

GENDER DIFFERENCES IN HIV AND VIRAL HEPATITIS PREVALENCE, ASSOCIATED RISK BEHAVIORS, AND INTIMATE PARTNER VIOLENCE AMONG WOMEN WHO INJECT DRUGS IN KENYA

Authors:

Nyakowa M¹, Riback LR², Ganatra N¹, Masyuko S¹, Wafula R¹, Zhang C², Akiyama MJ²

¹Kenya Ministry of Health, Nairobi, Kenya, ²Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY, USA

Background:

Women who inject drugs (WWID) often report higher rates of transactional sex and intimate partner violence (IPV) than their male counterparts. Yet, data regarding gender differences in HIV and viral hepatitis prevalence and associated risk factors remain scarce.

Methods:

We are recruiting 3,500 PWID using respondent driven sampling from needle and syringe programs sites in Kenya. Participants complete a biobehavioral survey and receive HIV, HCV, and HBV testing. We assessed gender differences using chi-square tests for categorical variables and t-tests for continuous variables.

Results:

Among the 1526 participants enrolled to-date, most are male (89.9%) with an average age of 34.4 years old (SD=±8.6). The 154 (10.1%) WWID were more likely to have HIV (37.0% vs 8.9%, p<0.001), HBV (3.3% vs 1.2%, p=0.036), HIV-HCV-coinfection (12.3% vs 4.8%, p<0.001), and nearly more likely to have HCV (26.0% vs 20.0%, p=0.081). WWID started injecting at an earlier age (25.6 vs 28.4, p<0.001) and were more likely to use a needle after someone else (15.6% vs 9.2%, p=0.012) at their last injection. All WWID (100%) reporting having a main sexual partner in the last 30 days consumed heroin (100%) before or during sex, many also reported marijuana (77.3%), khat (45.5%), alcohol (38.1%), and rohypnol (27.3%) during the same timeframe. WWID were more likely to report main partners who inject (56.9% vs 16.1%, p<0.001). WWID reported higher rates of transactional sex (29.9% vs 1.2%, p<0.001); one-fifth (21.7%) consistently used condoms. WWID were more likely to report ever being forced to have sex (16.3% vs 1.1%, p<0.001); by a client (44.0%), partner (40.0%) or stranger (28.0%).

Conclusion:

Given higher rates of viral hepatitis, HIV, IPV, substance use prior to and during sex, and inconsistent condom use, it is essential that gender-based interventions focus not only on harm reduction related to substance use, but also incorporate trauma-informed care for WWID.

Disclosure of Interest Statement:

MJA reports grants through National Institute on Drug Abuse (DP2DA053730, R00DA043011), National Institute on Minority Health and Health Disparities (R01MD016744), and institutionally from the National Institutes of Allergy and Infectious Diseases Centers for AIDS Research (P30AI124414).