# Is awareness of the HIV prevention benefits of ART associated with lower anxiety during sex? A cross-sectional analysis of women living with HIV in Canada

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## BACKGROUND



Sustained use of ART with an undetectable viral load effectively eliminates risk of sexual HIV transmission.

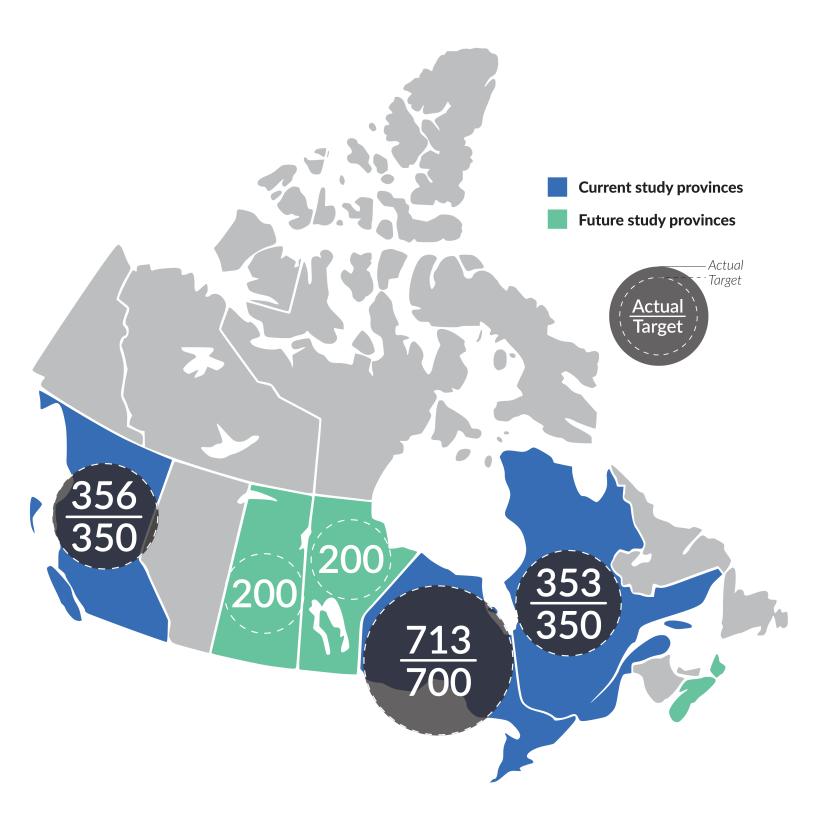
While the primary aim of this medical strategy is to *reduce sexual risk*, communities are using this science to help *reclaim their sexual lives*.

### Research question:

Is awareness of the HIV prevention benefits of ART associated with lower anxiety during sex?

#### **METHODOLOGY**

We used baseline questionnaire data from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS, www.chiwos.ca). We hired and trained 40 women living with HIV as Peer Research Associates across BC, ON and QC and together, we recruited and surveyed a diverse cohort of 1,422 women living with HIV aged 16 years or older.



- Data collection: August 2013 to May 2015
- Primary outcome: Women who reported sex in the past month were asked, "Overall, how frequently have you become anxious or inhibited during sexual activity with a partner?"
- **Explanatory variable:** Awareness of ART prevention benefits was measured via the question, "How do you think taking ART changes your risk of transmitting HIV?" and defined as "makes the risk a lot lower."
- Statistical analysis: Multinomial logistic regression

#### RESULTS

**Table 1:** Baseline characteristics and bivariable associations with sexual anxiety (n=474)

			Frequency of becoming anxious or inhibited during sex in past month								
	Overall		Always/Usually (N=69, 14.6%)		Sometimes/Seldom (N=127, 26.8%)		Not at all (N=278, 58.6%)		p-value		
Main explanatory variable -	- N(%)										
Aware of the HIV prevention benefits of ART											
Yes	343	(72.4)	46	(66.7)	94	(74.0)	203	(73.0)	0.508		
No	131	(27.6)	23	(33.3)	33	(26.0)	75	(27.0)			
Additional continuous vari	ables -	Median (Q1,	Q3)								
Age at interview	39	(32.0-45.0)	40	(34.0-47.0)	39	(33.0-45.0)	39	(32.0-45.0)	0.577		
Years living with HIV	9.6	(5.6-15.5)	8.2	(3.8-14.8)	9.2	(5.6-16.4)	10.2	(5.7-15.2)	0.388		
Genderism/sexism	17	(10.0-27.0)	22.5	(14.5-28.5)	22	(12.0-30.0)	16	(8.0-24.0)	<0.001		
Racism	16	(8.0-28.0)	21	(8.0-32.0)	15.5	(8.0-27.0)	15	(8.0-27.0)	0.232		
HIV stigma	55	(40.0-70.0)	60	(46.3-80.0)	57.5	(45.0-67.5)	52.5	(40.0-67.5)	0.01		
Depression	8	(3.0-14.0)	13	(8.0-20.0)	10	(5.0-15.0)	5	(2.0-11.0)	<0.001		
Sexual relationship power	48	(43.0-56.0)	45	(39.0-51.0)	45	(41.0-51.0)	52	(45.0-58.0)	<0.001		
Additional categorical var	iables	- N (%)									
Sexual orientation									0.260		
Heterosexual	405	(85.8)	54	(79.4)	110	(87.3)	241	(86.7)			
Lesbian/queer	67	(14.2)	14	(20.6)	16	(12.7)	37	(13.3)			
Ethnicity								,	0.505		
Indigenous	116	(24.5)	15	(21.7)	30	(23.6)	71	(25.5)			
African, Caribbean, Black	128	(27.0)	25	(36.2)	29	(22.8)	74	(26.6)			
White	197	(41.6)	24	(34.8)	57	(44.9)	116	(41.7)			
Other/multiple ethnicities	33	(7.0)	5	(7.2)	11	(8.7)	17	(6.1)			

#### RESULTS

**Table 1:** Baseline characteristics and bivariable associations with sexual anxiety (n=474) (continued)

	Frequency of becoming anxious or inhibited during sex in past month								
	Ov	erall		s/Usually , 14.6%)		es/Seldom ', 26.8%)		at all 8, 58.6%)	p-value
dditional categorical variables - N (%)									
Gender identity									0.021
Cis woman	447	(94.3)	62	(89.9)	116	(91.3)	269	(96.8)	
Trans woman	27	(5.7)	7	(10.1)	11	(8.7)	9	(3.2)	
Personal yearly income						7			0.009
Less than \$20000	318	(69.3)	54	(85.7)	80	(65.0)	184	(67.4)	
\$20000 or more	141	(30.7)	9	(14.3)	43	(35.0)	89	(32.6)	
Any violence as adult		,							<0.001
Never	67	(14.8)	9	(13.6)	8	(6.6)	50	(18.7)	
Previously	264	(58.1)	30	(45.5)	73	(60.3)	161	(60.3)	
Currently	123	(27.1)	27	(40.9)	40	(33.1)	56	(21.0)	
Current sex work									<0.001
No	408	(87.7)	49	(73.1)	108	(85.7)	251	(92.3)	
Yes	57	(12.3)	18	(26.9)	18	(14.3)	21	(7.7)	
Illicit drug use history									0.033
Never	217	(46.3)	28	(41.2)	46	(36.5)	143	(52.0)	
Previously	134	(28.6)	19	(27.9)	46	(36.5)	69	(25.1)	
Currently	118	(25.2)	21	(30.9)	34	(27.0)	63	(22.9)	
ART									0.091
Never	59	(12.5)	3	(4.3)	13	(10.2)	43	(15.6)	
Previously	29	(6.2)	5	(7.2)	6	(4.7)	18	(6.5)	
Currently	383	(81.3)	61	(88.4)	108	(85.0)	214	(77.8)	
Most recent viral load									0.033
Undetectable	368	(77.6)	62	(89.9)	99	(78.0)	207	(74.5)	
Detectable	68	(14.3)	4	(5.8)	16	(12.6)	48	(17.3)	
Emotional closeness in sex									<0.001
Enough	256	(54.4)	16	(23.2)	59	(46.8)	181	(65.6)	
Not enough	215	(45.6)	53	(76.8)	67	(53.2)	95	(34.4)	
Communication of sexual of									<0.001
Always/Usually	336	(73.4)	37	(56.9)	70	(57.4)	229	(84.5)	
Sometimes/Seldom/Never	122	(26.6)	28	(43.1)	52	(42.6)	42	(15.5)	
Body satisfaction				(00.0)		/ <b>-</b>		<b></b>	0.043
Satisfied	318	(67.1)	43	(62.3)	76	(59.8)	199	(71.6)	
Dissatisfied	156	(32.9)	26	(37.7)	51	(40.2)	79	(28.4)	

**Table 2:** Multivariable model of factors associated with sexual anxiety using "not at all" as the reference (n=370), showing AORs and 95% CIs

	Odds of sexual anxiety			
	Always/Usually	Sometimes/Seldom		
Main explanatory variable				
Not aware of the HIV prevention benefits of ART	1.028 (0.466, 2.269)	0.874 (0.479, 1.596)		
Covariates associated with higher odds of sexual anxiety	/			
Depression (10-point increase, CES-D scale)	1.09 (1.036, 1.147)	1.045 (1.003, 1.089)		
Sexism (10-point increase, EED scale)	1.022 (0.986, 1.06)	1.034 (1.005, 1.063)		
Current sex work	6.841 (1.618, 28.918)	1.428 (0.449, 4.541)		
Previous illicit drug use (vs. never)	1.23 (0.546, 2.768)	2.546 (1.411, 4.593)		
Covariates associated with lower odds of sexual anxiety				
Current illicit drug use (vs. never)	0.299 (0.084, 1.059)	0.801 (0.349, 1.837)		
Detectable viral load	0.281 (0.085, 0.936)	0.599 (0.273, 1.315)		
Adequate emotional closeness from partner	0.358 (0.161, 0.796)	0.917 (0.515, 1.633)		
Sexual Relationship Power (10-point increase, SRPS)	0.942 (0.897, 0.99)	0.92 (0.885, 0.957)		

## DISCUSSION

Awareness of the HIV prevention benefits of ART was not associated with lower anxiety during sex for women in this study. Instead, correlations were found with factors relating to substance use, sex work, mental health, and the quality of sex and intimate relationship experiences. These results highlight a need to gender the HIV treatment as prevention paradigm. Biomedicine alone is not enough; promoting positive sexual health outcomes among women living with HIV also requires addressing the complex social realities that shape their intimate lives.























