

HIV TESTING AND HIV STATUS IN SOUTHERN AFRICAN LESBIAN WOMEN: OUTCOMES OF A COMMUNITY-BASED STUDY

Theo Sandfort¹; Linda Baumann²; Zethu Matebeni³; Vasu Reddy^{4,5}; Vicci Tallis⁶; Ian Southey-Schwartz⁶; the Southern African Lesbian and Bisexual Women Research Team

¹HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute and Columbia University, New York, NY, USA; ²Out-Right Namibia, Windhoek, Namibia; ³Institute for Humanities in Africa, University of Cape Town, Cape Town, South Africa; ⁴Human Sciences Research Council, Human and Social Development, Pretoria, South Africa; ⁵University of KwaZulu-Natal, Humanities and Social Sciences, Durban, South Africa; ⁶Open Society Initiative for Southern Africa, Johannesburg, South Africa

KEY MESSAGES

- HIV affects Southern African lesbian and bisexual women: they get tested, some are afraid to be HIV positive, and a substantial number of women report to be HIV positive.
- Not sex with men per se but non-consensual sex (with men and women) is a crucial risk factor for HIV infection.
- Not all HIV infections among lesbian and bisexual women could be explained by sex with men or intravenous drug use.
- In the Southern African context, HIV/AIDS policy should also address the needs of lesbian, bisexual and other women who have sex with women, while HIV prevention should be broad and for instance also address non-consensual sex.



INTRODUCTION

- Lesbian and bisexual women are usually understood to be at no or very low risk for HIV infection. Consequently, they are rarely included in HIV/AIDS policy and programming (especially prevention).
- This study explored whether lesbian and bisexual women in high HIV prevalence areas (Southern Africa) get tested for HIV and if so, what their serostatus is.
- Additionally, the study investigated which women get tested and which women report a positive HIV serostatus.

METHODS

- For the design and implementation of the study, a community participatory approach was adopted, bringing together seven community-based organizations, funding institutions, and researchers.
- Participants were recruited by the various community organizations in Botswana, Namibia, South Africa and Zimbabwe using existing social networks and snowball sampling techniques.
- Eligibility criteria:
 - Being born as female
 - 18 years or older
 - Having had sex with a woman in the preceding year
 - Currently living in Botswana, Namibia, South Africa, or Zimbabwe
- Data were collected via written questionnaires.

RESULTS

SAMPLE CHARACTERISTICS (N=591)

Age (years)	25.9 (range 18-65)	Ever married	8.2%
Country		Biological parent	23.7%
Botswana	8.6%	In intimate relationship	83.5%
Namibia	19.0%	Sexual attraction	
South Africa	60.9%	Women only	70.5%
Zimbabwe	11.5%	Women and men	29.5%
Race/ethnicity		Sexual identification	
Asian/Indian	2.9%	Lesbian/gay	76.9%
Black	78.8%	Other (incl. bisexual)	23.1%
Coloured	12.8%		
White	5.9%		

HIV TESTING AND STATUS

- The majority of women (78.3%) had tested for HIV at least once.
- Fear of finding out test results was the most frequently endorsed reason for never having been tested (Table 1).
- A multivariate analysis showed that women who ever tested for HIV were more likely to have had more than 1 female sexual partner (lifetime), and 2 or more male sexual partners (lifetime), while women who never got tested were more likely to have engaged in transactional sex (with men and/or women; lifetime).
- Of the 429 women who ever tested for HIV and knew their serostatus, 9.6% reported to be HIV positive.
- Bivariately, women who tested HIV positive were more likely to be older, have ever been married, be a biological parent, have bisexual attraction, see themselves as relatively less feminine, have engaged in transactional sex with both men and women, have experienced nonconsensual sex (with men, with women, and with both men and women).
- In a multivariate analysis (Table 2), older age and having experienced nonconsensual sex with men, with women, and with both men and women, are the only predictors of a reported positive HIV status.
- 13 of the reported 41 HIV infections could not be explained by intravenous drug use or sexual interactions with men.

Table 2 Characteristics of Southern African WSW who tested negative or positive for HIV

	Negative (%) (n = 388)	Positive (%) (n = 41)	AOR (95% CI)	p-value
Age (mean) (SE)	26.2 (.32)	29.8 (1.13)	1.09 (1.01-1.16)	.019
Race			Referent	
Black	299	39 (11.5)	Referent	
Coloured	48	1 (2.0)	0.13 (0.02-1.09)	.060
Other	39	1 (2.5)	0.25 (0.03-2.49)	.236
Medical aid			Referent	
No	230	30 (11.5)	Referent	
Yes	153	10 (6.1)	0.81 (0.33-1.97)	.640
(Ever) married			Referent	
No	355	33 (8.5)	Referent	
Yes	33	8 (19.5)	2.39 (0.79-7.17)	.121
Having children			Referent	
No	288	22 (7.1)	Referent	
Yes	100	19 (16.0)	1.03 (0.40-2.66)	.949
Sexual attraction			Referent	
Women only	256	34 (11.7)	Referent	
Women and men	132	7 (5.0)	0.44 (0.16-1.20)	.110
Gender identification (mean) (SE)				
Perceived masculinity	2.49 (.06)	2.56 (.23)		
Perceived femininity	3.08 (.06)	2.60 (.24)	0.79 (0.58-1.08)	.142
Transactional sex (lifetime)			Referent	
None	327	28 (7.9)	Referent	
With men only	15	2 (11.8)	0.61 (0.10-3.85)	.596
With women only	26	2 (7.1)	0.43 (0.08-2.19)	.306
With both men/women	20	9 (31.0)	2.25 (0.69-7.29)	.178
Non-consensual sex (lifetime)			Referent	
None	275	15 (5.2)	Referent	
With men only	61	10 (14.1)	3.33 (1.28-8.70)	.014
With women only	20	5 (20.0)	4.19 (1.21-14.47)	.024
With both men/ women	32	11 (25.6)	5.48 (1.70-17.63)	.004

AOR, adjusted odds ratio; CI, confidence interval; SE, standard error.

Table 1 Reasons for not getting tested for HIV among untested women (n = 128)

Reason	%
Fear of finding out results	44.7
I don't think I am at risk	39.0
I fear being judged/discriminated when asking for test	12.2
I always use protection	8.9
I am embarrassed that people will think I am lesbian or bisexual	6.5
Cost of having the test done	2.4
Don't know where to go	1.6

STUDY LIMITATIONS

- Study used a convenience sample in a cross sectional design.
- Data are based on self-report without actual HIV testing.
- Questionnaires only administered in English.

CONCLUSIONS

- A large proportion of the women reported to ever have been tested for HIV (78.3%); independent factors associated with having been tested include the lifetime number of female and male partners; women who had engaged in transactional sex with women only or with women and men were less likely to have been tested.
- Self-reported HIV prevalence among the tested women who knew their serostatus was 9.6%. Besides age, the sole independent predictor of a positive serostatus was ever having experienced non-consensual sex with men, with women, or with both men and women.
- Despite the image of lesbian women as invulnerable, HIV/AIDS is a reality for lesbian and bisexual women in Southern Africa. HIV/AIDS policy should also address the needs of lesbian, bisexual and other women who have sex with women.

ACKNOWLEDGMENTS

The project was funded by Open Society Initiative for Southern Africa, United Nations Development Programme, and Open Society Foundations (PI: Vasu Reddy, Ph.D); these organizations also participated in the study. Additional support came from and an NIMH center grant (P30-MH43520; PI: Anke A. Ehrhardt, Ph.D.).

The research project was designed and implemented in collaboration with the following community organizations: Behind the Mask SA, Durban Lesbian and Gay Community & Health Centre SA, Forum for the Empowerment of Women SA, Gays and Lesbians of Zimbabwe, LeGaBiBo (Lesbians, Gays and Bisexuals of Botswana), OUT LGBT Well-Being SA, Out-Right Namibia, and Triangle Project SA.

We thank all women who participated in the study.