

GEORGIA HIV BEHAVIORAL SURVEILLANCE (GHBS)

Data Summary: Heterosexuals at Risk for HIV infection (HET) in Metro Atlanta, 2019

What is GHBS?

Each year throughout the United States, 22 health departments serving the cities with the highest HIV prevalence collaborate with the Centers for Disease Control and Prevention (CDC) to implement the National HIV Behavioral Surveillance System (NHBS). NHBS assesses and monitors HIV-related risk behavior, testing behavior, and use of prevention programs among four populations at heightened risk for HIV infection: men who have sex with men (MSM), people who inject drugs (PWID), heterosexual men and women (HET) living in areas of high poverty, and Transgender persons (Trans). In 2019, the Georgia Department of Public Health implemented the NHBS survey with a focus on HET in the Atlanta metropolitan statistical area. Between August and December of 2019, participants were recruited into the study using a peer-driven, chain-referral method known as response-driven sampling (RDS). Men and women were recruited by social contacts in neighborhoods with high poverty and HIV prevalence. Surveys were conducted by trained interviewers with handheld computers. All participants were offered anonymous HIV testing and counseling. HIV testing was conducted using the Unigold® HIV-1/2 Rapid Antibody Test. Reactive blood specimens were confirmed with the Insti® HIV-1/2 Rapid Antibody Test. Participants were offered a token of appreciation in the form of a gift card.

Background: HIV among HET

Per the most recently available CDC HIV Surveillance Report, in 2019, Georgia ranked 4th in the nation for new HIV diagnoses among adults and adolescents (2,439). Georgia also ranked 4th for the total number of adults and adolescents living with HIV (56,446). Similarly, in 2019, the Atlanta MSA ranked 5th in the nation for new diagnoses.¹ In Georgia, heterosexual transmission accounted for 8.1% of all new HIV diagnoses among males and 89.8% of all new HIV diagnoses among females.²

¹ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2019*; vol.32. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed 17 August 2021.

² Georgia Department of Public Health, HIV/AIDS Epidemiology Section *HIV Surveillance Summary, Georgia 2019*, <https://dph.georgia.gov/data-fact-sheet-summaries>, Published April 2021. Accessed 17 August 2021.

Table 1: Demographic Characteristics, NHBS HET Survey, Metro Atlanta, 2019 (N=412)*

	n	%
Age Group (Years)		
18-29	122	30%
30-39	104	25%
40-49	81	20%
50+	105	25%
Gender Identity		
Female	213	52%
Male	199	48%
Race/Ethnicity		
Black	370	90%
Other/Multiracial	15	4%
White	9	2%
Hispanic	18	4%
County of Residence		
Dekalb	41	10%
Fulton	341	83%
Other	30	7%
Education Level		
No HS Diploma	110	27%
HS Diploma/GED	198	48%
More than high school	104	25%
Employment Status		
Employed Full- or Part-Time	198	48%
Unemployed	98	24%
Unable to Work-Health	75	18%
Other	41	10%
Annual Income		
Less than \$10,000	149	36%
\$10,000 – \$19,999	121	30%
\$20,000 – \$29,999	56	14%
\$30,000 or more	83	20%
Unknown	3	
Homeless at any time in the past 12 months	136	33%
Health insurance at time of interview	204	50%
Detained or arrested in past 12 months	85	21%

*Inclusion Criteria: At least 18 years of age, identified as male or female engaged in vaginal or anal sex in the past 12 months, consented to survey, completed the survey and provided valid responses.



Survey of HET in Metro Atlanta, 2019

A total of 412 participants met the eligibility criteria, consented to and completed the survey, and provided valid responses to the NHBS Survey (Table 1).

Among the 412 participants, 52% were female and 48% were male. While most participants described themselves as “heterosexual or straight” (83%), another 17% described themselves as “bisexual.” Approximately 30% of the participants were aged between 18-29 years, 25% between 30-39 years, 20% between 40-49 years, and 25% were 50 years or older. With respect to age/ethnicity, 90% of participants were Black, followed by 4% Hispanic/Latino, slightly under 4% other/multiracial, and 2% were white. The majority of participants reported residing in Fulton County (83%), followed by 10% in Dekalb, and the remaining 7% divided between Clayton, Cobb, Gwinnett, and other counties.

Educational attainment was diverse among participants. 48% of participants had achieved a high school diploma or General Equivalency Degree (GED), and an additional 25% had at least some college. More than one-in-four (27%) participants did not hold a high school diploma or GED.

More than a third of participants reported earning less than \$10,000 annually (36%), and the next 30% reported earning between \$10-20,000. Only 1 in 3 participants reported earning above \$20,000. Additionally, the household income of more than 68% of respondents was at or below the federal poverty level, and 1 in 3 participants reported being homeless in the past 12 months.

Among the participants, approximately 50% had health insurance coverage at the time of interview. Among those, approximately 80% stated that their health care expenses were paid for by a publicly funded program, such as Medicaid, Medicare, or other government program. Only 18% reported having private health insurance.

Drug and Alcohol Use

Nearly 66% of participants reported non-injection drug use in the past 12 months. Marijuana was the most commonly used drug (59% of all participants), followed by crack/cocaine (23%), and prescription opiates and MDMA (both 15%). Nearly 47% of participants reported poly-substance use, and ~1% reported injection drug use in the past year.

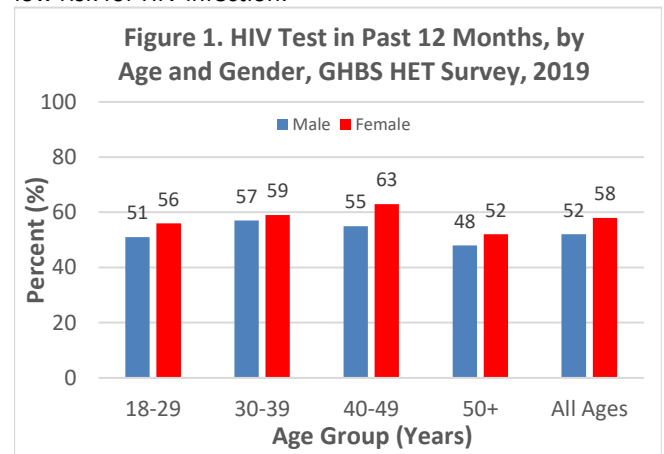
Binge drinking (the consumption of 5 or more alcoholic drinks within a 2-hour period for males, or 4 or more with a 2-hour period for females), was reported by 36% of males and 45% of females in the previous 30 days.

HIV Status and Testing History

Among the 410 participants who consented to HIV testing as part of the survey, twenty (4.8%) had a confirmed positive HIV test result. Of those twenty, fifteen (75%) reported being HIV positive during the interview.

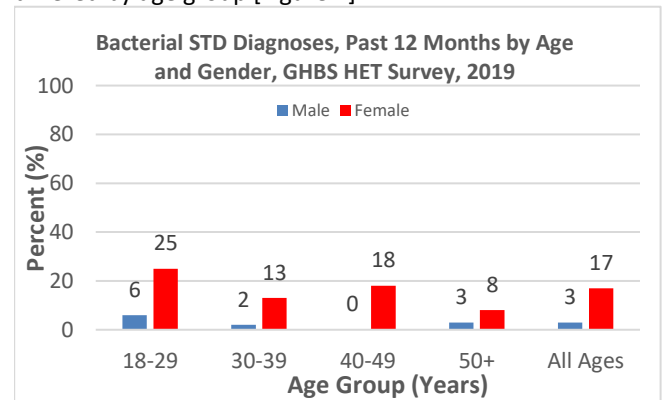
Most participants (91%) had been tested for HIV at least once. Among the 397 participants who did not report a previous positive test result, only 52% reported having been tested for HIV in the previous twelve months. The proportion of males and females test for HIV in the past 12 months differed by age group [Figure 1].

170 respondents addressed why they had not been tested in the past 12 months, with the most common reason (61%) being, “no particular reason.” 13.5% reported “didn’t have time” and more than 12% reported “(I) think (I) am at low risk for HIV infection.”



Other Sexually Transmitted Diseases

Approximately 43% of respondents reported having been tested for a bacterial sexually transmitted disease (such as chlamydia, gonorrhea, or syphilis) in the past 12 months. Approximately 3% of males and 17% of females had been diagnosed in the past 12 months, though the proportions differed by age group [Figure 2].



Male Sexual Risk Behaviors

Among the 191 males who did not report a previous positive test result, 74% had two or more female sex partners in the past 12 months.

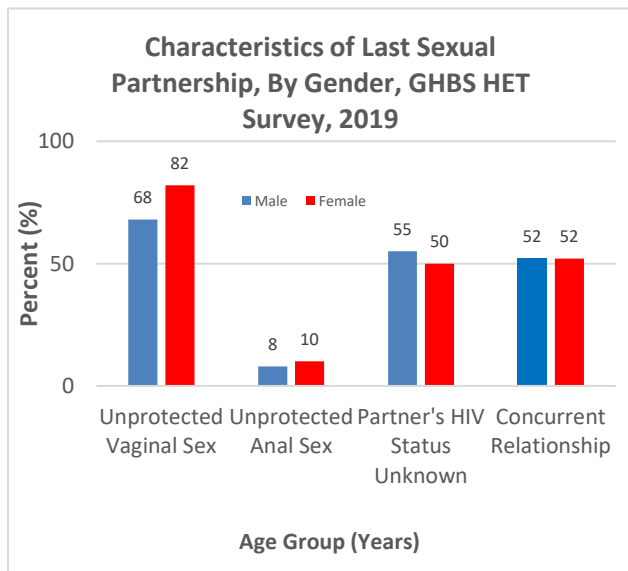
Among sexually active males 68% had unprotected vaginal sex, and 8% had unprotected anal sex with their most recent female partner. Additionally, 55% of males did not know the HIV status of their most recent partner, and 52% reported being in a concurrent sexual relationship [Figure 3].

Approximately 6% of males also reported sexual contact with at least one other man in their lifetime.

Female Sexual Risk Behaviors

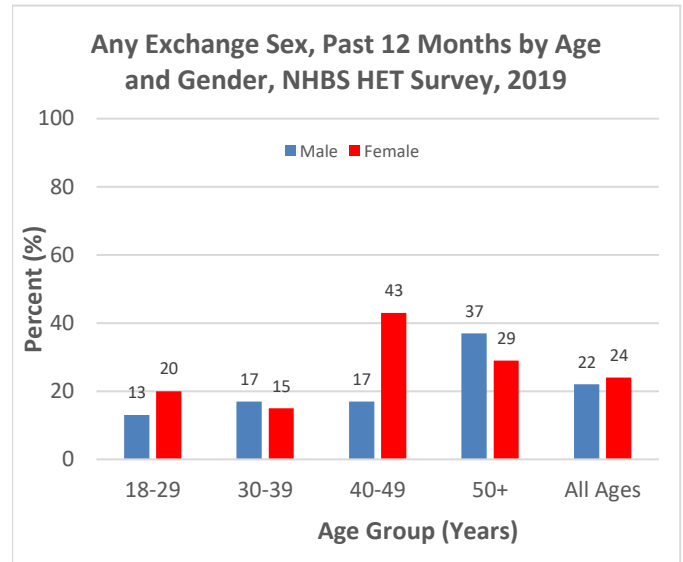
Among the 206 female participants who did not report a previous positive test result, 65% had two or more male sexual partner in the past 12 months.

Among sexually active females, 82% had unprotected vaginal sex, and 10% had unprotected anal sex with their most recent sexual partner. Additionally, 49.5% of females did not know their last sexual partner's HIV status and 51.6% reported being in a concurrent sexual relationship [Figure 3].



Exchange Sex

Approximately 22% of male and 24% of females engaged in the exchange of money or goods for sex with a casual sexual partner in the past 12 months. Overall, the proportion of males and females reporting exchange sex increased with age [Figure 4].



Utilization of Prevention Services

Among the 397 participants who did not report a previous positive test result, 37% had received free condoms in the past 12 months. The most common sources of free condoms were Health Centers/Doctor's Offices (52%), HIV/AIDS organizations (25%), and Bars/Clubs/Bookstores/Businesses (5%).

Approximately 84.5% of females, and 70% of males, had visited a healthcare provider in the past 12 months. Among those who visited a healthcare provider, 63% were offered an HIV test.

Only 11% of participants engaged in an individual HIV-prevention counseling session, and only 8% engaged in group counseling session. While 43% of participants were aware of pre-exposure prophylaxis—the medication HIV-negative people use to prevent infection, only 8% had discussed its use with their healthcare provider.

Additionally, nearly 12% of men, and over 7% of women had received treatment for drug use in the past 12 months. Another 5% of females and 8% of men had attempted to enter a drug treatment program, but were unable to access one.

Implications

In Metro Atlanta, heterosexual contact is the second most common mode of HIV transmission. Significant disease disparities remain, with the heaviest HIV burden found among women of color. A little more than half of HET participants had been tested for HIV in the past 12 months and 60 percent of HET participants who visited a healthcare provider were offered an HIV test. Commonly reported risk behaviors among HET participants included condomless sex, multiple sexual partnerships, and not knowing a sexual partner's HIV status. These findings suggest a need to expand access to effective prevention services, such as increasing HIV testing in geographical areas with high burden of the disease, routinizing the screening of HIV in healthcare settings and provision of PrEP. The findings also point to the need for better education around sexual health and preventative behavior. Furthermore, opportunities should be explored to develop and implement culturally-tailored, community-level interventions that address both behavioral and structural risk factors associated with HIV infection.

Limitations

The data presented in this summary are unweighted and findings may not be representative of the entire population of HET living in high poverty neighborhoods in Metro Atlanta. Behavioral questionnaires that rely on self-report are prone to several response biases that might affect data quality. Additionally, the number of participants unaware of their HIV-positive status might be inflated because some who knew their positive status may have described themselves as HIV-negative to the interviewer due to HIV-related stigma.

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