Clinical and Behavioral Characteristics among HIV+ Persons Receiving Medical Care: Does Gender Matter in Texas?

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**Background**

In Texas 15,342 women and 53,870 men were living with HIV as of 2011. This analysis examined gender-related differences in socio-demographic, behavioral and clinical characteristics among HIV+ persons receiving outpatient medical care in Texas. These data are critical for program planning and resource allocation at the state level.

**Methods**

- The Medical Monitoring Project (MMP) is an ongoing surveillance system that assesses behaviors and clinical characteristics of HIV-infected persons who are receiving outpatient medical care.
- The MMP used a three stage cluster sampling method to randomly select 23 city/state project areas, healthcare facilities within those areas, and patients within facilities.
- From the Texas and Houston MMP facilities, 458 of 800 sampled persons participated in the survey during the 2011 cycle.
- Behavioral and clinical data were collected using an in-person interview and medical record abstraction (MRA).
- Weighted interview and MRA datasets were analyzed to assess gender differences in key variables using SAS 9.3 (SAS Institute Cary, North Carolina).
- Gender differences within characteristics of interest were assessed using Rao-Scott chi-square tests and significance level was determined at p<0.05. Percentages are weighted.

**Results**

**Results Cont’d**

- 78% of participants were male and 22% were female. Among males and females, 31% and 57% were Black, Non-Hispanic; 33% and 25% were Hispanic, and 33% and 18% were White, Non-Hispanic, respectively. 24% of males compared to 44% of females were in the 18-39 age groups (χ²=8.33, p<0.05) (Fig. 1).
- More males (59%) completed higher education than females (38%) (χ²=16.08, p<0.001) (Fig. 2).
- More females (62%) than males (37%) reported an income below the 2010 federal poverty level (χ²=15.18, p<0.0001) (Fig. 3).
- 33% of females compared to 17% of males (χ²=9.15, p<0.01) were depressed (Fig. 4).
- Females (69%) were less likely to have a suppressed viral load (VL) than males (82%) (χ²=4.31, p<0.05) (Fig. 5). Females were also less likely to have at least two VL tests conducted in the past 12 months (22% compared to 26% for males) and more likely to not have had a test in the past 12 months (14% compared to 6% for males) (χ²=8.73, p<0.05) (Fig. 6).
- Females were more likely than males to agree with statements indicating feelings of stigma: “…hiding HIV status (76% vs 57%) (p<0.0001), “…feeling dirty”, (39% vs 26%) (p<0.01) and “…feelings of worthlessness” (37% vs 22%) (χ²=9.13, p<0.01) (Table 1).

**Conclusions**

Texas MMP data suggest there are significant differences between HIV+ males and females in care. In addition to using these data for program planning and resource allocation, these results illustrate the need for HIV care and social services with a gender based focus that addresses barriers to care and empowerment. Such efforts may enhance better outcomes and reduce the current health disparities among women. Additional analysis should be conducted to further assess the degree to which socioeconomic factors, depression, and stigma might influence retention in care and clinical outcomes.

**Acknowledgements**

- Texas MMP/OSHPD Participants and Collaborating Healthcare Providers
- Texas MMP/OSHPD Staff and Management
- Clinical Outcomes Team, Behavioral and Clinical Surveillance Branch, Behavioral and Clinical Surveillance Branch, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention (CDC)