



DC HIV Behavior Study Series

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



Executive Summary

In 2007, the DC Department of Health released its first annual report on HIV/AIDS in more than five years. The report contained the first HIV only case statistics ever compiled. The most startling news from the report was that the District of Columbia had a heterosexual epidemic. For more than 20 years, the District and the nation believed that HIV only impacted certain populations. This belief was held despite the global epidemic affecting mostly heterosexuals.

Two years later, the Department of Health released its study on Heterosexuals and Relationships that further confirmed a heterosexual epidemic. The study found that there was a high rate of HIV among heterosexuals, many thought their partners were having sex outside of their relationship and many were themselves, and a small percentage were using condoms. Also, there were missed diagnoses of HIV by medical providers.

This study surveyed another group of heterosexuals several years later and found that most of those statistics remain. The overall rate of HIV climbed from 5.2% in 2008 to 8.0% in 2010. The rate among women increased two-fold from 6.3% to 12.1%. Though these rates are significantly higher, the Department of Health attributes the increase to the District's efforts to get more persons tested and diagnosed who were previously unaware they were HIV positive.

There is progress:

- The rate of persons newly diagnosed through the study dropped by more than half from 47.4% in 2008 to 20.6% in 2010.
- The percentage of persons offered an HIV test by medical providers increased overall from 40% to 56.3% and among new diagnoses from 50.6% to 70.7%.
- Among women, 15% used the new FC2 female condom; this unprecedented rate is because of the DC Female Condom Project educating more than 16,000 residents and distributing nearly a half a million female condoms.

The first study encouraged heterosexual DC residents to consider three questions for their sexual health: Do we know our HIV status? Is it just the two of us in the relationship? Do we use condoms? Those questions are still valid and more urgent in 2012. With approximately 1 out of 12 heterosexual residents living with HIV, DC needs to step up health safety:

- Get tested at least once a year and twice a year would be better.
- Get and use male and female condoms.
- Get doctors to include HIV testing to not miss anyone with HIV.

Study Basics: Who, What and Where

The District of Columbia is one of 21 cities in the country participating in the U.S. Centers for Disease Control and Prevention (CDC) funded National HIV Behavioral Surveillance (NHBS)

DC HIV Behavior Study

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 to conduct the study. Locally, it is named WORD UP (Washington Outreach Research Drive to Understand Prevention) study. Sampling of persons who had sex with someone of the opposite sex in the last 12 months was conducted based on respondent driven sampling to recruit participants in the Washington DC metropolitan statistical area.

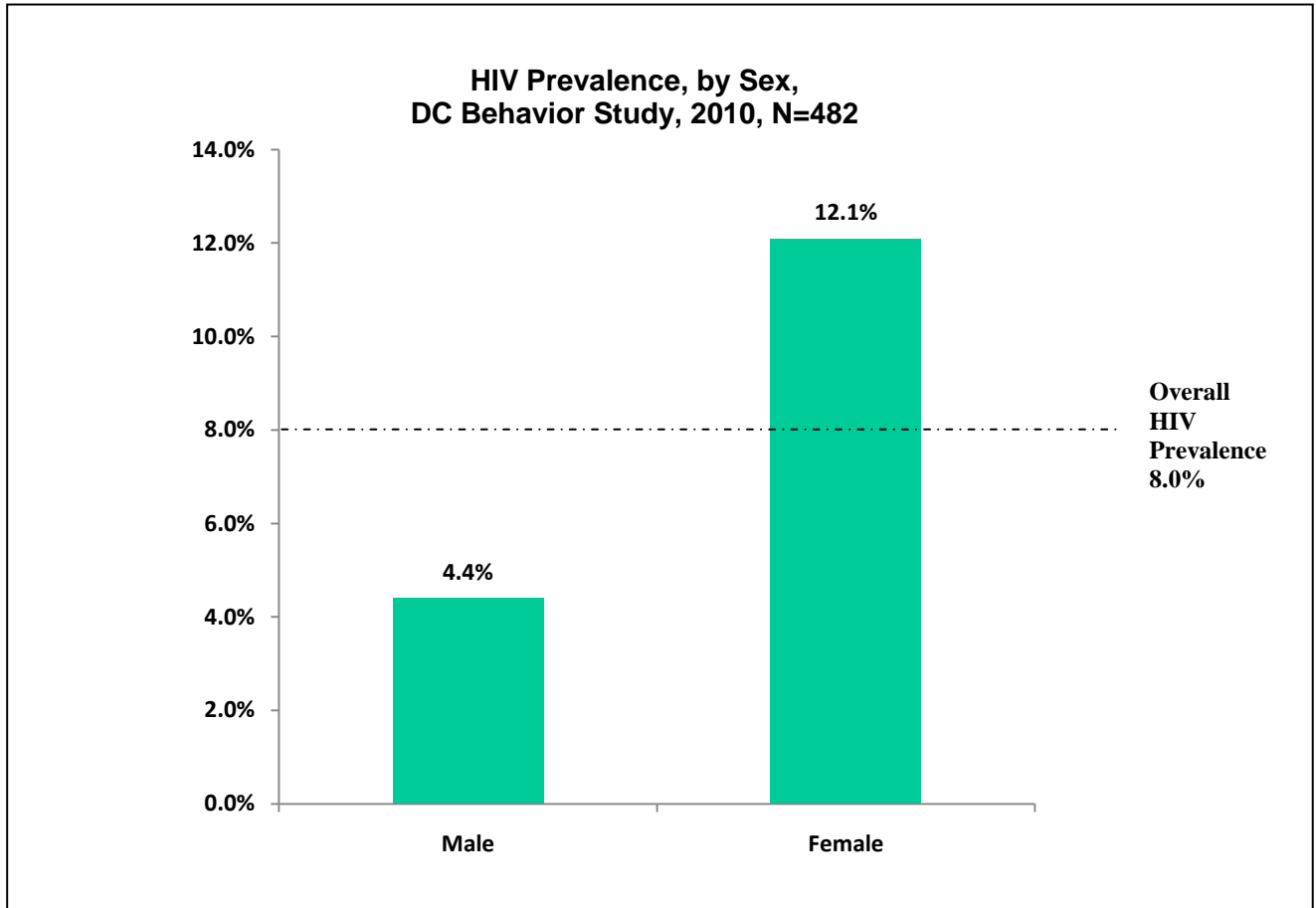
Demographic Statistics	Total (N=482)%*
Sex	
Male	54.0
Female	46.0
Age Group	
≤34	47.5
>35	52.5
Race/Ethnicity	
Black	89.0
Non-Black	11.0
Marital Status	
Never been married	60.2
Married or living together	17.7
Separated, widowed, or divorced	22.0
Sexual Orientation	
Heterosexual	80.9
Homosexual	1.8
Bisexual	17.3
Education	
High school degree or higher	64.2
Employment Status	
Full-time employment	10.8
Part-time employment	19.5
Homemaker, FT student, other	15.4
Retired or disabled for work	16.9
Unemployed	37.4
Health Insurance	
Currently have health insurance	78.9
Yearly Household Income	
< \$10,000	61.8
Housing	
Ever been Homeless	44.5
Ever Incarcerated	
<i>Lifetime: Ever been to jail; prison, or juvenile detention.</i>	54.3

**Estimates weighted for respondent-driven sampling*

High Rate of HIV



The DC Department of Health's HIV/AIDS Epidemiology Update 2010 reports that overall 3.2% of District residents have already been diagnosed with and are living with HIV/AIDS. The numbers are even higher among African American residents at nearly 5% already diagnosed and living with HIV/AIDS. The DC Heterosexual Study tested all participants, no matter what their status, and found that overall 8% were HIV positive.



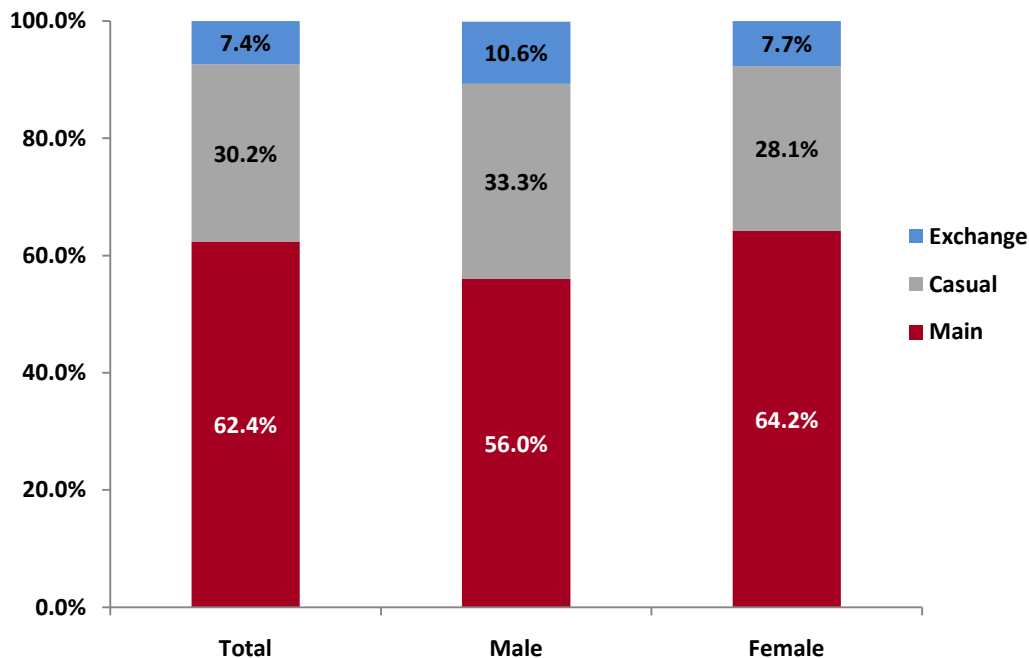
- This is an increase from 2008 when 5.2% of the participants were HIV positive.
- Women (12.1%) were nearly three times more likely to be positive than men (4.4%). The rate among women increased two-fold from the 6.3% in 2008. The rate among men remained relatively the same (3.9% in 2008).

Heterosexual Relationships in DC and HIV Risk

From the first study to the second, the conversation still holds true on heterosexual relationships in the District of Columbia and what actions they take to protect themselves and their partner from HIV. In 2010, about two-thirds of study participants reported being in a committed relationship. This is a slight decrease from 74.2% in 2008 to 62.4% in 2010. This study found again that half of the heterosexuals in the study considers or confirms that their relationship includes having sex with other partners. Still, their reported behaviors – not knowing partner’s HIV status and not using condoms – suggest that people continue to believe incorrectly they are not at risk for HIV.

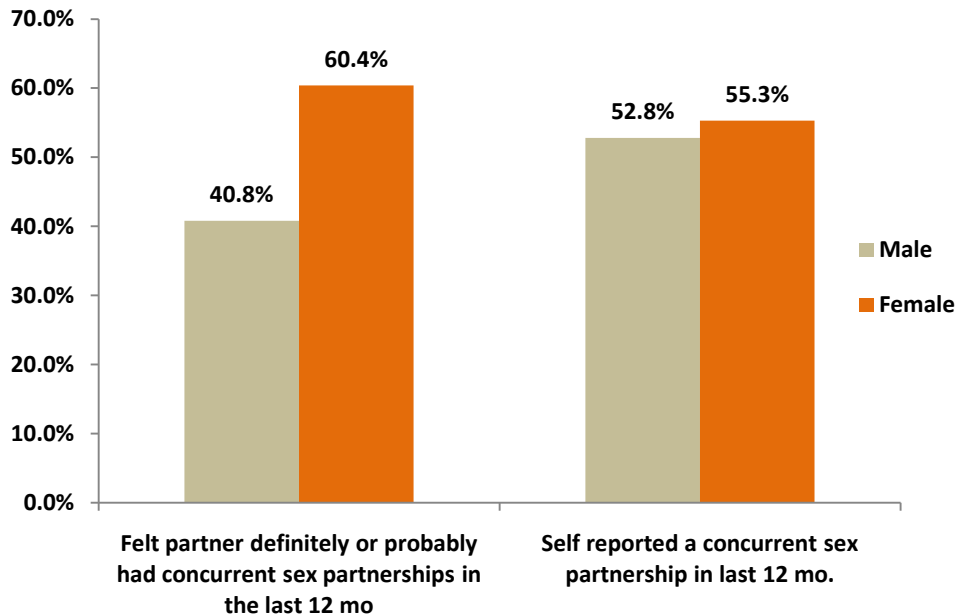
First, the study asked participants to describe their sex partners. Main partners were those that the participant felt committed to above others, casual partners were those they had sex with but do not feel committed to or don't know very well, and exchange partners were those having sex for either money 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 were having sex outside the relationship.

Type of Partner at Last Sex, by Sex, DC Behavior Study, 2010, N=482



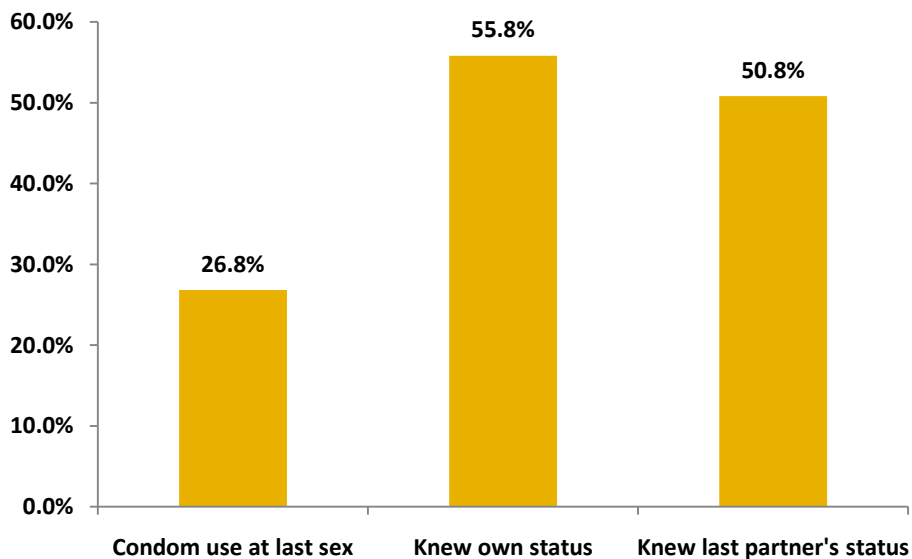
- Women were more likely to report a main partner, but less likely to report a casual and exchange partner at last sex compared to men.

Characteristics of Relationships, by Sex,
DC Behavior Study, 2010, N=482

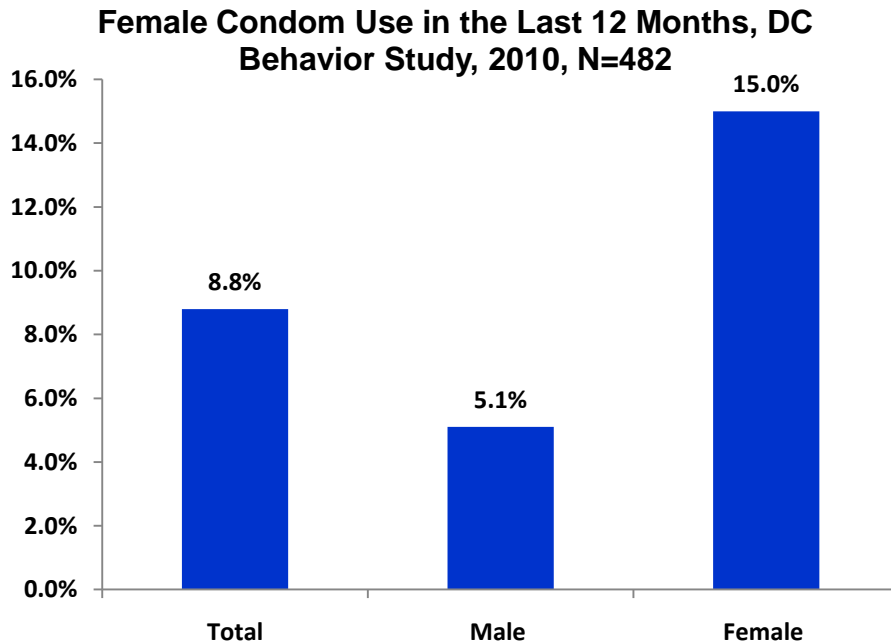


- More than half (52.1%) of participants reported that they believed their partner was having sex outside the relationship, while a near equal number (54.5%) of the participants reported having sex outside of the relationship. These numbers are similar to 2008.

HIV Risk Behaviors among Study Participants,
DC Behavior Study, 2010 N=482



- The risk behaviors of about half of the participants knowing their own or their last partner's HIV status remained similar to 2008.
- Overall condom use did not see a change from 2008 to 2010. However, the required question is limited to the last sexual activity. The Department of Health is planning for a new measure that would measure condom use over multiple sexual events. This statistic will provide a more accurate assessment of regular condom use.



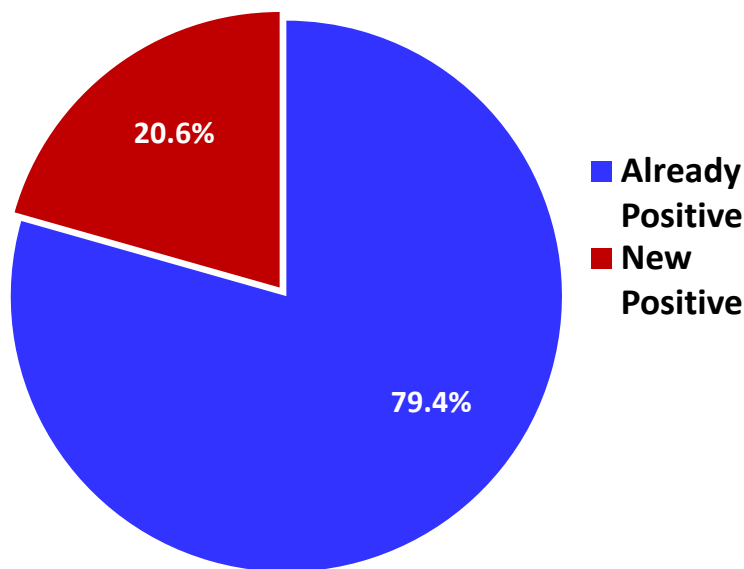
- Though the question was not asked in 2008, based on the little availability and education on the female condom, the Department of Health believes that the rate of female condom use by study participants increased from practically 0% to nearly 9% overall and 15% among women.
- Following the release of the first heterosexual study, the District launched the DC Female Condom Project, a public-private partnership supported by the MAC AIDS Fund, with the Washington AIDS Partnership, DC Department of Health, community organizations, CVS stores, the Female Health Company and Mosaica (an evaluation organization). To date, the Project has educated more than 16,000 DC residents, trained 545 peer educators and distributed 420,000 FC2 female condoms at over 350 locations in the city. Johns Hopkins University and the Department of Health published a study on cost effectiveness of the Project. The study found that the Project yielded cost savings of \$8 million in future medical care costs by averting HIV infections. This means that for every dollar spent on the program, there was a cost savings of nearly \$20. Also, the project is completing a utilization study that will report on the frequency of use among participants.



HIV Testing

Based on the high rate of HIV among overall District residents, the Department of Health recommends that all adults and adolescents – ages 13 to 84 – get tested annually for HIV. As this study shows a significantly high rate of HIV, being tested once a year may not be enough. This study found that fewer people were unaware of their HIV diagnosis, which is a significant improvement from 2008. In 2008, nearly half (47.4%) of persons were newly diagnosed through the study. In 2010, that number dropped by half to 20.6%. This is encouraging news that the promotion of routine HIV testing is gaining and more people are being diagnosed.

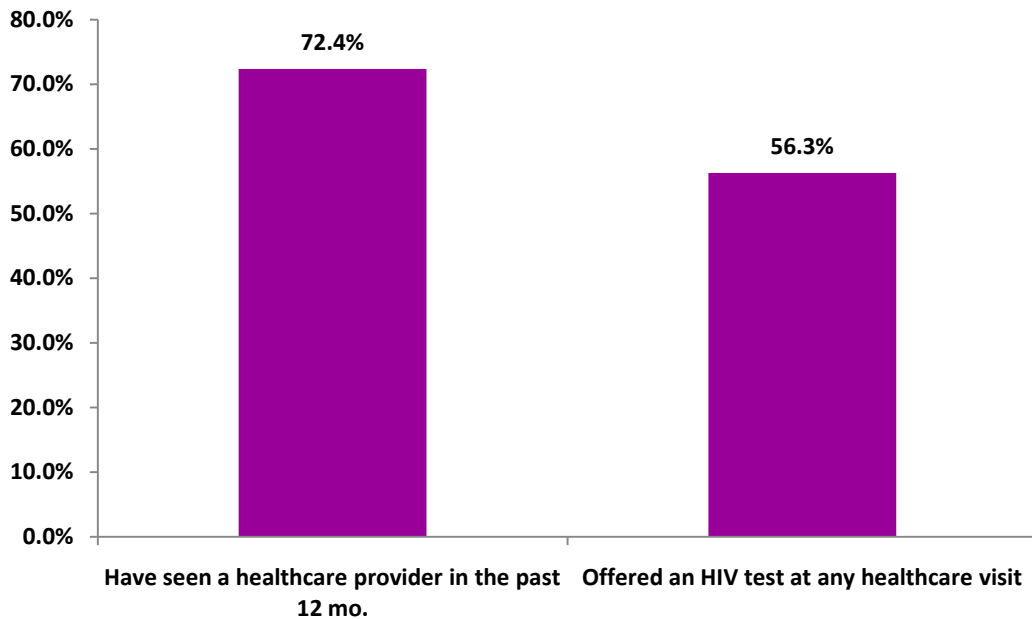
**Knowledge of HIV Status Among Positives,
DC Behavior Study 2010**
Overall HIV Prevalence=8.0%



There has been progress by the DC medical community on offering HIV tests. Following the first heterosexual study, the Department of Health launched its “Ask for the Test” and “We Offer the Test” campaign to encourage DC residents to ask their doctor for the HIV test and DC medical providers to offer HIV tests as part of a resident’s routine health care. There is still need for improvement.

In 2010, GBC Health (previously known as the Global Business Coalition on HIV/AIDS, Malaria and TB) and the Department of Health conducted a survey of health care providers on HIV testing. More than 90% of the providers surveyed agreed that it is important to incorporate routine HIV screening in the medical care of their patients. Yet only 21% of healthcare providers surveyed report that they provide HIV tests to 90% or more of their patients. Half of the providers surveyed are not implementing the DC Department of Health’s HIV testing recommendations.

Missed Opportunities for HIV Testing among All Participants, DC Behavior Study, 2010, N=482

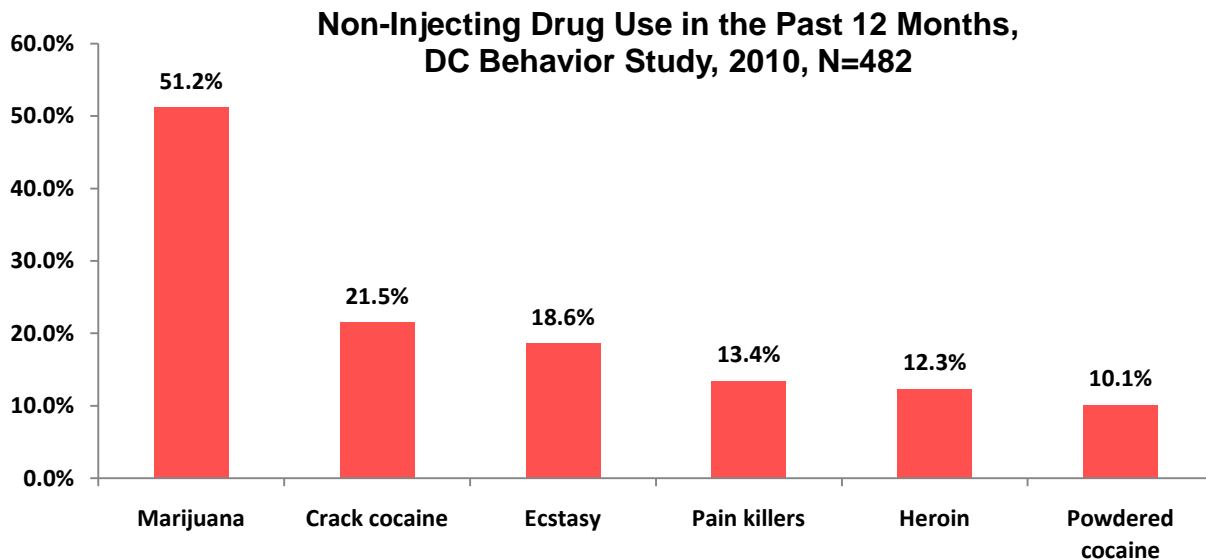


- Over half (56.3%) of the study participants were offered an HIV test at one or more of their visits with a health care provider. This is an improvement from 40% in 2008.
- Among the six (6) persons newly diagnosed positive in the study, four (4) had seen a healthcare provider at least once in the past 12 months and had not been diagnosed. This proportion of 66% is a slight improvement from 71% in 2008

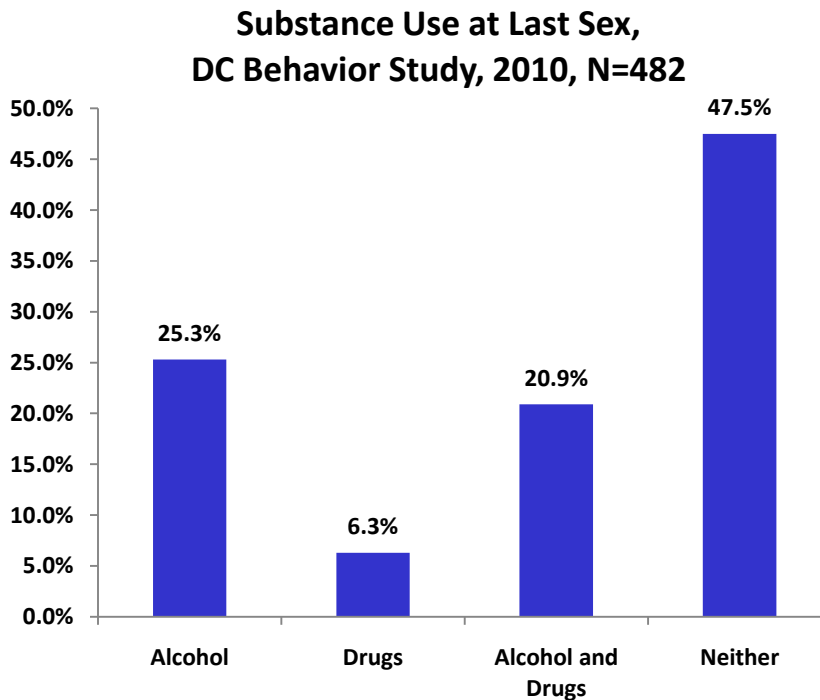


Substance Use

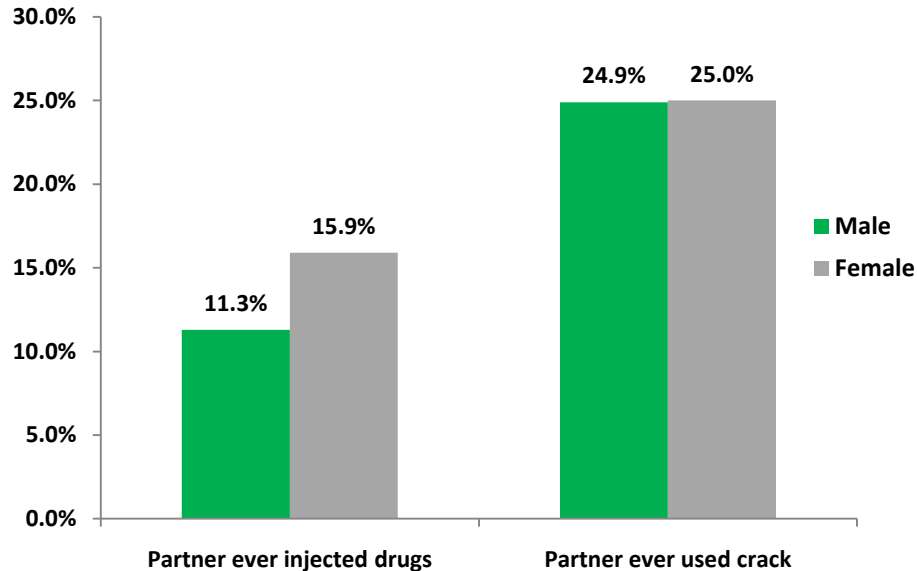
This study looked at current non-injection drug use. The DC Injection Drug Use study was released last year. The use of non-injection drugs and alcohol does have an impact on HIV risk as they can impair decision making and lead to reduced safe sex practices resulting in HIV transmission. This study demonstrates that high rates of alcohol and drug use persist from 2008.



- Non-injection drug use in the past 12 months was reported among 60.2% of all study participants.



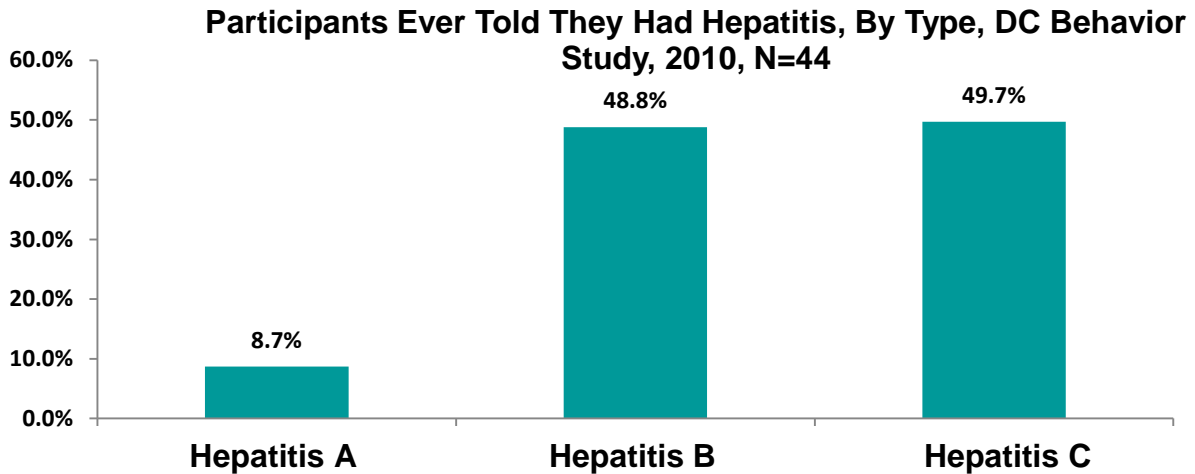
Drug Use Risk Behaviors of Last Sex Partner, By Sex, DC
HIV Behavior Study 2010, N=482



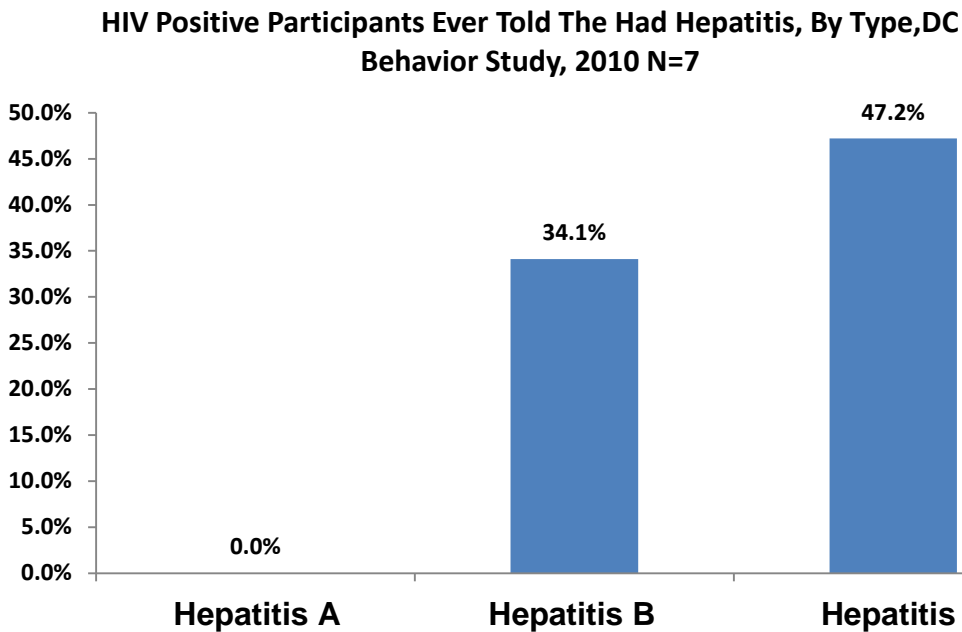
- Alcohol and drug use at last sex remained similar in this study as in 2008.
- When compared by sex, though women were more likely to report drug use at last sex (9.6% vs. 4.7%), men were more likely to report alcohol use (28.5% vs. 22.5%) and both alcohol and drug use at last sex (21.4% vs. 20.5%).
- Women were more likely to report that their last partner ever injected drugs compared to men (15.9% vs. 11.3%) but there was no difference in reporting that their last sex partner ever used crack cocaine.

Hepatitis

There is a relation between HIV and other diseases, in particular hepatitis, sexually transmitted diseases (syphilis, chlamydia and gonorrhea) and tuberculosis (TB). To improve its response to the HIV epidemic, the Department of Health includes other diseases as ways to reduce HIV. The starting off point is to know better the connection between those diseases. The Department of Health has good statistics on STDs and TB and HIV. It is learning more about HIV and hepatitis. Hepatitis is a virus that causes liver disease. There are three strains: hepatitis A, hepatitis B and hepatitis C. Most people get hepatitis A through contaminated food. Hepatitis B and C are transmitted through blood or other bodily fluids. There are vaccines for hepatitis A and B, but none for C. Hepatitis B and C are chronic conditions that can be managed by medication, healthy diets and low alcohol use. Hepatitis C is mostly transmitted through the sharing of needles and other injection drug equipment. This study asked the participants if they had ever been told they had hepatitis.



- Overall, 11.0% of the participants reported that they had been told by a health care provider that they had hepatitis.



- Overall, 6.4% of the HIV positive study participants had ever been told that they had hepatitis.

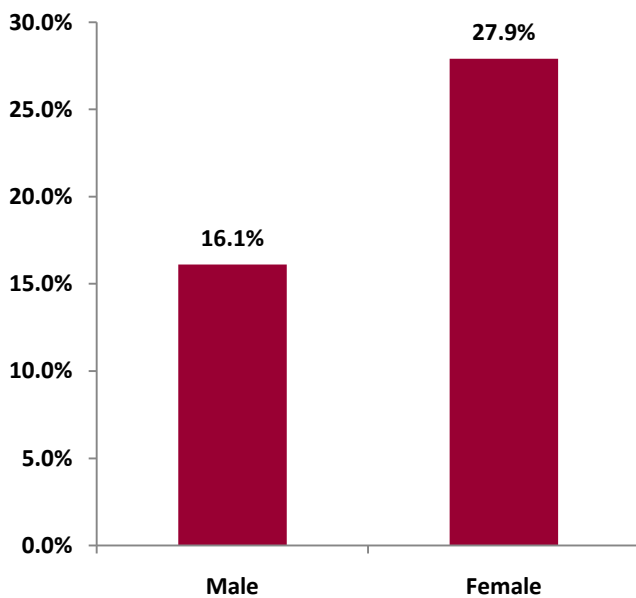
Other Factors



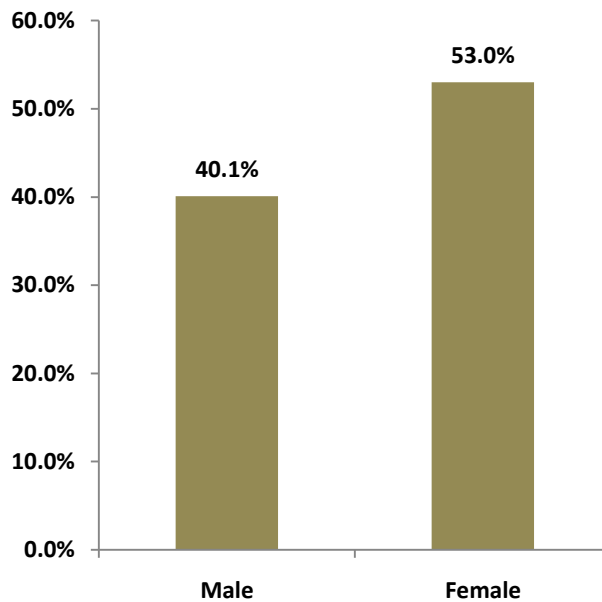
The study examined other factors that can influence how people feel and often increase one's HIV-related behavior. Similar to substance use, emotional state and mental health condition can impact decision making on safe behaviors making individuals vulnerable to HIV transmission. The study also added questions about stigma. Stigma also can affect how persons safeguard their health, such as getting tested and learning their status.



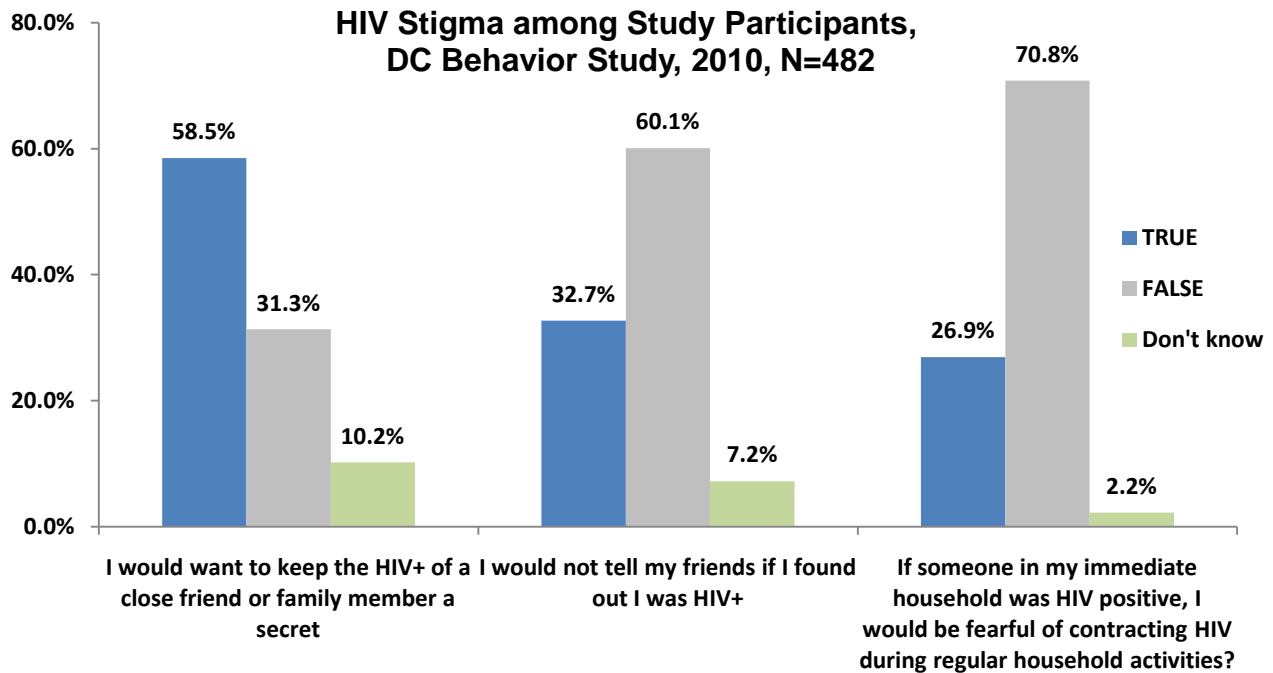
Participants Reporting Emotional or Physical Abuse, by Sex, DC Behavior Study, 2010, N=482



Percentage of Reported Depressive Symptoms among Participants, by Sex, DC Behavior Study 2010, N=482



- Overall, 22.2% of participants reported ever being emotionally or physically abused
- When looking at those who felt depressive symptoms in the last week, overall 45.2% experienced symptoms in the last week.



- HIV stigma is still present in DC with a significant percentage of study participants reluctant to share their or a friend/family member’s HIV status. Sharing that information and having support from family and friends are important to the health of a person living with HIV. In another study, 1 out of 5 people reported not taking their medication regularly because of concern that someone would know they have HIV; while people who did share their HIV status had higher rates of taking their medication.

Lessons Learned and Next Steps

The more we learn about HIV in DC, the better we can respond to the epidemic. We continue to find out that there is a lot of HIV in our city. The more HIV – the easier it is to get it. After nearly five years of reporting there is a heterosexual epidemic in the District, there are still too many people who need the wake up call. The first heterosexual study said that “failing to recognize that you are a risk can jeopardize your health.” For 2012, the word is the same. The way to protect yourself and your partner remains as simple as 1-2-3:

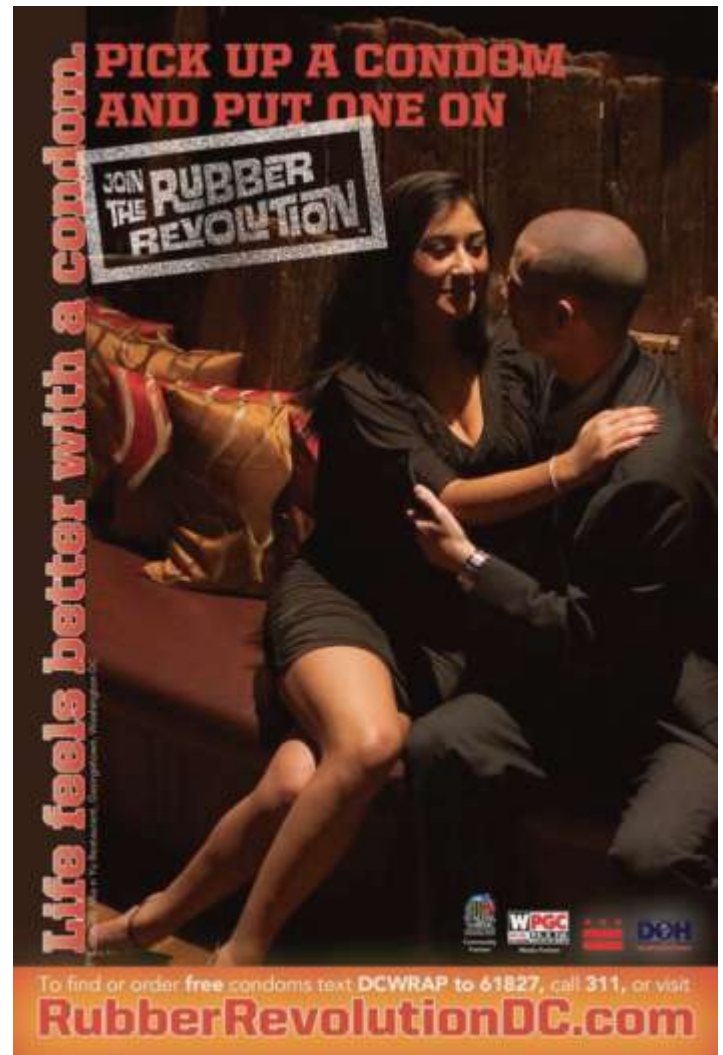
1. Know your and your partner’s HIV status
2. Know what “committed” means in your relationship – is it only the two of you?
3. Condoms can keep you and your partner safe

As mentioned earlier, there are some very encouraging findings to report that connect with the progress the District is making against HIV. Mayor Gray appointed the Mayor's Commission on HIV/AIDS to re-invigorate the City's strategic response to the epidemic. More people are being diagnosed early in their disease. DC set a new record of 122,356 publicly supported HIV tests from October 1, 2010 to September 30, 2011, an increase from 110,000 tests in 2010 and triple the 43,000 tests in 2007. The Department of Health continues to work with medical providers, including a new message sent in 2011 to all health care providers about the District's HIV testing recommendation.

The Department of Health continues to expand its condom distribution program, providing nearly 5 million free condoms in 2011. The Department will be continuing its award-winning campaign *Rubber Revolution* to promote condom use. The promising success of the DC Female Condom Project and this study's results demonstrate that women – and men – have another choice for safe sex.

The Department of Health through the National HIV/AIDS Strategy, the federal 12 Cities Project, Enhanced Comprehensive HIV Prevention Program and the Program Collaboration and Service Integration Initiative, is launching new prevention programs, better integrating services across diseases and strengthening collaborations with government and community agencies, in particular on mental health and substance use as needed from this study.

As with all studies on HIV in the District, this one is not meant to sit on the shelf. It is another chapter in engaging in conversations, navigating relationships and providing the information and support to protect the health of District residents.



This study was completed by the combined efforts of many individuals in the District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) 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 Family and Medical Counseling Services, persons with HIV/AIDS, HIV/AIDS health care providers, venue owners and managers community groups, researchers, and members of the community.

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