified (NHI) HIV+ women in *Protect and Re*

xamine their demographic, health relate
acteristics, sexual risk behaviors, pregnan
ntions, and substance use patterns

ompare the heterosexual and NHI sub-sa

Protect & Respect @ A Glance

A-funded Special Project of National
nificance (SPNS)

al: Reduce HIV+ women's sexual risk
naviors

vention messages delivered via:
edical providers (MPs) during regular visits
skills-based group level intervention (GLI)
er-led support groups

Program Design

study groups:

participants received safer sex messa
m MPs (*N* = 185)

also attend 5-session GLI and Peer-le
pport groups (*n* = 93)

ary outcomes: safer sex practices; HI
us disclosure to sexual partners

easured by computer-assisted survey a
L2, and 18-months

Analyses @ Baseline (*N* = 185)

ntitative:

criptive statistics, Fisher's exact chi-square tests
nn Whitney tests used to describe and compare
erosexually-identified and NHI participants

litative:

ata source: GLI sessions & interviews with group
articipants
ped and transcribed verbatim
las.ti.5.4 for content analysis

Results: Sexual identification

Sexual identification	Non-heterosexual (n=32, 17%)	Heterosexual (n=152, 83%)
traight/heterosexual	--	100%
Gay/homosexual	38%	--
isexual	47%	--
Other	6%	--
lot sure	9%	--

Results: Selected Demographics

ographic	Non-heterosexual (*n*=32)	Heterosexual (*n*=152)	Significa
0-49 years	79%	77%	.971
thnicity: American	81%	86%	.739
ion: ≤ HS	84%	80%	.937
e: ≤ 0/year	81%	74%	.341
nship Single	50%	52%	.326

Results: Income Source

ne Source	Non-heterosexual (*n* = 32)	Heterosexual (*n* = 152)	Significa
	9%	23%	.096
	41%	38%	.843
rk	25%	0%	.000
drugs	16%	0%	.000
	13%	1%	.003

Results: Health Characteristics

ealth cteristic	Non-heterosexual (n=32)	Heterosexual (n=152)	Significan
nsurance: d	38%	26%	.344
Health: oor	50%	29%	.292
n route:			
h man	69%	82%	.095
needles	31%	15%	.038
HIV/AIDS	8.5 years (mean)	8.7 years (mean)	.985

sults: Sexual Behaviors & Substance U

Behavior	Non-heterosexual (n=32)	Heterosexual (n=152)	Sig
ted vag/anal sex past 6 months	45%	40%	
artners, onths	3.4 (mean) 1-10 (range)	2.1 (mean) 1-25 (range)	
cy intentions: Not about it	81%	72%	
use, onths	44%	45%	
ction drug use, onths	34%	21%	
drugs, past 30	3%	1%	

Voices of NHI Women with HIV/AIDS

eel like we don't have to use rubbers since we got
ıer woman, and if you are sticking with your partner
dn't have to worry about no rubber, no plastic, no
ever. That's where we get fooled…now they got da
sk of female to female STI and HIV transmission]… Th
ata I need.

by me being a gay woman, it was a little uncomfor
e they were talking about their men and stuff and I w
k about my women experiences, but now we all just
am gay]. Next week we have a [peer] session on
en."

Key Findings

f the sample (n = 32) were NHI

omen were more likely than their heterosexual
terparts to report the following risk behaviors:

nfection via needles (p = .038)

ng engaged in sex work, hustling, or selling drugs for mon
)

ng had more male sex partners in the past six months (p =

Study Limitations

ample size of NHI women limits meaningful statistical analy

nption of heterogeneity (e.g., problems of lumping all NHI w
single group)

sexist focus of original study meant that measures not desi
e or reflect the experiences of NHI women:

al identity based on a male model (e.g., "gay/homosexu
ual identity/orientation questions were inadequate
sures did not focus on risky practices with female partner

Conclusions

women need prevention information
red to their unique experiences

uation methods that fail to capture n
erosexual women's risk practices with
e *and* female partners limit the
erstanding of these women's risk redu
ds

mplications: More Research is Needed

- ovide us with epidemiological data about NHI wom
  IDS
- arger and socioeconomically and ethnically diverse
  les of women who have sex with women
- p us better understand the context in which NHI's w
  l risk behaviors occur
- amine the impact of heterosexist prevention progr
  n on NHI women's sexual risk practices
- velop effective risk reduction programs for non-
  osexual women
- derstand the relationship between sexual identific
  isk behavior for women, particularly for Black and
  en (lessons from ethnic minority MSM?)

Implications for Prevention Programs for Women with HIV/AIDS

- ermine the extent to which current HIV ention programming meets the needs of rosexual women with HIV/AIDS
- tify the specific sexual risk reduction need heterosexual women
- nowledge and address the experiences o en in HIV prevention programs
- ve NHI women in the design of HIV preve ning and programming

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References

J., Chiasson, M. A., Heffernan, R. T., and Castro, K. G. (1995). Women at a sexually trans
linic who reported same-sex contact: Their HIV seroprevalence and risk behaviors. *Ame*
Public Health, 86(12), 1822-1830.

or Disease Control and Prevention (CDC). (2006). *HIV/AIDS among women who have s*
Retrieved November 1, 2006, from www.cdc.gov/hiv/pubs/facts/wsw.htm

uehler, J., Fleming, P., and Berkelman, R. (1990). Epidemiology of reported cases of AID
ates 1980-1989. *American Journal of Public Health, 80*(11), 1380-1381.

A., and Davis, P. W. (2003). Nuances and shifts in lesbian women's constructions of STI a
ity. *Social Science and Medicine, 57*, 25-38.

S. J., and Anderson, E. H. (2003). Perception of HIV and safer sexual behaviors among le
the Association of Nurses in AIDS Care, 14(6), 48-55.

C., Garcia, D., Kegebein, V., Shade, S., and Hernandez, S. (1996). Sexual identity versus s
Implications for HIV prevention strategies for women who have sex with women. *Wom*
on gender, behavior, and policy, 2(1/2), 91-109.

M. B., Moore, J., Schuman, P., Schoenbaum, E., Zierler, S., and Rompalo, A., et al. (1998
of HIV-infected women reporting recent sexual contact with women. *JAMA, 280*(1), 29

Gomez, C. A., Shade, S., and Rowley, E. (2005). Sexual risk factors among self-identifie
women, and heterosexual women accessing primary care settings. *Sexually Transmitted*
-569.

F., Jones, M., Kellogg, T. A., Nieri, G. N., Anderson, L., and Withum, D., et al. (1995). HIV
alence and risk behaviors among lesbians and bisexual women in San Francisco and Be
. *American Journal of Public Health, 85*(11), 1549-1552.

References (Continued)

, J. M. (2005). Dangerous assumptions: Lesbians and sexual death. *Sexually Tra*
, *32*(9), 570-571.

, J. M., Coffey, P., and Bingham, A. (2005). Sexual practices, risk perception an
ge of sexually transmitted disease risk among lesbian and bisexual women. *Pe*
al and Reproductive Health, 37(1), 6-12.

, J. M., Koutsky, L. A., and Handsfield, H. H. (2001). Characteristics of female se
ed disease clinic clients who report same-sex behavior. *International Journal o*
41-46.

Cochran, S., Pies, C., Chu, S., and Ehrhardt, A. (1996). The risk of HIV infection
er women who have sex with women: Implications for HIV research, prevention
ices. *Women's Health: Research on Gender, Behavior, and Policy, 2*(2/1), 119-1

on, D. (2000). The social construction of immunity: HIV risk perception and prev
esbians and bisexual women. *Culture, health, and sexuality, 2*(1), 33-49.

P. E. (1994). HIV prevention education for lesbians and bisexual women: A cult
of a community intervention. *Social Science and Medicine, 39*(11), 1565-1578

P. E., and Hall, J. M. (2001). Sexuality and safe sex: The issues for lesbians and b
JOGNN, 30(4), 439-447.

Rubinstein, S., Lloyd, L., Aaron, E., Merron-Brainerd, J., Spencer, S., et al. (2007).
pect Program: A sexual risk reduction intervention for women living with HIV/AI
avior, 11(S1), 106-116.