

Reliability of Self-reported Route of HIV Infection

Sarah Boslaugh, PhD and Emily Beckett

Presented at the U.S. Conference on AIDS in Atlanta, Georgia, October 2000

Updated December 2000

[Executive Summary](#)

[Results](#)

[Background](#)

[What are the implications?](#)

Executive Summary

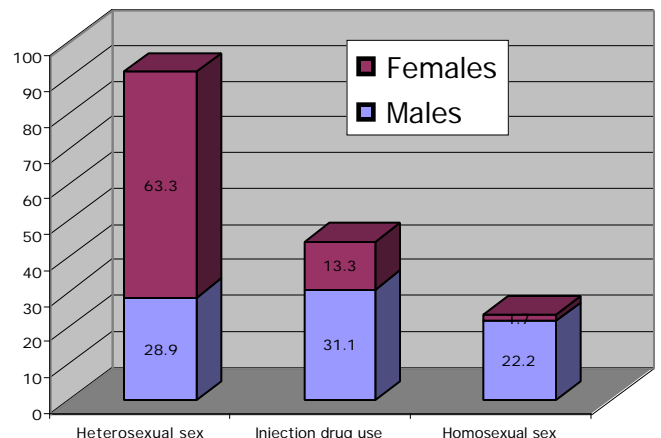
Montefiore Medical Center's SPNS project, located in the South Bronx, is testing a model of culturally competent health care integrated with primary care. Seventy-seven percent of the 1.2 million citizens of the Bronx, the northernmost borough of New York City, are persons of color. The cumulative adult AIDS rate is 2,374 per 100,000. In order to determine the route of transmission, HIV-positive adult patients were interviewed about their perceived method of infection. The patterns of transmission that emerged are inconsistent with national samples.

Background

In 1997 and 1998, 112 HIV-positive adult patients from Montefiore clinics were interviewed. The group was representative of the diversity found in the Bronx: 47.7 percent of the patients were Hispanic, 38.5 percent black, 6.4 percent white and 7.3 percent of mixed race; and was 55.4 percent female, 41.1 percent male and 3.6 percent transgendered. Although three-quarters of the subjects (75 percent) were born in the United States, 30.5 percent were bilingual or had a first language other than English. Only 10.1 percent were employed and more than half (54.5 percent) had not graduated from high school. Subjects reported high levels of substance abuse and lifetime trauma ranging from physical, sexual and emotional abuse to homelessness and having been arrested.

Results

How did the subjects say they were infected? Nearly half of the respondents (48.6 percent) thought they had been infected through heterosexual sex. Twenty percent (20.2) reported injection drug use (IDU) as the mode of transmission, while only 11.9 percent attributed homosexual sex as the method of transmission. (See table above for a breakdown of responses by gender.) As an example of the reported route of infection by subjects engaged in high risk behavior, 12 men reported engaging in both male-to-male sex and injection drug use.



When questioned, four reported infection through heterosexual sex, two through their drug use, two thought it to be a combination of factors and two said they didn't know how they had become infected.

The pattern of responses indicates a discrepancy between what is known about the degree of risk associated with certain behaviors versus what patients perceived as the cause of their infection. For example, although 26 individuals reported lifetime injection drug use, 43.8 percent of the males and 66.7 percent of the females in the group didn't identify it as their route of infection. The principal non-IDU route they identified was heterosexual sex. Likewise, 39.1 percent of the men reported having male-to-male sex, but 41.2 percent didn't name homosexual sex as a possible source of their infection.

Overall, the responses are inconsistent with transmission patterns reported in national samples. In a CDC report of 25 states, only 16.2 percent of adult HIV/AIDS cases were attributed to heterosexual contact, while male-to-male sex and IDU accounted for 35.6 percent and 18.7 percent respectively.

What are the implications?

■ Simply asking for the route of infection is not sufficient. Specific probes about risk behavior, the chronological sequence of those behaviors and the reasons for attribution to each individual risk factor must be raised. ■ Male homosexuality, a major risk factor for HIV infection, is disapproved of by many Americans and is further stigmatized by some African Americans and Hispanics. Further, many Latino communities consider intravenous drug use taboo. Interviewers must establish rapport with the subject and be sensitive to cultural taboos and stigmatized behavior. ■ Questions must be carefully worded and include multiple source of information about infection and risk behavior.