A Retrospective Cohort Study of Women & Men attending an HIV Clinic in a Public Hospital

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STUDY AIMS:

To identify whether gender disparity in access to sexual health screening and assessment contributes to a delay in HIV diagnosis in cis-gendered, heterosexual women.

METHODS:

Quantitative analyses compared sociodemographic and epidemiological characteristics of men and women living with HIV who attended the Clinic between 2009 and 2020.

Qualitative interviews were conducted with nine women, and were coded in NVivo.

RESULTS

Quantitative Results:

- **Participants:** 35 women and 135 men.
- Women were younger when diagnosed with HIV and more were born in African regions.
- More women identified as heterosexual and presented with fewer STIs at time of diagnosis.
- Overall, CD4 and Viral Load counts were comparable, as was the presence of AIDS-defining illnesses.

Qualitative Findings:

- Women were likely to be dismissed as not requiring a STI or HIV screen – even when they requested them.

Common reasons given included: too young, in a heterosexual or a long-term relationship – not fitting the risk criteria.

Participant Narratives

"It [HIV testing] shouldn't be something we have to ask for…it should be included in an STI screen. I remember falling sick whilst I was in high school. I was actually physically admitted to hospital and they still refused to run those tests [BBVs], … so that was not something that they really looked into with me." (Annie, 24 years)

"I guess it was more humiliating asking doctors to get tested pacifically [sic], …they kind of looked down on you a little bit…like, you're scum, it's hard to describe it…like, you're a horrible person or something." (Nonnie, 32 years)

"I went into a doctor's office because I thought I was pregnant and they did…[a] pregnancy test and sexual disease test thing, STI check. The doctor called me back the next day … and he's like 'Oh, congratulations, you know, you're pregnant. A bit of bad news though, you've also got HIV.' And that was pretty much the end of that. He literally said 'I know nothing about HIV.' Because it was a small-town country doctor. He literally looked at me and goes 'I am sorry, I know nothing about HIV. I can't help you.' (Amy, 34 years)

Table: Comparison of men and women

Variable	Women	Men	t	p
Mean age at diagnosis	29.5	36.7	2.69	.008
	%	%	χ^2	p
Country of birth			16.9	<.001
Australia	57.1	77.8		
Africa	28.6	5.2		
Other/Missing	14.3	17.0		
Sexual identity			73.3	<.001
Heterosexual	97.1	18.5		
Other	2.9	81.5		
Notification			15.8	<.001
Incidental	80.0	43.0		
Sexual health related	17.1	37.0		
Not known/Missing	2.9	20.0		
CD4 group (cells)			4.2	.041
Late ≤ 350	33.3	55.4		
Relatively well ≥ 351	66.7	44.6		
Any drug or alcohol use	48.5	68.1	4.6	.047
Cigarettes	31.4	51.1	4.3	.038
STIs at diagnosis	14.3	38.5	7.3	.007

CONCLUSIONS

Most interviews highlighted limited sexual health consultations with primary health care providers and poor understanding of HIV risk in relation to heterosexual women's sexual health.

At the time of diagnosis, the healthcare provider plays a vital role in support, education and continued engagement. However, upskilling in sexual history taking and diagnosis and management of STIs and HIV is required. These are important components in general health assessment and should be within the grasp of all medical personnel.

This study provides evidence upon which to base strategies for addressing the issue of confidence in skills in basic sexual health and HIV medicine.