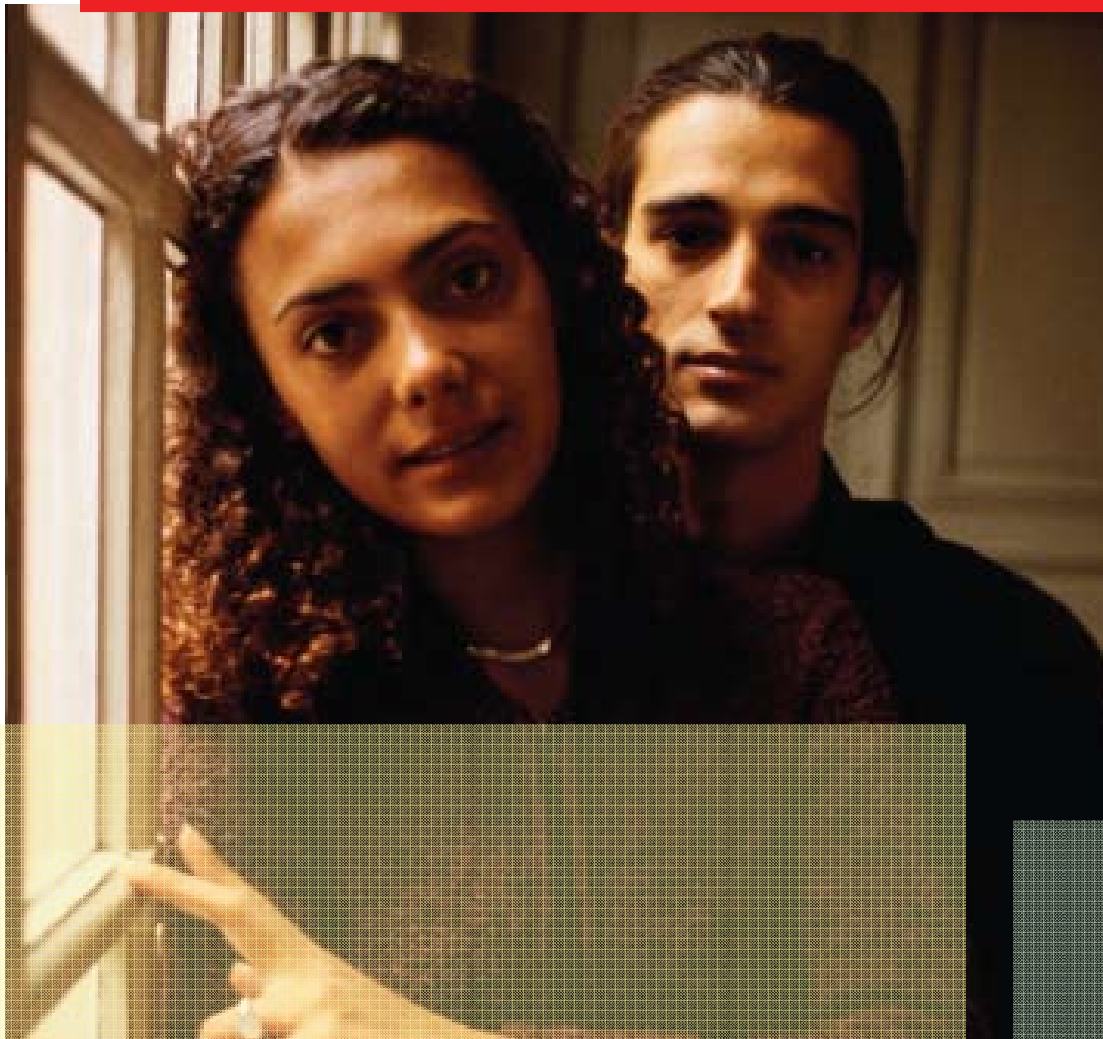




Heterosexual Relationships and **HIV** in Washington, DC

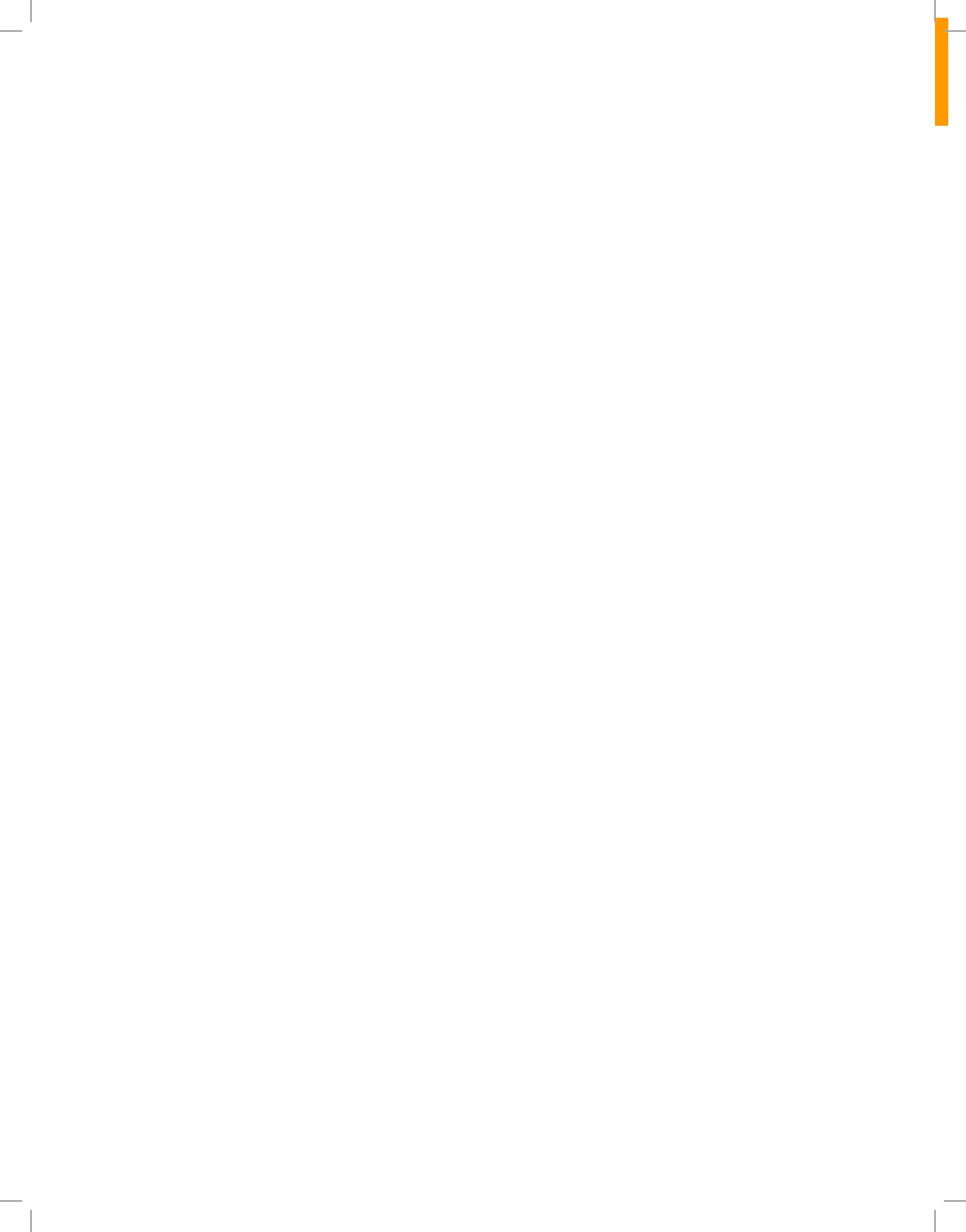


Government of the
District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF HEALTH
Promote. Prevent. Protect.



Introduction

You're heterosexual. You're living in Washington, DC. And you're starting or in a relationship. What is the conversation you need to have with your partner about HIV?

First, you need to know that the District is in the midst of a modern epidemic with higher HIV/AIDS cases larger than in any other city or state in the nation.



The District's epidemic is also complex, propelled through multiple modes of transmission, affecting every age group and neighborhood, and with an especially heavy impact on African-American residents. This first report in a series on District residents and their HIV health behavior confirms we have a large epidemic and provides a piece of the puzzle as to why the District currently has such a high burden of HIV.

The risks of this epidemic extend across residents, including heterosexuals. According to this study, some heterosexuals in committed relationships often have sex outside of the relationship, often do not know their partner's HIV status, and often do not protect themselves by using condoms. These factors result in ongoing risk for HIV infection.

Here is what we learned:

Relationships

- Approximately 75% reported being in a "committed relationship".
- Nearly half (46 percent) of all study participants believed their last sexual partner was having sex with someone outside of the relationship.
- Nearly half (45 percent) reported they had sex outside of the relationship.
- Nearly half (49 percent) did not know their last sex partner's HIV status.

Condoms

- More than 70 percent of participants did not use condoms.

HIV Testing

- Only 60 percent of all participants had been tested within the past 12 months.
- Half of the people testing HIV positive did not know their status prior to the study.
- Among those newly diagnosed, nearly 75% had seen a healthcare provider in the past 12 months and still had not been diagnosed, showing missed opportunities for HIV screening.

DC HIV Behavior Study #1

The take home message here is that everyone is at risk, and every couple in the District should have a conversation about HIV. That conversation should address three basic questions:

1. Do we know our HIV status?

2. What is the nature of our relationship and is it only two of us?

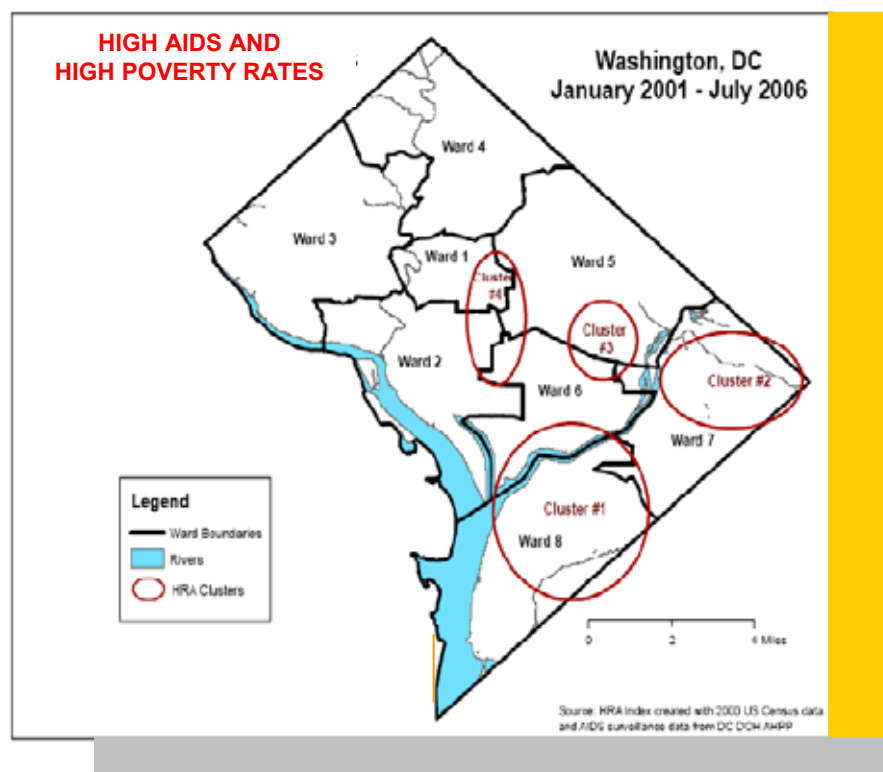
3. Do we use condoms?

Anything else puts you at greater risk for contracting and spreading HIV.

The Study Basics: Who, What, and Where

The District of Columbia is one of the 25 cities in the country participating in the U.S. Centers for Disease Control and Prevention (CDC) funded National HIV Behavioral Surveillance (NHBS) system to learn more about what puts people at risk for HIV. The CDC identified three target populations for the national system: heterosexuals at high risk of HIV infection, men who have sex with men and injecting drug users. CDC compiles all the data from the cities into a national report. The DC Department of Health (DOH) contracted with the George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics (GWU) to conduct the study. GWU named it the WORD UP (Washington Outreach Research Drive to Understand Prevention) Study. DOH has named the local version of the NHBS studies as the DC HIV Behavioral Study Series. The first report covers heterosexuals, followed by men who have sex with men and concluding with injection drug users.

The Washington, DC Study Area



DC HIV Behavior Study #1

Following the CDC protocol for the NHBS, the DC HIV Behavior Study examined individuals thought to be at high risk due to social or geographical connection with areas of **both** high AIDS prevalence **and** high poverty rates. The map on the preceding pages shows the areas of the city where the study interviewed participants. These study results are directly representative of those areas with high AIDS and poverty rates, and also highlight behaviors that are relevant to all District residents. The chart below provides the characteristics of the study participants.

The majority of participants were over the age of 30, black, never been married, and reported a heterosexual orientation. Despite perceptions that HIV is spread in the heterosexual community by men “on the down low” (having sex with men while in relationships with women), this study shows that the overwhelming number of men reported being heterosexual (96%) with less than 4% of men reporting being bisexual. There were hardly any reports of heterosexual men having sex with other men in this study.

Although most had attained a high school-level or higher education, nearly half of the participants were unemployed and impoverished, with nearly two-thirds reporting an annual household income of less than \$10,000, and one-fifth with a history of homelessness. More than half of the participants had ever been to jail, prison, or juvenile detention.

Demographic Characteristics of Participants	Total (N=750) %*
Gender	
Female	60.7
Male	39.3
Age (median age 36 years old)	
Less than or equal to 30 years old	38.5
30-50 years old	61.4
Race	
Black	92.3
Non-Black	7.7
Marital Status	
Never Been Married	61.6
Sexual Orientation	
Heterosexual	89.5
Homosexual/Bisexual	10.5
Education	
Less than high school or equivalent	37.6
High school or Greater	62.4
Employment Status	
Unemployed	43.7
Yearly Household Income	
Less than \$10,000	60.0
Housing	
History of Homelessness	21.8
Experience with Correctional Facilities	
Lifetime: Ever been to jail, prison, or juvenile detention	52.5



*Estimates weighted for respondent-driven sampling

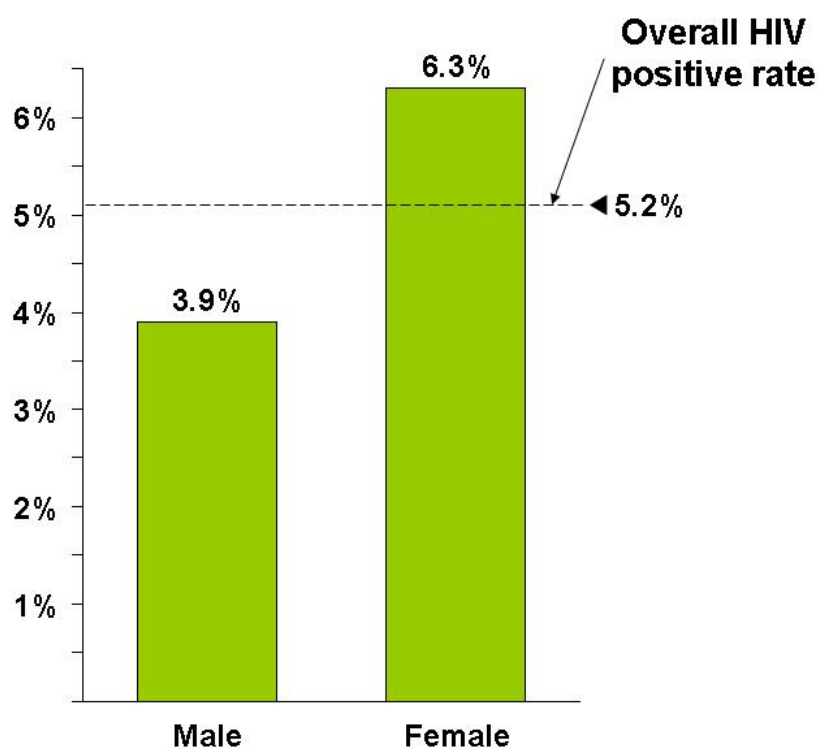
High Rate of HIV

The Study found that overall more than 5% of the participants were HIV positive. To put this in context, the CDC defines any number above 1 percent as a severe epidemic. This data confirms the data reported by the DC Department of Health's HIV/AIDS Epidemiology Update 2008 that the District has a high rate of HIV.

The chart shows the rates for men and women. Women were more likely to be HIV positive than men.



HIV Prevalence by Gender, DC HIV Behavior Study, 2006-7, N=750



Heterosexual Relationships in DC and HIV Risk

A significant number of heterosexuals studied had sex outside of a committed relationship, or believed that their partner had sex outside of the relationship. Yet, their reported behaviors — not knowing partner’s HIV status and not using condoms — suggest that people incorrectly believe they are not at risk for HIV.

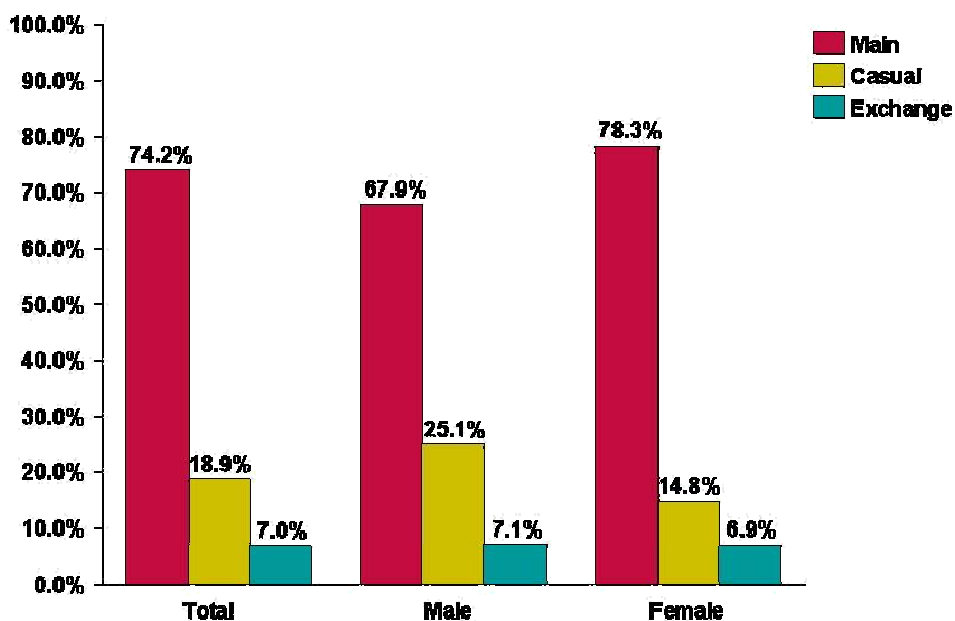
Even with the perception and practice of sex outside of the relationship, study participants were not fully engaging in behavior that would protect their health and the health of their partner.

First, the Study asked participants to describe their sex partners. Main partners were those that the participant

felt committed to above others, casual partners were those they had sex with but did not feel committed to or didn't know very well, and exchange partners were those having sex for either money or other needs like housing. Second, the Study asked participants to describe a characteristic of their relationship as to whether they believed their partner was having sex outside the relationship and whether they themselves were having sex outside the relationship.

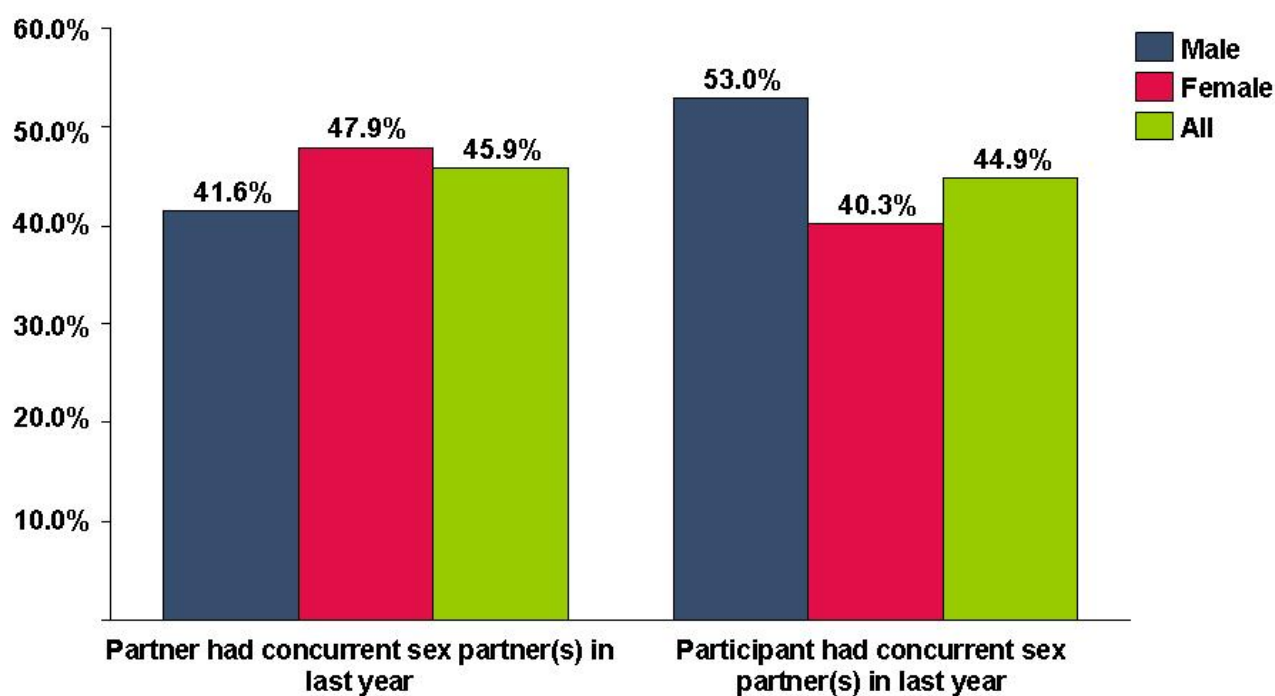
The chart below shows that nearly three-quarters of participants reported their last sex partner to be a main partner (“someone you have sex with and who you feel committed to above anyone else”).

Type of Partner at Last Sex, DC HIV Behavior Study, 2006-7, N=750



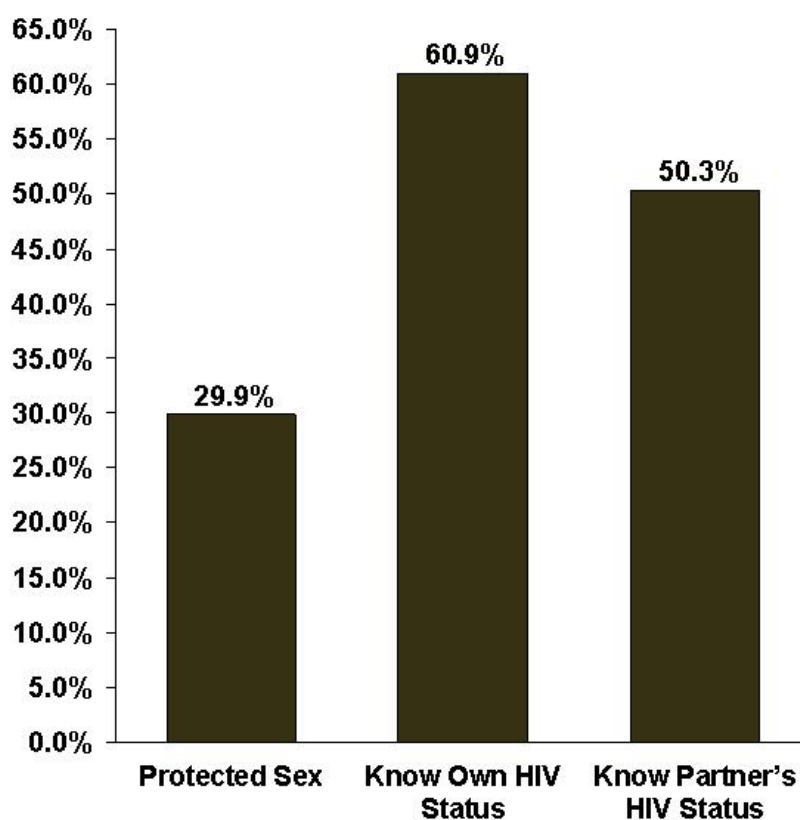
This table reports that nearly half of participants reported that they believed their partner was having sex outside the relationship, while nearly half of the participants themselves had sex outside of the relationship.

Characteristics of Heterosexual Relationships, DC HIV Behavior Study, 2006-7, N=750



The following table shows mixed results in safer sex behaviors among study participants. Condom use was low, with less than one-third of participants reporting condom use the last time they had sex. Only half of the participants knew their last sex partner's HIV status.

Rates of “Safer” Sex Behaviors, DC HIV Behavior Study, 2006-7, N=750



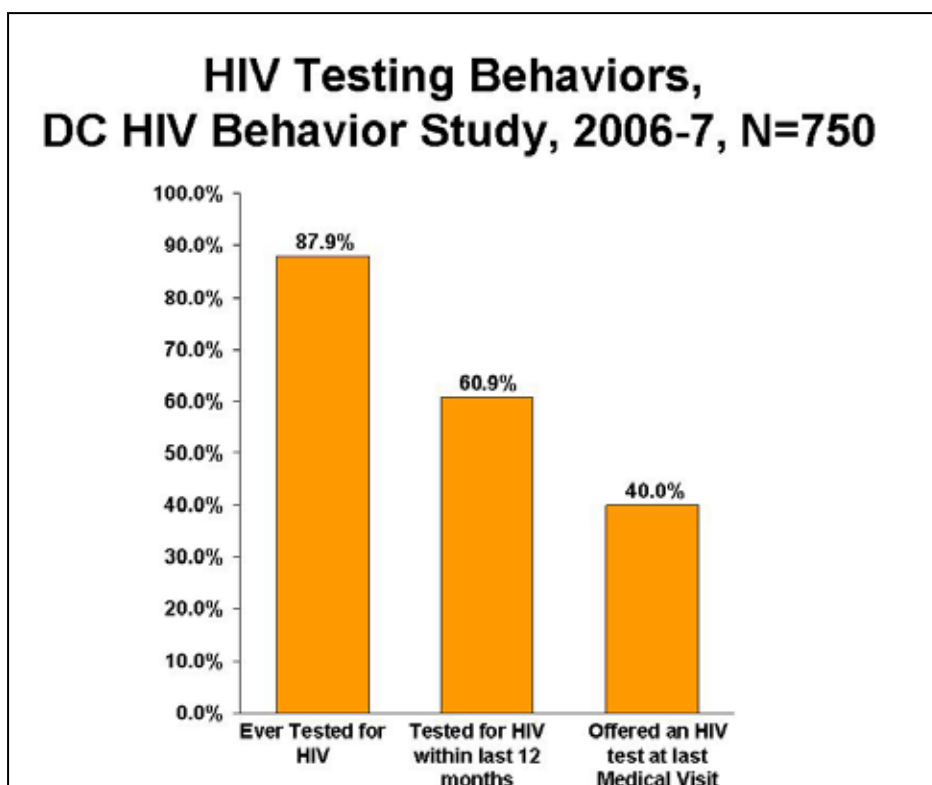


HIV Testing

Here in DC, where we have lots of HIV, just being tested once is not enough. From this Study and from other surveys of District residents, most people say they've been tested at least once for HIV, but the number of people tested in the last year drops significantly. Washington, DC is the first city in the country to implement a policy of routine annual HIV testing for all persons ages 14 to 84. Of the study participants, three out of five people self-reported that they had been tested for HIV within the year. Yet, among those who tested positive in this study, nearly half were unaware of their diagnosis. This makes DC much higher than the rest of the country, as nationally, the CDC estimates that only one-fifth of people are unaware they are HIV positive. The data for this study was collected one year into the District's routine annual HIV testing policy. Even after one year, the low rates of people routinely offered a HIV test and diagnosed with HIV shows missed opportunities and that there is more work to do with the District's medical community.

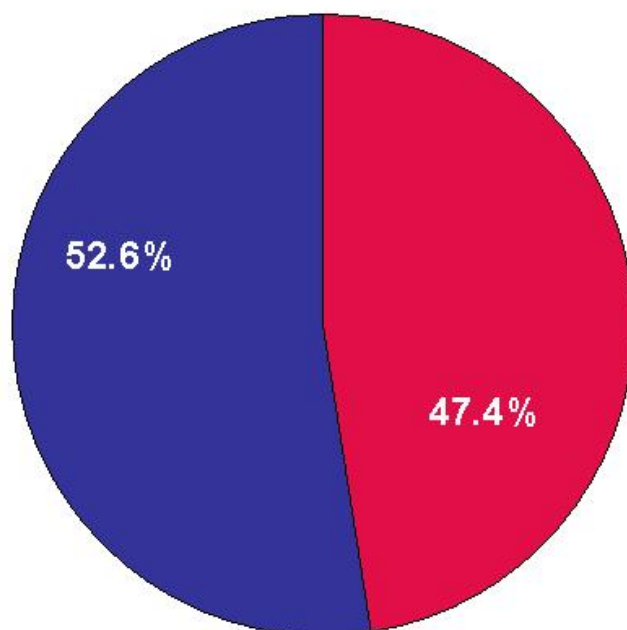


- Despite high overall rates of people reporting they have ever been tested for HIV, only 60% of participants were tested for HIV within the past year.
- Some people incorrectly believe they have been tested for HIV just because they have visited the doctor or had blood drawn. This study shows that many doctors are not routinely offering or doing HIV tests.



This chart shows that nearly half of the study participants who tested HIV positive did not know their status.

**Knowledge of HIV Status Among Positives,
DC HIV Behavior Study, 2006-7,
Overall HIV Prevalence = 5.2%**



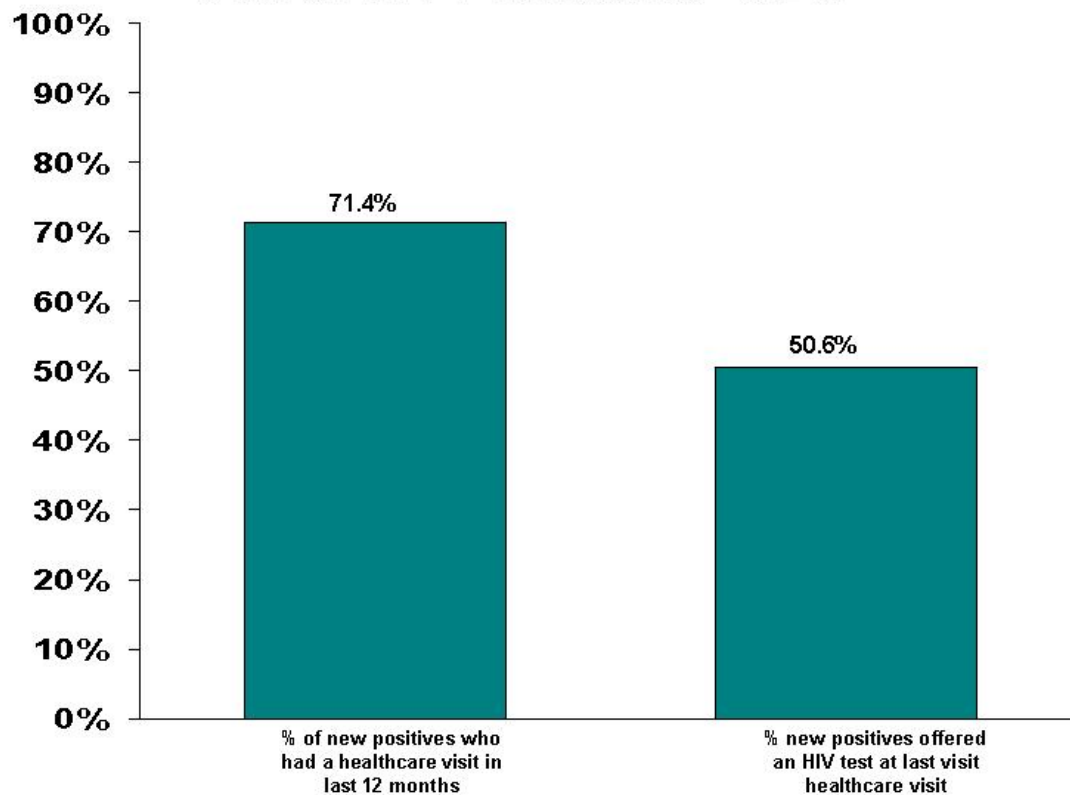
- Already positive
- Newly positive

DC HIV Behavior Study #1

Of those who screened newly HIV-positive, nearly three-quarters had seen a healthcare provider at least once in the past 12 months and had not been diagnosed.

HIV Testing Behaviors, New HIV Diagnosis, DC HIV Behavior Study, 2006-7

Overall HIV Prevalence=5.2%

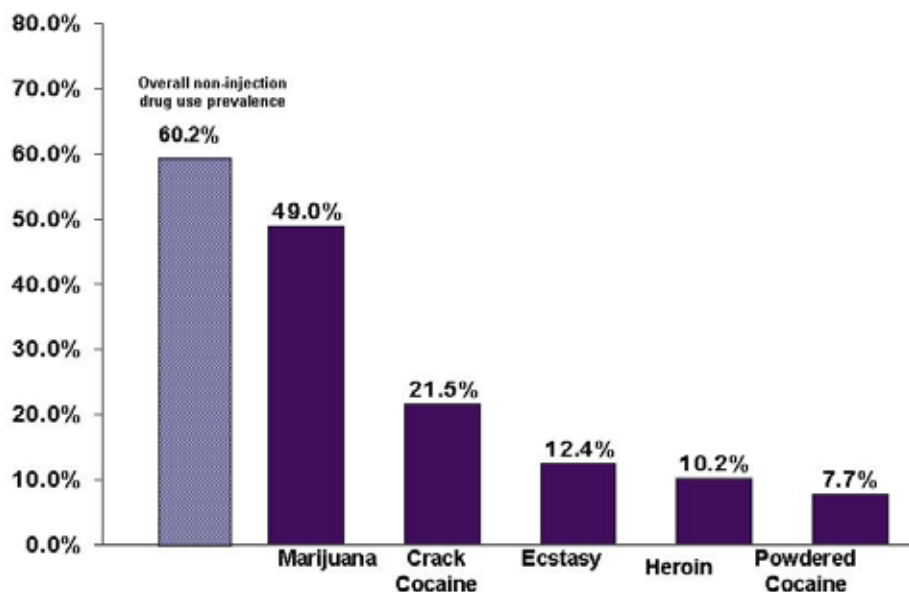


Substance Use

This study did not look at current injection drug users, as that will be covered in Study #3. However, related drug use does have an impact on HIV risk. The use of drugs and alcohol can impair decision making and lead to reduced safe sex practices resulting in HIV transmission. This study demonstrates that there are high rates of alcohol and drug use.

The following tables present the data on the use of drugs and alcohol. The first reports that although the vast majority of people had never injected drugs, nearly two-thirds had used non-injection drugs in the past 12 months. Among study participants, the most frequently used substances used were marijuana, crack cocaine, and ecstasy within the past 12 months

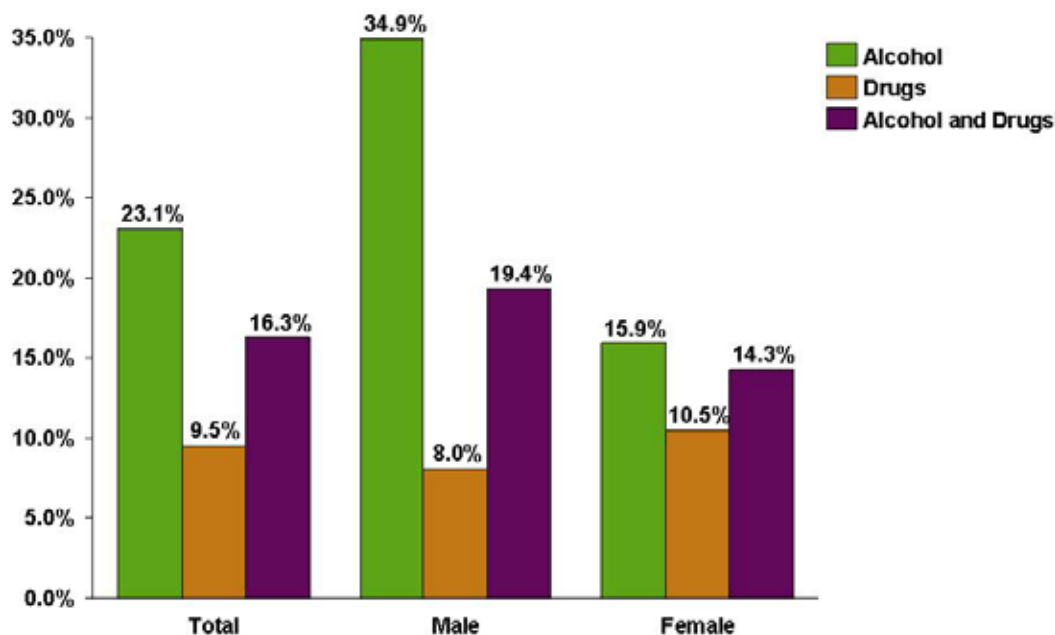
Proportion of Participants Reporting Non-Injection Drugs in the Past Year, DC HIV Behavior Study, 2006-7, N=750



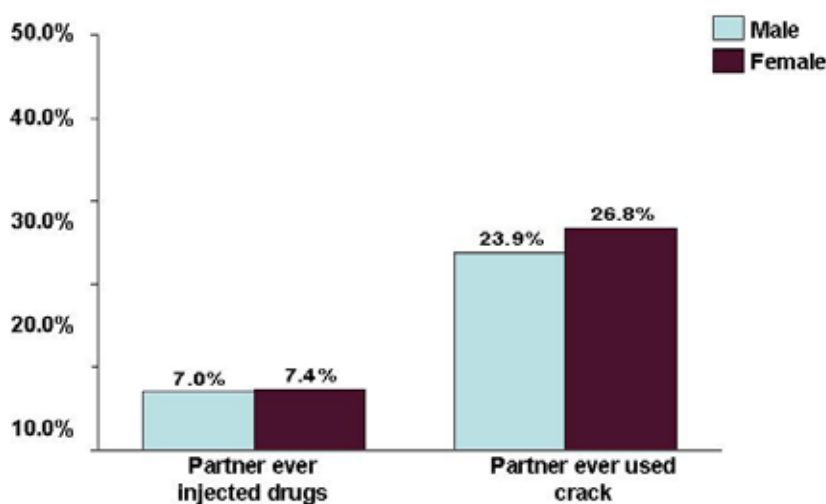
DC HIV Behavior Study #1

The first table below shows that nearly half of people used alcohol and/or drugs the last time they had sex. The second table shows that when asked about substance abuse among their partners, a large proportion of participants believed that their partners used drugs.

Substance Use at Last Sex, by Gender, DC HIV Behavior Study, 2006-7, N=750



Drug Use Risk Behaviors of Last Sex Partner by Gender, DC HIV Behavior Study, 2006-7, N=750

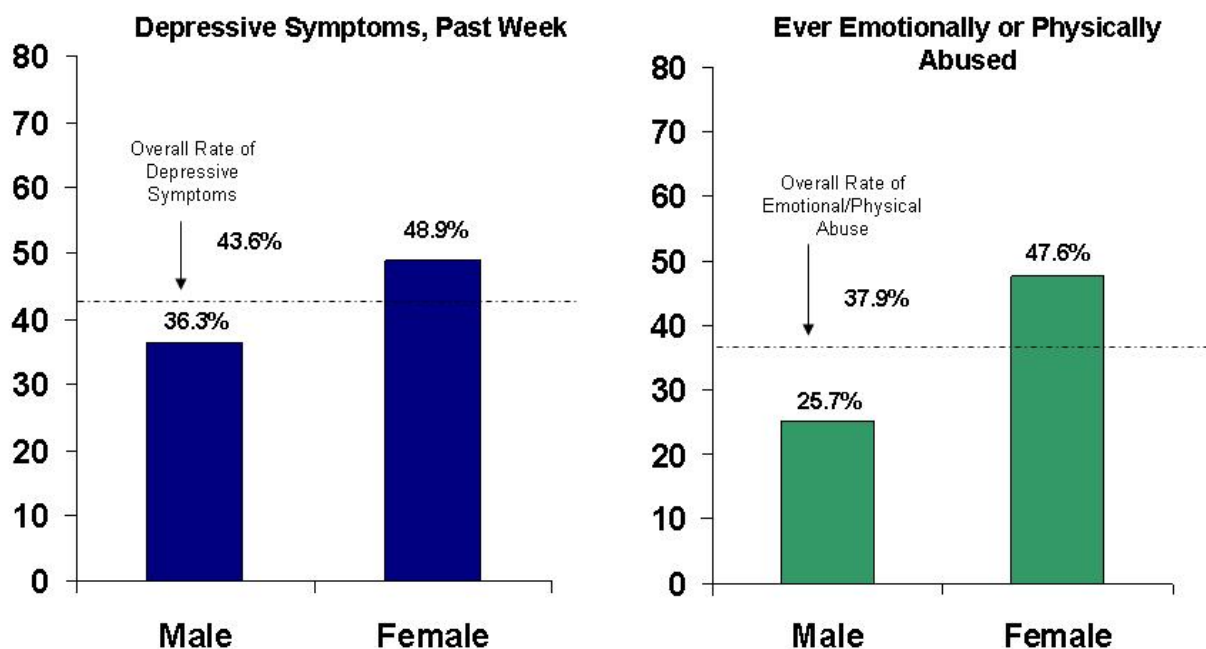


Other Factors ■

The study examined other factors that can influence how people feel and often increase one's HIV-related behavior. It is widely known that emotional and mental health problems impair a person's decision making abilities. That puts them at greater risk for unsafe behaviors, and more vulnerable to HIV transmission.

In the charts below, nearly half of the study participants reported depressive symptoms in the past week and one-third reported having ever been emotionally or physically abused. Women were significantly more likely to report depressive symptoms and abuse than men.

Proportion of Participants, Reporting Psychosocial Vulnerabilities, DC HIV Behavior Study, 2006-7, N=750



Lessons Learned and Next Steps



This study's results provide more guidance on the District's response to the epidemic. We know that there is a lot of HIV in the District of Columbia and it impacts every type

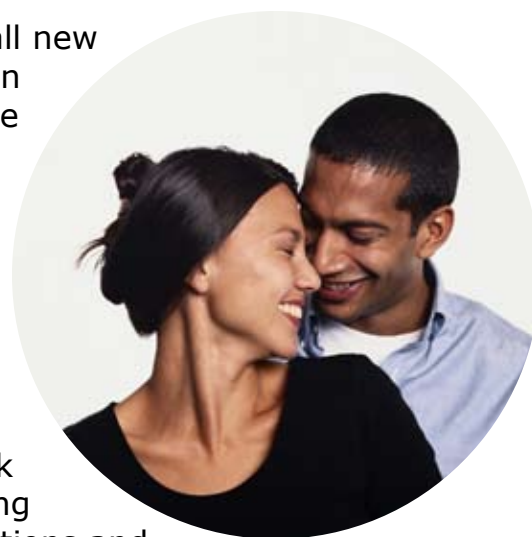
of individual in every community. This study confirms that failing to recognize you are at risk can jeopardize your health. It shows that men and women are not protecting themselves even though they suspect their partner is having sex outside the relationship or that they themselves are doing it. So, the take home messages for conversations in DC are:

- Know your and your partner's HIV status
- Know what "committed" means in your relationship – is it only the two of you?
- Condoms can keep you and your partner safe

The next steps show continuing promise to reduce the burden of HIV disease on the District. First, one-third of participants had heard of the District's initiative to encourage routine HIV testing. The DOH has promoted routine HIV testing as the new standard of health care and will continue to enlist the support of the city's medical

societies and associations to implement this new practice. Second, more than half of the participants had received free condoms and three-quarters felt that getting free condoms made them more likely to use them. DOH is continuing to expand its condom distribution program to make it easy for organizations and non-health locations like restaurants, bars, convenience stores, barber shops/beauty salons and others to get free condoms. Third, only one in eight participants had any contact with a HIV prevention program or outreach workers. DOH has already used the findings of this study to retool its prevention strategies with community partners. For the first time in the U.S., the DOH is funding a community partner and working with CDC to make training on couples counseling and testing available.

As with all new studies on HIV in the District, this one is not meant to sit on the shelf. It is a new handbook on starting conversations and navigating relationships to protect the health of District residents.



DC HIV Behavior Study #1

This study was completed by the combined efforts of many individuals in the District of Columbia Department of Health HIV/AIDS Administration, with major contribution from The George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics. In addition, this study would not have been possible without the hard work, dedication and contribution of persons with HIV/AIDS, HIV/AIDS health care providers, community groups, researchers, and members of the community.

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The study is available on the DC HIV/AIDS web page at: www.doh.dc.gov/hiv





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