



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



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## BACKGROUND

- Women who inject drugs (WWID) often report higher rates of transactional sex and intimate partner violence (IPV) than their male counterparts<sup>1,2</sup>
- Literature suggests WWID are at greater risk for contracting HIV and viral hepatitis<sup>3,4</sup>
- Yet, data regarding gender differences in HIV and viral hepatitis prevalence and associated risk factors remain scarce, particularly in low- and middle-income countries

## OBJECTIVE

- To assess gender differences in HCV and HIV prevalence, and associated risk factors among people who inject drugs (PWID) in Kenya

## METHODS

- We are recruiting 3,500 PWID from needle and syringe programs (NSP) sites in Kenya (Western Region, Nairobi and Coast)
- Recruitment via respondent driven sampling
- Participants complete baseline biobehavioral surveys, and receive HIV, HCV, and HBV testing
- Individuals testing HIV and/or HCV-antibody positive will return for a follow-up biobehavioral survey and blood draw at Months 4, 8, and 12
- We conducted this analysis using chi-square tests for categorical variables and t-tests for continuous variables

## RESULTS

- Of the 1526 participants enrolled thus far:
- Most participants are male (89.9%) and 34.4 years old (SD=±8.6) on average
- Being female is significantly associated with HCV and HBV antibody positivity, as well as age of first injection and using needles previously used by others, history of IPV and transactional sex
- Additional gender differences are displayed in Table 2

**Table 1. Gender differences in HCV and HIV prevalence and associated risk factors**

	Total (n=1526)	Female (n=154, 10.1%)	Male (n=1372, 89.9%)	p-value
HCV-positive	314 (20.6%)	40 (26.0%)	274 (20.0%)	0.081
HBV-positive	21 (1.4%)	5 (3.2%)	16 (1.2%)	0.036
HIV-positive	179 (11.7%)	57 (37.0%)	122 (8.9%)	<0.001
HIV/HCV co-infected	85 (5.6%)	19 (12.3%)	66 (4.8%)	<0.001
Age of first injection*	7.3 ± [25.6]	25.6 ± [6.0]	28.4 ± [7.4]	<0.001
Used needle previously used by someone else at last injection	150 (9.8%)	24 (15.6%)	126 (9.2%)	0.012
Main sexual partner injects	108 (22.1%)	41 (56.9%)	67 (16.1%)	<0.001
Ever engage in transactional sex	62 (4.1%)	46 (29.9%)	16 (1.2%)	<0.001
Ever been forced to have sex	40 (2.6%)	25 (16.2%)	15 (1.1%)	<0.001

Note: \* mean [±SD]

**Table 2. Rates of substance use and IPV among WWID**

Variable	N(%)
Substances consumed before or during sex with main partner in last 30 days (n=22)	
Heroin	22 (100.0%)
Marijuana	17 (77.3%)
Khat	10 (45.5%)
Alcohol	8 (36.4%)
Rohypnol <sup>^</sup>	6 (27.3%)
Always use condom during transactional sex (n=46)	13 (21.0%)
Ever been forced to have sex (n=25)	
By a client	11 (44.0%)
By a partner	10 (40.0%)
By a stranger	7 (28.0%)

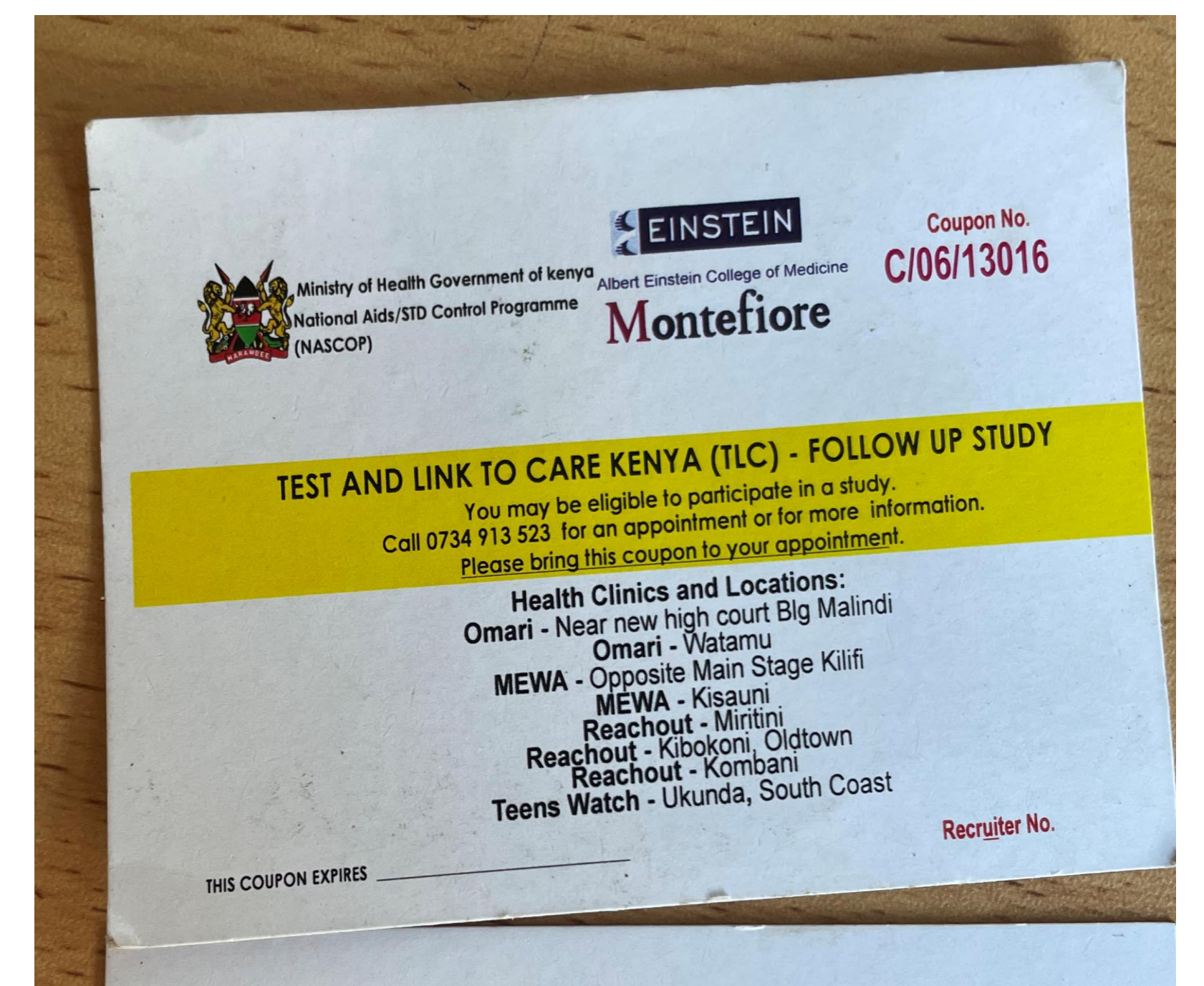


Image 3: Recruitment coupons

## CONCLUSIONS

- Higher rates of viral hepatitis and HIV among WWID could be attributed to higher risk substance use, earlier injection debut, gender asymmetries in sexual risk, and IPV
- Substance use prior to and during sex and inconsistent condom use among WWID are also concerning
- Gender-based interventions which focus on harm reduction related to substance use and incorporate trauma-informed care for WWID are essential

## DISCLOSURES

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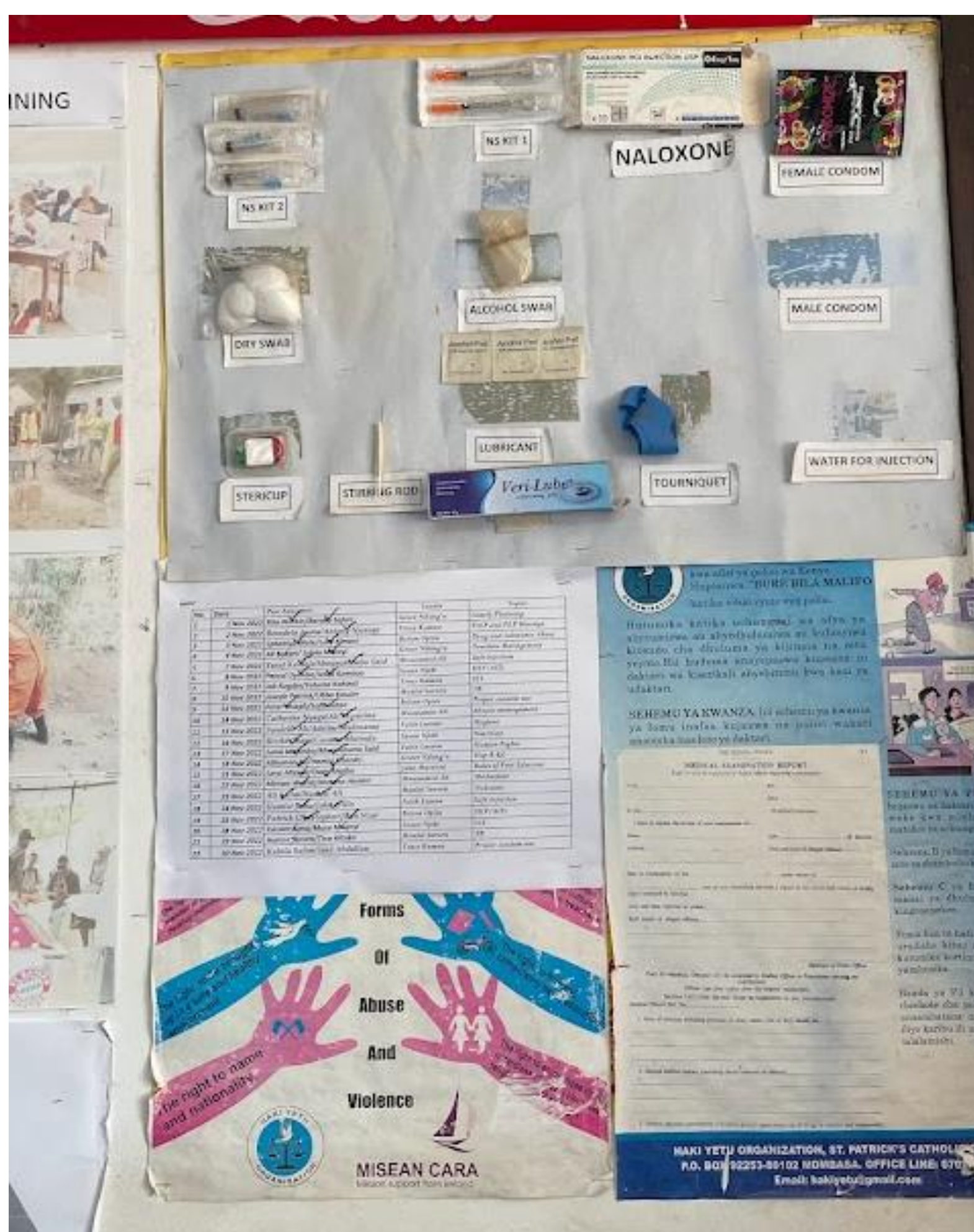


Image 1: Contents of a harm reduction kit displayed in an NSP in Ukunda, Coastal Kenya



Image 2: Entrance to an NSP in Mombasa, Coastal Kenya