

Abstract Preview - Step 3/4

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Category: Track C: Epidemiology and Prevention Science

Title: Risk of HIV infection in people with severe disability from childhood and related factors (HandiVIH - ANRS 12302)

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Text: Background

There is growing evidence showing that people with disabilities (PwD) are at increased risk of HIV infection. In a recent survey conducted in Cameroon, we showed that the HIV prevalence was higher in PwD compared to people without. In addition, PwD suffer more frequently from socio-economic inequities. Part of the association between disability and HIV infection may be mediated by socio-economic disadvantages. This study aims to examine the association between severe disability and HIV, as well as possible mediating factors. Only participants with disability onset during childhood, i.e. before exposure to HIV, will be considered.

Methods

This cross-sectional survey conducted in 2015 recruited 607 adults with disabilities and 607 matched controls. Only PwD with severe impairment, disability onset ≤ 10 years and who were sexually experienced (n=67), and their controls (n=360) were included in this analysis. Endpoints were HIV status, knowledge of HIV, and experience of sexual violence. Mediation analysis was used to estimate the proportion of association between disability and endpoints mediated through socio-economic factors (education level, household wealth, difficulties for social participation).

Results

People with severe impairments were at increased risk of HIV infection compared to people without disabilities (11.3% vs 3.4%, OR 3.4 [1.2-9.4]). They were also more at risk of having incomplete knowledge on HIV ($p < 0.0001$) and of sexual violence (OR 2.4 [1.1-5.1]). HIV infection was not associated with participants' socio-economic characteristics. By contrast mediation analysis showed that 33% of the risk of lower knowledge on HIV observed in PwD was mediated through lower education level ($p=0.01$). However, the level of knowledge on HIV was not associated with the risk of HIV infection ($p=0.2$). Participants who reported shorter duration of formal work ($p=0.002$) or more difficulties for social participation ($p=0.0001$) were at higher risk of sexual violence. After controlling for these factors, the direct association between severe disability and sexual violence was not significant ($p=0.3$). Sexual violence was associated with HIV infection in men ($p=0.02$) but not women ($p=0.5$) with severe disabilities.

Conclusions

People with severe disability are at higher risk of HIV infection. Yet there was no evidence that their increased risk may be mediated through socio-economic factors and the mechanism contributing to their vulnerability remains unclear.

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