Addressing Sexual Health among Women who Use Substances in the Marginal Urban Communities of Latin America: An Ethnographic Analysis and Pilot Study

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Substance Use Among Women

Women who use substances have received less attention than men who use substances.

- Men are 2-3 times likelier than women to have used an illicit substance (UN Women, 2014).
- Many of the public health effects of drugs are gender-specific (SAMHSA, 2014).
- Worldwide, female substance users (FSUs) are at higher risk of poor sexual health (unplanned pregnancies, abortions, sexual exchanges, and violence) (Hecksher et al., 2015).
Prevalence of HIV and STIs Among FSUs in San Salvador (Glasman, et al., 2016)

We surveyed 230 Salvadoran women and tested them for HIV.

- HIV positive = 8.0% to 8.6% (vs. 1.9% to 4% among men, \( p = .040 \))
- Past-year STI = 14.9%
- Women reporting high-risk sexual behavior: 93%
  - 79% multiple partners
  - 60% transactional sex
  - 10% sexual violence
- FSUs use substances that increase sexual risk (e.g., alcohol, cocaine derivatives).
- No women reported injection drug use.
Proyecto Encuentro (R01 DA02035, Dickson-Gomez)

Encuentro is an HIV prevention intervention for non-injection substance users in marginal communities of El Salvador.

- Peer referrals to HIV testing
- Peer facilitated counseling to reduce HIV risk
Implementation of Encuentro:

Few FSUs attended Encuentro despite contact with the intervention team.

- FSUs do not disclose substance use or want to be associated with stigmatized groups.
- FSUs receive derogatory comments when they request sexual health services.
- FSUs are considered poor decision makers and are denied services out of the belief that they would not comply with treatment or benefit from it.
- 40% of the women who exchanged sex for drugs or money did not consider themselves sex workers and did not receive any type of prevention intervention.
- The programs are unidimensional and do not target FSUs.
Social Determinants of FSUs’ Poor Sexual Health

- Substance use stigma
- Community violence
Substance-Use Stigma

The challenges that affect FSUs’ sexual health can be linked to social sanctions against Latin American women who use substances and have multiple partners.

- Gender norms protect Latin American women from substance use.
  - The gender gap in substance use is lower in more equal and economically developed countries and among younger populations.

- Gender norms have costs for women who do use substances, by breaking their social ties and alienating them from services.
Stigma
ssexual/substance use

Latin American Marginal Communities
Poor Structure of Governance

Invisibility of female substance use
Reluctance to use services
Hindered access to services
Community Violence

Vulnerable FSUs often reside or use substances in marginal urban communities.

- The state does not provide adequate structures of governance.
- Authorities do not have control of social and physical spaces.
  - Absence of public services and resources; displaced populations.
- Groups with different degrees of organization fight for economic gain and control population movements within their territories.
- The unregulated context encourages competition among men and masculine norms that normalize violence in the community and toward women.
High risk behavior
Limited reproductive choices
Stigma
sexual/substance use
STIs/HIV
Hindered access to services
Unintended pregnancies
Vulnerability to sexual coercion
Dependence on men for resources and protection
Invisibility of female substance use/reluctance to use services
Hindred access to services
Limited reproductive choices
STIs/HIV
Unintended pregnancies
Community violence
Latin American Marginal Communities
Poor Structure of Governance
Developing MUSA

- Ethnographic observations
- Community input
- Interviews and focus groups with FSUs

- Survey of community organizations to identify awareness of substance use among women

- Assessment of acceptability of:
  - Peer referrals
  - Opt-out services
  - Integration of services

- Plan, do, check, act cycles of workshops.
High risk behavior
Limited reproductive choices
STIs/HIV
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Unintended pregnancies
Dependence on men for resources and protection
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High risk behavior
Community violence
Stigma
sexual/substance use
Invisibility of female substance use/reluctance to use services
Hindered access to services
Unintended pregnancies
Latin American Marginal Communities
Poor Structure of Governance
Peer referrals to integrated services
How Likely Are You to Request/Accept an HIV Test in the Next Six Months? (N = 38)

<table>
<thead>
<tr>
<th>Would request an HIV test</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would accept an HIV test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>4 (21%)</td>
<td>0 (0%)</td>
<td>4 (10.5)</td>
</tr>
<tr>
<td>Yes</td>
<td>15 (78.9%)</td>
<td>19 (100%)</td>
<td>34 (89.5)</td>
</tr>
</tbody>
</table>
Acceptability of Integrated Services Among FSUs Who Would not Request HIV Testing (N = 19)

Integrated services:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Would be more acceptable in the community</td>
<td>18 (94.7)</td>
<td>1 (5.3%)</td>
</tr>
<tr>
<td>Would make me feel more comfortable with testing</td>
<td>18 (94.7)</td>
<td>1 (5.3)</td>
</tr>
<tr>
<td>Would engage more FSUs</td>
<td>18 (94.7)</td>
<td>1 (5.2)</td>
</tr>
</tbody>
</table>
Components of Latin American Marginal Communities

- Poor Structure of Governance
- Poor Structure of Governance

High risk behavior
- Limited reproductive choices
- STIs/HIV
- Unintended pregnancies

- Stigma
  - sexual/substance use

- Dependence on men for resources and protection
- Invisibility of female substance use/reductance to use services
- Vulnerability to sexual coercion
- Hindered access to services
- Peer-facilitated counseling

Component 2: Peer referrals to integrated services

Vulnerability to sexual coercion
- High risk behavior
- Limited reproductive choices
- STIs/HIV
- Unintended pregnancies

Community violence
- Stigma
  - sexual/substance use

Peer-facilitated counseling
Peer-Facilitated Counseling

Peer-led counseling intervention with egocentric networks of FSUs

- Interpersonal context of FSUs sexual health risk with peers, partners and providers
  - FSUs developed personal and network resources to avoid/escape violence.
  - FSUs developed communication and harm reduction skills to protect their sexual health with partners.
  - FSUs learned about services relevant to their sexual health and strategies to communicate with providers about sexual health and substance use.
Peer Facilitated Counseling

Conducted rounds of plan, do, check, act:

- Salvadoran team (first round)
- Community facilitators (second round)
- Community members: Feasibility (third round)
- Community members: Preliminary impact (fourth round)
# Pilot Study: Comparison of MUSA and Control Women

<table>
<thead>
<tr>
<th></th>
<th>Control (N = 18)</th>
<th>MUSA (N = 16)</th>
<th>F</th>
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<tbody>
<tr>
<td><strong>Gender norms</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Substance use stigma</td>
<td>14.79</td>
<td>13.60</td>
<td>1.09</td>
<td>0.34</td>
</tr>
<tr>
<td>Equitable norms</td>
<td>28.21</td>
<td>30.67</td>
<td>5.79+</td>
<td>0.79</td>
</tr>
<tr>
<td><strong>Coercion and violence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tolerance</td>
<td>1.52</td>
<td>1.04</td>
<td>6.10*</td>
<td>0.81</td>
</tr>
<tr>
<td>Can seek help</td>
<td>3.17</td>
<td>3.40</td>
<td>1.25</td>
<td>0.37</td>
</tr>
<tr>
<td>Can prevent</td>
<td>3.00</td>
<td>3.40</td>
<td>2.79+</td>
<td>0.55</td>
</tr>
<tr>
<td><strong>Risk behavior</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe sex motivation</td>
<td>19.63</td>
<td>25.27</td>
<td>20.88***</td>
<td>1.50</td>
</tr>
<tr>
<td>Control perceptions</td>
<td>8.83</td>
<td>10.00</td>
<td>3.19+</td>
<td>0.59</td>
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</tbody>
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Latin American Marginal Communities
Poor Structure of Governance

- Awareness and training of primary care and community services
- Community violence
- Stigma sexual/substance use
- Dependence on men for resources and protection
- Invisibility of female substance use/reluctance to use services
- Vulnerability to sexual coercion
- Hindered access to services
- High risk behavior
- Limited reproductive choices
- STIs/HIV
- Unintended pregnancies

Peer-facilitated counseling
Peer referrals to integrated services
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- Comunidad Emanuel, San Salvador, El Salvador
- Universidad Jose Simeón Cañas de El Salvador
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<tbody>
<tr>
<td>Age</td>
<td>24.47 (7.20)</td>
</tr>
<tr>
<td>&lt; High school</td>
<td>28 (73.7%)</td>
</tr>
<tr>
<td>Has a main partner</td>
<td>14 (36.8%)</td>
</tr>
<tr>
<td>Use cocaine or crack</td>
<td>10 (26%)</td>
</tr>
<tr>
<td>Alcohol Audit &gt; 7</td>
<td>35 (87.5%)</td>
</tr>
</tbody>
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