The importance of sex for women living with HIV in Canada

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BACKGROUND



In this analysis, we sought to challenge two assumptions embedded within sex research:

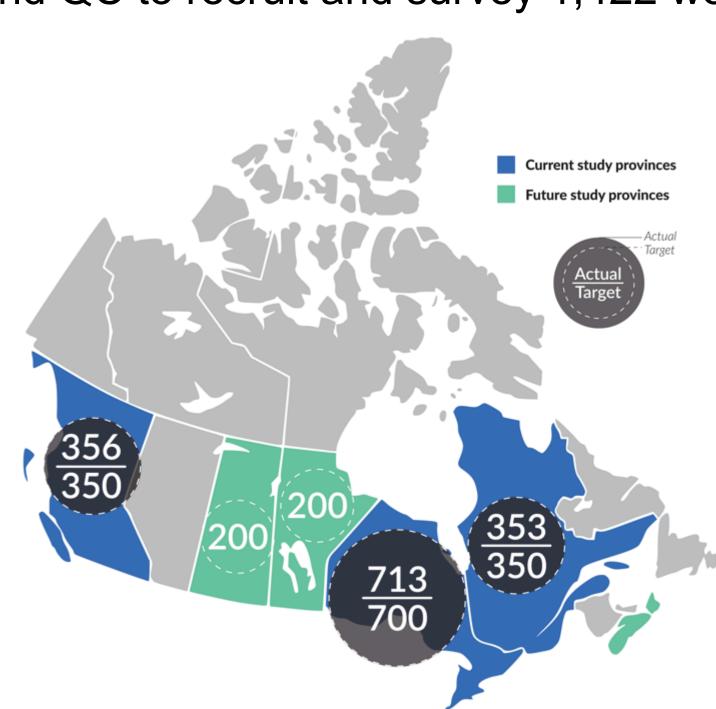
- 1. Sex is not important to women living with HIV
- 2. Sex is normal and necessary for healthy sexuality

We measured the importance of sex in the lives of women living with HIV in Canada and the factors influencing their viewpoints.

METHODOLOGY

Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)

 We hired and trained 40 women living with HIV as Peer Research Associates across BC, ON and QC to recruit and survey 1,422 women living with HIV aged 16 years or older.



- Baseline questionnaire data was collected between August 2013 and May 2015.
- Primary outcome: "Overall, how important a part of life is your sexual activity?" Sex was defined for participants as partnered oral, anal or vaginal sex.
- Statistical analysis: Multinomial logistic regression was used to identify associated factors (e.g., physical health, mental health and violence, relationships, social context).
- Feminist theories and research practices informed virtually every stage of the project.

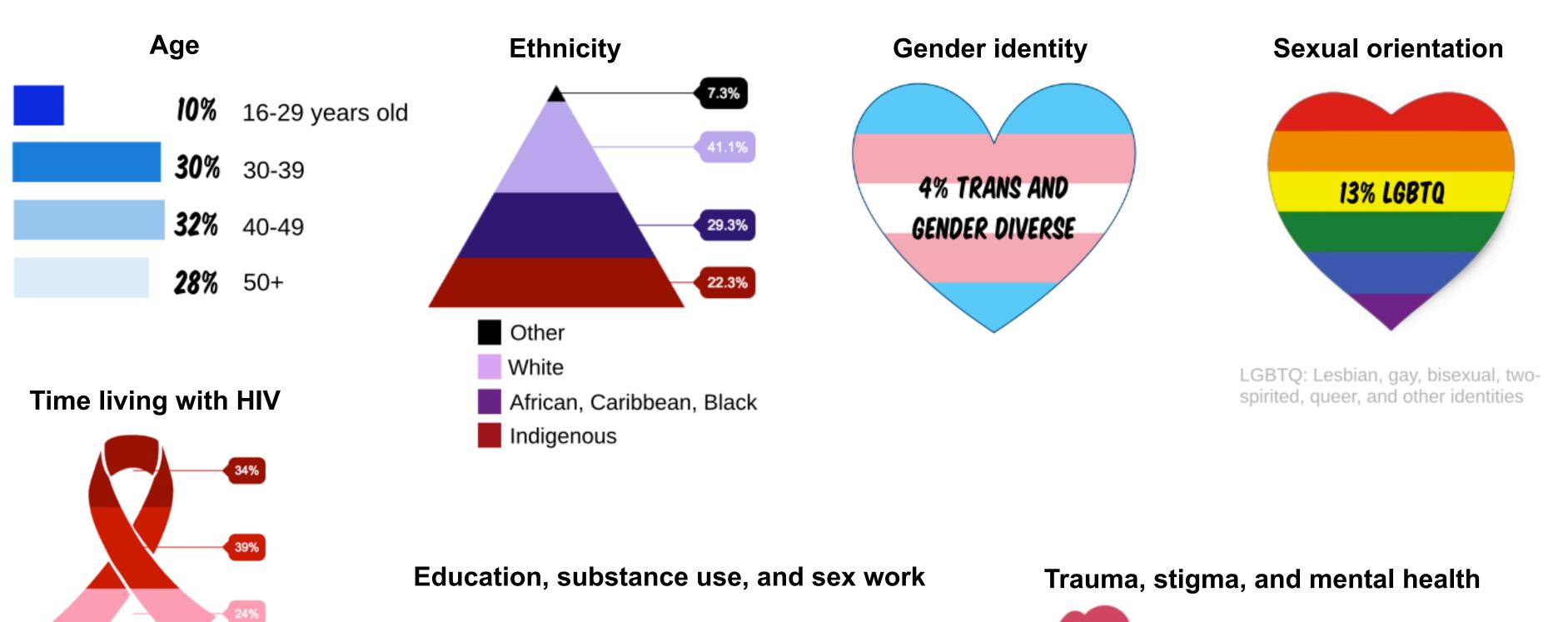
RESULTS

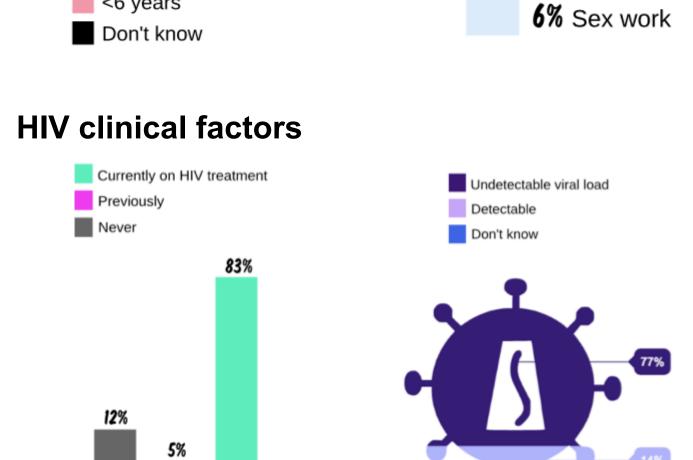
>14 years

6-14 years

<6 years

Figure 1: Cohort Profile





69% talked to doctor about prevention benefits of HIV treatment

84% High school or higher

18% Illicit drugs

66% were aware of prevention benefits of HIV treatment i.e., believed treatment makes the risk of transmission A LOT LOWER

74% Had experienced violence

49% Depression

65% Had experienced enacted stigma

48% Post-traumatic stress disorder

RESULTS

Table 1: Women's perspectives on how important a part of life their sexual activity is (N=1,189)

	N	%
Very important	252	19.6
Somewhat important	416	32.3
Neither important nor unimportant	284	22.0
Somewhat unimportant	69	5.3
Not at all important	268	20.8

Table 2: Bivariable associations with sexual importance (n=1,189), row percentages shown

	Very important	Somewhat important	Neither important nor unimportant	Somewhat unimportant/Not at all important	p-value
Continuous variables - Me	dian (Q1, Q3)				
Age at interview	40.0 (34.0,46.5)	41.0 (33.0, 48.0)	40.0 (34.0, 48.5)	49.0 (40.0, 55.0)	< .0001
Physical health (SF-12)	47.7 (34.4, 55.6)	51.4 (36.3, 56.5)	49.4 (36.6, 54.9)	41.4 (27.0, 53.9)	< .0001
Depression	8.0 (3.0, 14.0)	8.5 (3.0, 14.0)	9.0 (3.0, 14.0)	11.0 (5.0, 17.0)	0.0001
HIV stigma	57.5 (42.5, 72.5)	55.0 (40.0, 67.5)	62.5 (50.0, 75.0)	55.0 (42.5, 70.0)	0.0002
Categorical variables - N	(%)				
Regular Sex Partner					
No	67 (9.4)	166 (23.3)	197 (27.7)	281 (39.5)	<.0001
Yes	181 (32.0)	245 (43.3)	87 (15.4)	53 (9.4)	
Ethnicity					0.0005
Indigenous	86 (15.9)	187 (34.6)	111 (20.6)	156 (28.9)	
African, Caribbean, Black	45 (15.5)	92 (31.6)	80 (27.5)	74 (25.4)	
White	96 (26.4)	113 (31.0)	76 (20.9)	79 (21.7)	
Other/multiple ethnicities	25 (26.6)	24 (25.5)	17 (18.1)	28 (29.8)	
Education					<.0001
Less than high school	29 (14.5)	51 (25.5)	35 (17.5)	85 (42.5)	
High school	98 (17.7)	181 (32.8)	142 (25.7)	131 (23.7)	
Greater than high school	124 (23.4)	183 (34.5)	105 (19.8)	118 (22.3)	
Aware of prevention bene	efits of ART				
No	69 (15.8)	125 (28.7)	82 (28.9)	159 (36.6)	<.0001
Yes	181 (21.4)	288 (34.1)	200 (23.7)	176 (20.8)	
Illicit drug use					<.0001
Never	135 (20.0)	218 (32.2)	181 (26.8)	142 (21.0)	
Previously	75 (20.9)	117 (32.6)	55 (15.3)	112 (31.2)	
Currently	40 (16.9)	77 (32.5)	41 (17.3)	79 (33.3)	
Violence					<.0001
Never	45 (19.1)	74 (31.5)	78 (33.2)	38 (16.2)	
Previously	141 (19.1)	229 (31.1)	148 (20.1)	219 (29.7)	
Currently	55 (20.3)	97 (35.8)	49 (18.1)	70 (25.8)	

Table 3: Factors associated with sexual importance using "somewhat unimportant/not at all important" as the reference (n=1091), showing AORs and 95% CIs

	MULTIVARIABLE RESULTS					
		Very important	Somewhat important	Neither important or unimportant		
	variates associated with HIGHER odds of sexual importance - egular sex partner	13.46 (8.36, 21.66)	7.48 (4.94, 11.34)	2.62 (1.67, 4.13)		
	frican, Caribbean, Black (vs. White)	2.07 (1.13, 3.80)	0.96 (0.57, 1.63)	0.76 (0.44, 1.30)		
	reater than high school educated	2.47 (1.31, 4.66)	2.06 (1.21, 3.49)	1.62 (0.91, 2.89)		
	ware of prevention benefits of HIV treatment		1.46 (1.01, 2.11)	1.72 (1.16, 2.55)		
Р	nysical health related quality of life*	1.02 (0.88, 1.19)	1.14 (1.00, 1.29)	1.06 (0.93, 1.22)		
Ca	variates associated with LOWER odds of sexual importance					
	ge*	0.68 (0.54, 0.85)	0.72 (0.59, 0.87)	0.70 (0.58, 0.86)		
C	urrent illicit drug use	0.57 (0.28, 1.16)	0.46 (0.26, 0.83)	0.38 (0.21, 0.71)		
Pr	evious violence in adulthood (vs. never)	0.57 (0.31, 1.05)	0.68 (0.40, 1.16)	0.51 (0.30, 0.87)		
C	urrent violence in adulthood (vs. never)	0.60 (0.29, 1.26)	0.93 (0.49, 1.76)	0.55 (0.28, 1.07)		

*Continuous variable (10-point increase)

DISCUSSION

Findings challenge stereotypes that women living with HIV are non-sexual, without propagating the notion that all women must be sexual, and illustrate the influence of contextual factors on women's perspectives about sex. For women living with HIV who place great importance on sex, they should be supported to construct more positive, rewarding, and confident sexual experiences. Those who feel sex is unimportant and prefer not to have sexual experiences must also be supported—and their sexuality needs beyond sexual activity should not be neglected.



Advisory Board; Our funders: CIHR Institute of Gender and Health, the CTN, and OHTN; Our affiliated studies: CANOC, REACH & OCS; and all of our partners for supporting the study!









Acknowledgments Thank you to all the women living with HIV involved in this study; the PIs, Coordinators, Peer Research Associates, and all the Co-investigators and Collaborators; the Steering Committee, Community Advisory Boards, and Aboriginal









