

A gender-based analysis of the social determinants of HIV knowledge among ACB people in Ontario

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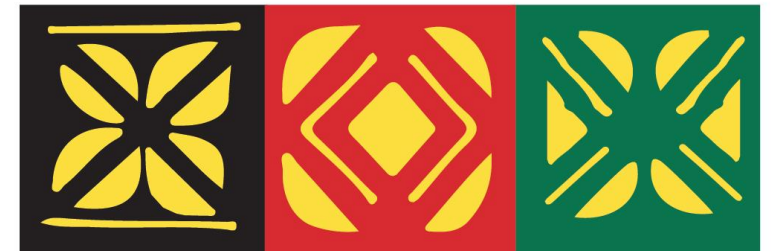
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A/C STUDY



ÉTUDE A/C

INTRODUCTION

Gender, race, and class interactions influence health equity and access to health information including HIV knowledge.

We explored effects of the intersection of gender and;

- Class related socioeconomic factors
 - education
 - employment
- other sociodemographic factors
 - age categories,
 - language groups, etc.

on HIV knowledge among African, Caribbean, and Black (ACB) population in Ottawa and Toronto. The study will inform gender-specific HIV prevention programming.

METHODS

Data were drawn from the 2018-2019 A/C Study survey on HIV transmission and prevention among ACB adults self-identified as:

- women (n=842)
- men (n= 481).

We estimated HIV Knowledge using an 18-item HIV Knowledge Questionnaire (scale =18).

We used difference-in-difference estimation in hierarchical linear regression modelling to determine interaction effects of gender and:

- class,
- other sociodemographic factors

on HIV Knowledge.

RESULTS

Final output of seven blocks hierarchical linear modelling

| Independent variables | B | 95% CI | Independent variables | B | 95% CI |
|---|--------|-------------|--|------|------------|
| Other sociodemographic factors | | | Intersection of gender and other sociodemographic factors | | |
| City of residence (Totonto =1, Ottawa=0) | 0.4 | -0.4 , 1.2 | Gender* City | 0.4 | -0.7 , 1.4 |
| Gender (Woman =1, Man =0) | -3.1* | -5.9 , -0.2 | Gender*Age | -0.2 | -0.5 , 0.3 |
| Age categories (15-19 =1, 20-29 =2, ..., 60-64 =6) | 0.2 | -0.2 , 0.5 | Gender*Ethnicity | 0.2 | -1.3 , 1.5 |
| Ethnoracial identity (Black Canadian =1, African or Caribbean =0) | 0.9 | -0.2 , 2 | Intersection of gender and class related factors | | |
| Class related factors | | | Gender*Education | 0.5 | -0.1 , 1 |
| Education (University or college =1, High school or lower =0) | 0.9** | 0.3 , 1.3 | Gender*Employment | -0.1 | -0.6 , 0.5 |
| Employment (Employed =1, not employed =0) | 0.6* | 0.1 , 1 | Gender*Language | 2.5* | 0.6 , 4.4 |
| Language fluency (Speaks English =1, otherwise =0) | -1.5 | -3.1 , 0.1 | Intersection of gender and other sociodemographic factors | | |
| Health Seeking behaviours | | | Gender*HIV Testing | -0.8 | -1.9 , 0.5 |
| HIV testing behavioe (Ever tested =1, otherwise =0) | 2.0*** | 1 , 2.9 | Gender*Healthcare Utilisation | -0.1 | <.1 , <.1 |
| Utilization of healthcare (score) | 0.1 | 0 , 0 | | | |

RESULT (..2)

HIV knowledge scores were not statically different (*Mean difference* = .28, $p = .37$, 95% CI = -.18, .73) in women and men.

However when moderated by other factors being a woman has positive association with HIV knowledge.

At statistically significant levels each of the following factors were positively associated with increased HIV knowledge

Being a woman

Having higher education

Being employed

Having had an HIV test

Also, when being a woman is moderated by the ability to speak English, HIV knowledge increases even more.

DISCUSSION

HIV prevention programming needs to bridge the knowledge gaps in:

- non-English speaking population relative to English speaking population
- ACB men relative to ACB women

Tailoring HIV prevention to specific knowledge needs of transnational city residence, persons with lower education, and the unemployed is recommended.

CONCLUSION

HIV testing programs should increase HIV knowledge through its concurrent information sessions.

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