HIV risk perception and distribution of HIV risk among African, Caribbean and other Black people: Mixed methods results from the BLACCH Study

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HIV Risk Perception and Distribution of HIV Among African, Caribbean, and Other Black People: Mixed-Methods Results from the BLACCH Study

Introduction

African, Caribbean and other Black (ACB) people are at greater risk for contracting HIV than other Canadian adults.1 This fact has made ACB people a priority group for HIV prevention in Canada, but this population remains under-researched. To date, there have been no qualitative studies looking at HIV risk in the broader Canadian ACB population, and the epidemiology of HIV in this population is therefore largely unknown. Furthermore, community members’ and service providers’ perceptions of HIV risk in this population may not accurately reflect the population’s risk profile. This exploratory research uses social determinants of health that are markers of social status and position (SSP) to understand the distribution of HIV risk-related behaviours within London, Ontario’s ACB population.2

Objectives

- To qualitatively present some perceptions some ACB people and service providers have about HIV risk and protective behaviours within ACB populations.
- To use markers of SSP to describe the distribution of HIV risk and protective behaviours and identify groups of people who may be at increased risk for HIV exposure or transmission.
- To compare the risk perceptions to the risk profile.

Methods

Phase I: Semi-Structured Interviews

Thirty (30) semi-structured interviews were conducted with a purposive sample of 22 ACB community members, 5 ACB service providers, and 3 non-ACB service providers. The interviews were analyzed using qualitative content analysis. Community members ranged from 16 to 57 years old, with half being younger than 41 years. Almost half (45%) were African, 36% were Caribbean and 19% had other ethnicities. Over half (51%) were women. Service providers ranged from 34 to 57 years, and half were younger than 49 years; 75% of them were women, and 63% were ACB people.

Phase II: Self-Administered Survey

Five hundred and ninety-five (595) paper-based surveys were distributed to ACB people in London, Ontario, and 188 (31.6%) were completed and returned. Most participants were recruited through venue-based sampling, and snowballing and media campaigns were also used to assist recruitment. The sample was subdivided by markers of SSP and bivariate analyses were used to calculate point prevalence and 95% confidence intervals for HIV risk behaviours. These analyses were weighted against the Canadian Census and were performed using SAS 9.3. Participants’ ages ranged from 18 to 72 years, and half were younger than 30 years. Forty percent were men and 60% were women. They were born in 35 different countries, spoke 42 different languages, and provided 237 individual and combined ethnic identities.

Integration

Qualitative and quantitative data were combined using triangulation.4

Results

Table 1: Weighted Prevalences for Risk Factors for HIV Infection by Sex

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Female (n=238)</th>
<th>Male (n=157)</th>
<th>Prevalence 95% CI</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced/unwanted sex</td>
<td>31.8 (21.7, 44.0)</td>
<td>16.1 (9.3, 25.7)</td>
<td>0.033</td>
<td></td>
</tr>
<tr>
<td>Mixing sex with alcohol or drugs</td>
<td>26.9 (18.5, 37.4)</td>
<td>43.8 (28.5, 60.3)</td>
<td>0.049</td>
<td></td>
</tr>
<tr>
<td>Number of sex ptnrs past yr</td>
<td>1.0</td>
<td>2.03 (1.04, 3.35)</td>
<td>0.019</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Weighted Prevalences for Risk Factors for HIV Infection by Time in Canada

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>6-5 years (n=45)</th>
<th>&gt;5 to 15 years (n=51)</th>
<th>&gt;15 years (n=57)</th>
<th>Canadian Born (n=28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced/unwanted sex</td>
<td>11.5 (4.3, 27.4)</td>
<td>9.4 (3.7, 21.7)</td>
<td>16.0 (8.5, 27.9)</td>
<td>58.5 (37.2, 77.0)</td>
</tr>
<tr>
<td>Abstinence, lifetime</td>
<td>26.7 (14.5, 43.8)</td>
<td>21.6 (9.6, 44.7)</td>
<td>4.7 (1.1, 12.2)</td>
<td>6.1 (3.2, 9.9)</td>
</tr>
<tr>
<td>Mixing sex with alcohol or drugs</td>
<td>52.0 (34.6, 69.0)</td>
<td>32.9 (16.2, 55.4)</td>
<td>20.4 (10.5, 36.0)</td>
<td>10.0 (3.4, 25.9)</td>
</tr>
<tr>
<td>Unprotected sex , last time, regapr ptnr</td>
<td>20.1 (10.2, 35.7)</td>
<td>50.3 (28.5, 72.1)</td>
<td>55.1 (38.6, 70.6)</td>
<td>25.8 (12.5, 45.9)</td>
</tr>
<tr>
<td>Unprotected sex , last time, no regapr ptnr</td>
<td>14.3 (6.7, 28.0)</td>
<td>19.8 (9.3, 36.6)</td>
<td>43.8 (22.4, 68.0)</td>
<td>63.9 (40.4, 82.1)</td>
</tr>
<tr>
<td>History of sexually transmitted infections</td>
<td>6.1 (2.5, 17.1)</td>
<td>13.3 (5.7, 28.2)</td>
<td>31.4 (17.9, 49.3)</td>
<td>42.3 (23.1, 64.1)</td>
</tr>
</tbody>
</table>

Discussion

- Areas of convergence between interviews and survey:
  - Risk profiles was mainly through unprotected sexual behaviours.
  - Mixing sex with drugs or alcohol was more common among men and those with stable employment (not shown).
  - Having unprotected sex was fairly common, especially among people living above the low-income cut-off and people with stable employment.
  - Areas where interview and survey results failed to converge:
    - HIV risk was lower among new immigrants than among longer-term immigrants and Canadian-born persons.
    - Women were not significantly more likely than men to have abstinence from sex (not shown).
  - There is a gradient between HIV risk and SSP:
    - Those with higher SSP might be at greater risk for HIV exposure and transmission when compared to those with lower SSP. Hence, interventions should not be based on the belief that lower SSP means higher risk.
    - SSP must be considered when designing services, programs and policies aimed at preventing HIV exposure or transmission.

References

3. Nayar MA, Olsson RKS, Stengardt J. Qualitative description – the poor cousin of health research? BMC Medical Research Methodology 2007; 7:1

Acknowledgements

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