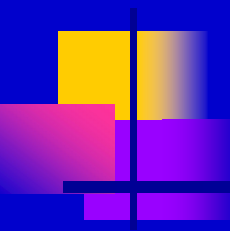


HIV Risk Taking and Predictors of Behavior Among Dallas' Young African American Women



Dallas Young Women's Survey
(YWS)
1999 – 2000



Authors & Contributors

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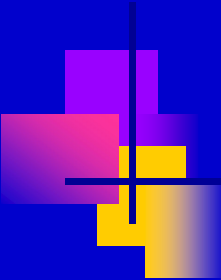
Background - I

Dallas Young Women's Survey 1999 – 2000

- African Americans are disproportionately affected by HIV/AIDS in the U.S.
- The majority of new HIV/AIDS cases are among African American who were most likely infected as adolescents or young adults through sexual contact
- In Dallas County, infection rates were 4-6 times higher in African American women than among women of other races and ethnic groups

Background – II

Dallas Young Women's Survey 1999 – 2000

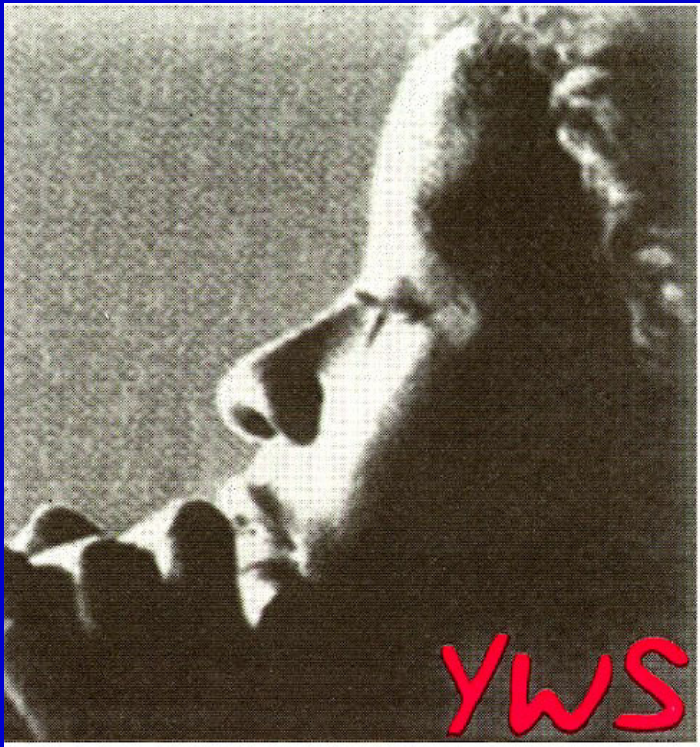
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- Primary objectives of YWS:
 - Estimate prevalence of STD infection and risk behaviors for STD/HIV
 - Examine association between:
 - Demographic factors and STD infection
 - STD/HIV risk behavior and STD infection
 - Psychosocial factors & HIV/STD risk behaviors
 - Current & reported history of STD infection used as surrogate markers for HIV risk



Methods

- Clinic-based study at 3 Dallas FP clinics
 - African-American, Female, age 15-24
 - Sexually active in the past 12 months
 - Interviews conducted on-site
 - STD test results were abstracted from clinic medical records
 - Targeted HIV/STD risk reduction planning/counseling session provided

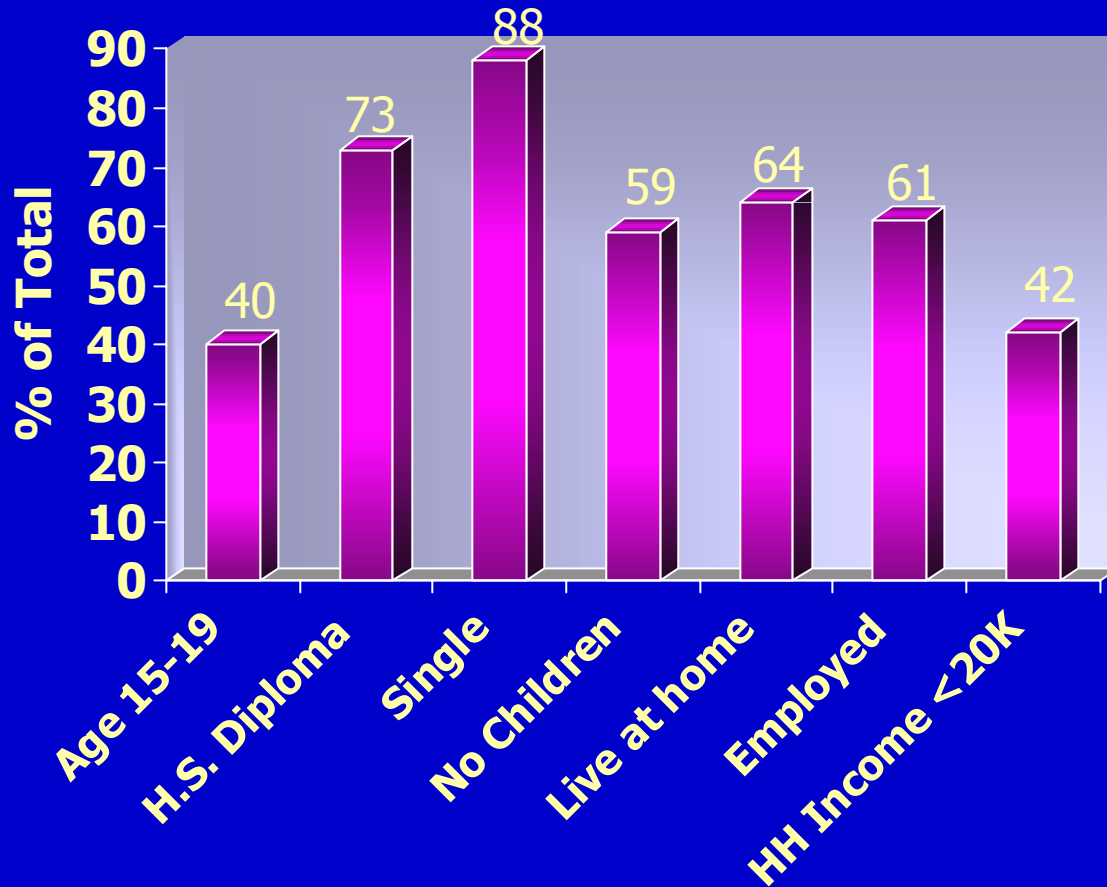
Sampling/Enrollment



- 306 eligible women enrolled
- 84% enrollment rate
- 12% refusal rate

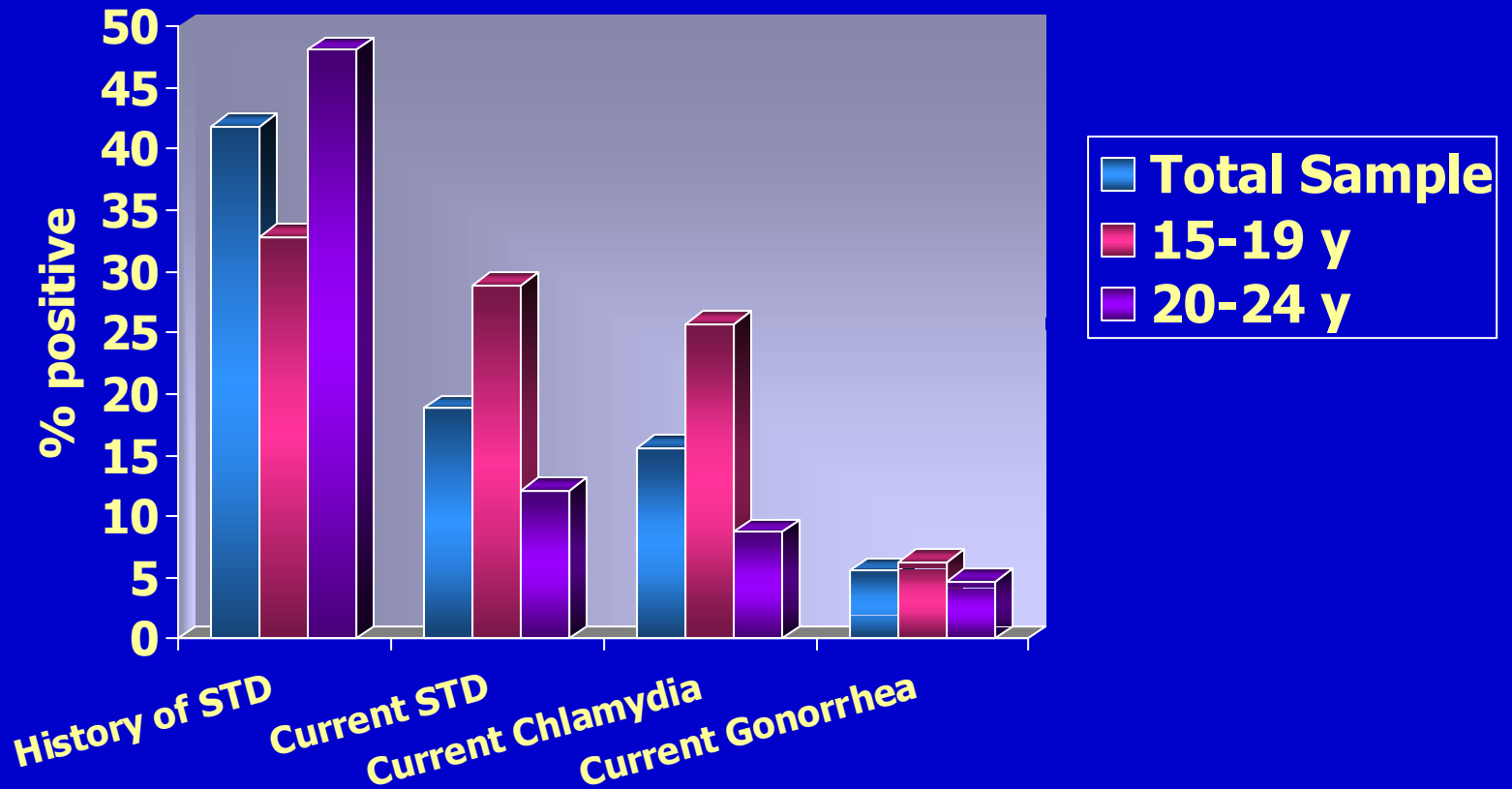
Demographic Characteristics

Dallas Young Women's Survey 1999 - 2000



Prevalence of STD

Dallas Young Women's Survey 1999 - 2000



Demographic Characteristics and STD

Dallas Young Women's Survey 1999 - 2000

	Total Sample		STD History		Current STD	
	n	(%)	n	(%)	n	(%)
Age, y						
15-19	122	(39.9)	40	(32.8)	33	(28.9)
20-24	184	(60.1)	88	(48.1)	21	(12.1)
Education Level						
<High School/GED	82	(26.8)	37	(45.1)	22	(28.2)
High School/GED	105	(34.3)	44	(41.9)	20	(21.1)
>High School/GED	119	(38.9)	47	(39.8)	12	(10.5)
Employment Status						
Unemployed	118	(38.6)	50	(42.7)	28	(25.5)
Employed	188	(61.4)	78	(41.5)	26	(19.7)
Full-time	137	(44.8)	62	(45.3)	15	(11.8)
Part-time	51	(16.7)	16	(31.4)	11	(22.0)
Number of Children						
0	180	(58.8)	63	(35.2)	34	(20.1)
1	79	(25.8)	36	(45.6)	15	(20.3)
>1	47	(15.4)	29	(61.7)	5	(11.4)



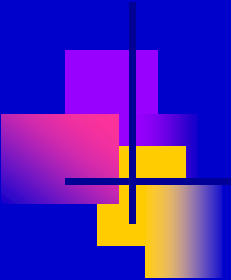
Behavioral Risk Factors and Association with STD History - I

Dallas Young Women's Survey 1999 – 2000

	Total Sample		STD History		STD History
	n	(%)	n	(%)	OR (95% CI)
Alcohol Use - 6 months					
Frequent	27	(8.8)	17	(63.0)	2.56 (1.13, 5.79)
Infrequent/Never	279	(91.2)	111	(39.9)	...
Marijuana Use - 6 months					
Frequent	27	(8.8)	20	(74.1)	4.50 (1.84, 11.0)
Infrequent/Never	279	(91.2)	108	(38.8)	...
Ever Jailed/Incarcerated					
Yes	34	(11.1)	22	(64.7)	2.85 (1.36, 6.01)
No	272	(88.9)	106	(39.1)	...

Behavioral Risk Factors and Association with STD History - II

Dallas Young Women's Survey 1999 -2000



	Total Sample		STD History		STD History
	n	(%)	n	(%)	AOR (95% CI) ³
Age First Intercourse					
<18	242	(79.1)	113	(46.7)	3.43 (1.77, 6.65)
≥18	64	(20.9)	15	(23.8)	...
Number SPs – Lifetime					
3+	117	(66.9)	72	(62.1)	4.52 (2.18, 9.41)
1-2	58	(33.1)	14	(24.1)	...
Non-Monogamous¹					
Yes	122	(42.8)	73	(59.8)	4.14 (2.46, 6.88)
No	163	(57.2)	47	(29.8)	...
Condom Use²					
Sometimes/never	231	(80.8)	112	(48.5)	4.43 (2.06, 9.53)
Always	55	(19.2)	9	(16.4)	...

¹ Respondent non-monogamous with any of last 3 sexual partners (SPs) or thought any 3 SPs non-monogamous

² Inconsistent condom or latex barrier use during vaginal sex with any of last 3 SPs in past 12 months vs consistent use with all 3 SPs

³ Age-adjusted

Logistic Regression Model for Reported STD History Dallas YWS 1999-2000

Factor	OR	95% CI	<i>p</i>
<i>Inconsistent condom use</i> ¹	1.99	(0.84, 4.74)	.12
Older Age group 20-24	1.79	(0.96, 3.33)	.07
Lifetime sexual partners ²			
3-4	1.99	(0.78, 5.08)	.15
≥5	4.87	(1.92, 12.35)	.001
Non-monogamous relationship ¹	3.71	(2.05, 6.71)	.000
Age first intercourse <18 years	2.25	(1.02, 4.96)	.045
Ever Pregnant	1.35	(0.75, 2.44)	.32

¹ Refers to any of last 3 SPs in past 12 months ² Reference group 1-2 lifetime SPs

NOTE: Unadjusted OR 4.81 (2.25, 10.28) for STD history and condom use; OR Adjusted for age 4.40 (2.05, 9.47).

Psychosocial Factors and Association with STD History

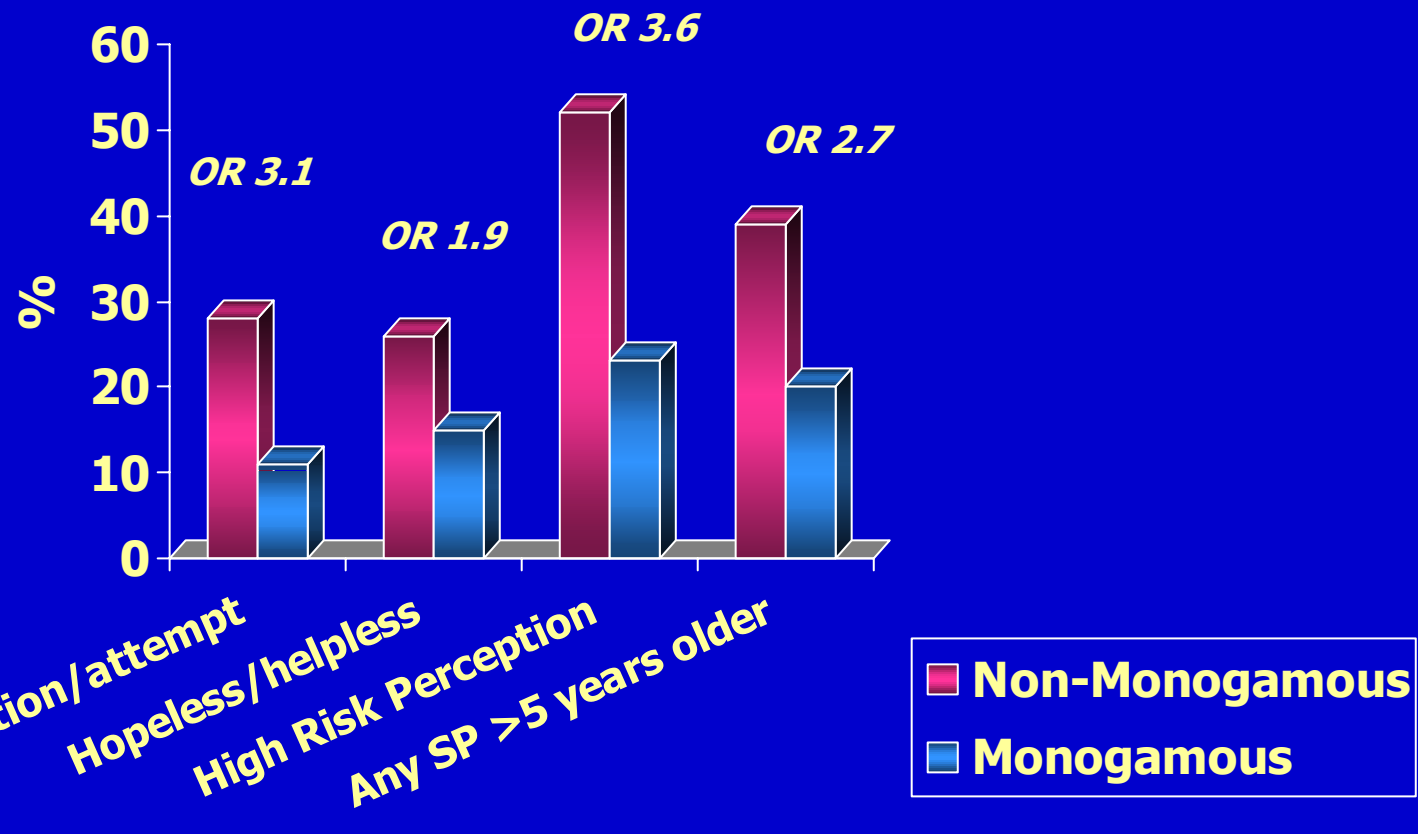
Dallas Young Women's Survey 1999 - 2000

	Total Sample		STD History		STD History OR (95% CI)
	n	(%)	n	(%)	
Suicide Ideation/attempt					
Sometimes/often	56	(18.3)	34	(60.7)	2.83 (1.53, 5.23)¹
Rarely/never	250	(81.7)	94	(37.8)	...
Hopeless/helplessness					
Sometimes/often	61	(20.0)	36	(59.0)	2.68 (1.48, 4.86)¹
Rarely/never	244	(80.0)	91	(37.4)	...
HIV Risk Perception					
Likely/very likely	86	(36.6)	41	(47.7)	1.75 (1.02, 3.01)
Unlikely/very unlikely	149	(63.4)	51	(34.2)	...
Age Difference Last 3 SPs					
Any ≥5 years older	86	(28.1)	51	(59.3)	2.69 (1.61, 4.48)
All Younger or <5 y older	220	(71.9)	77	(35.2)	...

¹ OR age-adjusted

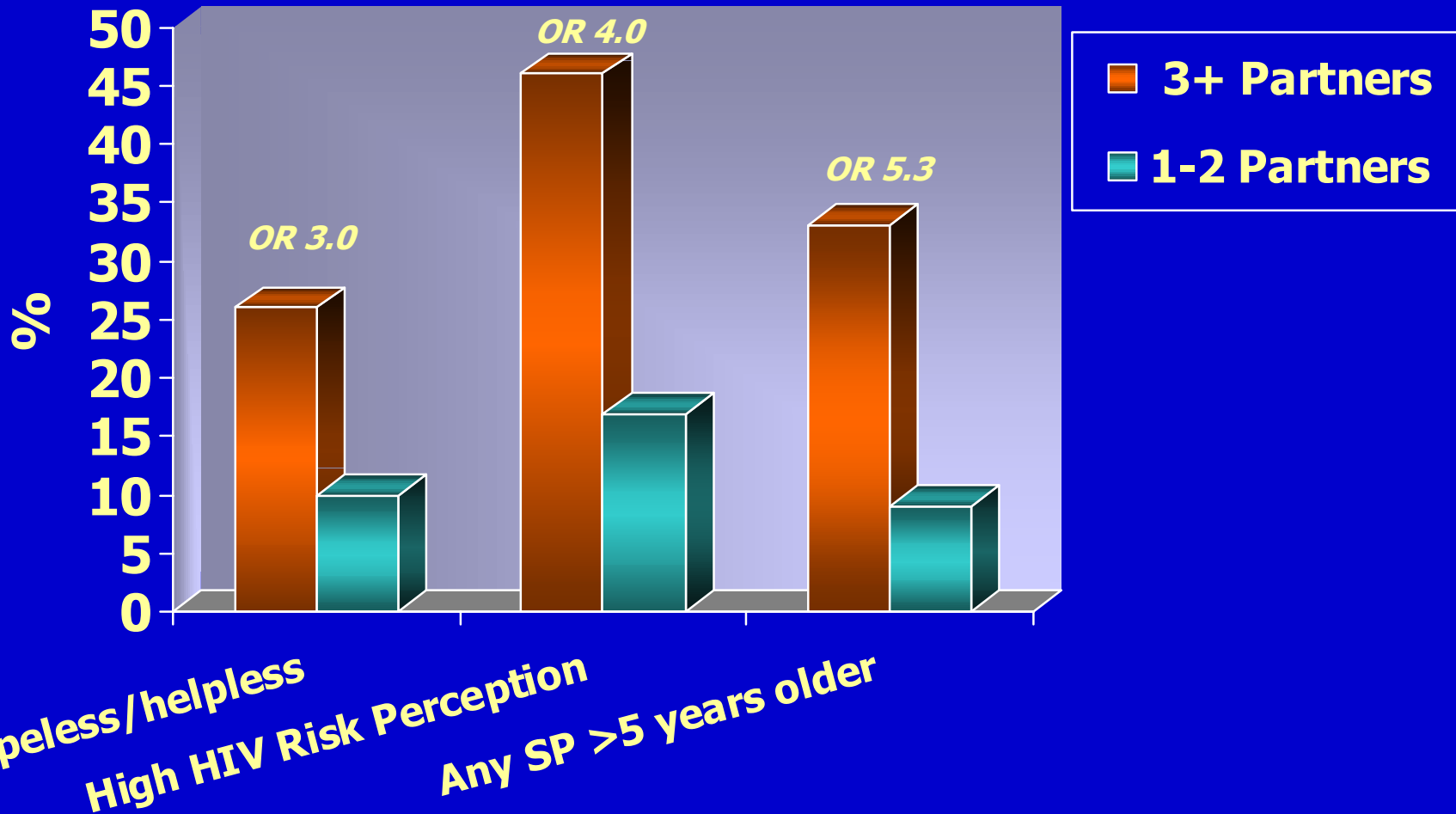
Psychosocial Factors Associated with Non-Monogamy

Dallas Young Women's Survey 1999-2000



Psychosocial Factors Associated with Number of Lifetime Partners

Dallas Young Women's Survey 1999-2000





Summary of Findings

- Majority single, no children, lived at home
- Demographics associated with STD
- Inconsistent condom use increases risk of STD history four-fold; two-fold increase after taking risk factors into account
- Psychosocial factors related to STD
- Psychosocial factors and behavioral risk factors significantly associated



Possible Study Limitations

- Sampling bias:
 - Sample drawn from clinic population – may not be generalizable to population of young African-American women
- Response bias:
 - Income was “sensitive” in the clinic setting, or else not known
 - Clinic setting may have been intimidating
 - Self-reports of STD may result in underreporting and may bias the estimate of the effect downward



Implications

- Psychosocial and demographic factors may be important indicators of HIV/STD risk
- Prevention programs and interventions targeting young African American women should be aware of the unique risk profile of this group



Next Steps

- Incorporate unique characteristics of this population into prevention efforts
- Develop REALISTIC prevention plans with client
- Audience questions/suggestions