

# Healthcare Service Access, Sexual Aggression Experiences and HIV-Related Risk Behaviors Among Puerto Rican Female Intravenous Drug Users

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# Dissertation Committee

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# Agenda

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- Introduction
- Methods
- Manuscript 1
- Manuscript 2
- Research Trajectory
- Acknowledgements
- Questions

# Introduction

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- CSHP Montana Meth Study
  - Sexual Behaviors
  - Sexual Aggression
  - Meth Use

# Introduction

- Female intravenous drug users (IDUs) face numerous adversities as a result of their status and experiences as a marginalized group, and have been recognized as a “hidden population” that can be difficult to reach in a research setting (Small, 2009; Ground et al., 1992)
- Large populations of women who inject drugs are in need of improved health services, including HIV prevention (Pinkham, S., Stoicescu, C., & Myers, B., 2012)
- Sexual violence from a partner has been recently suggested as a vulnerability factor for HIV infection in female IDU using populations (Varban, M., Dovbakh, A., & Maksymenko, K. 2010)

# Introduction

- Previous research has identified disparities in access to and healthcare utilization for IDUs living in Puerto Rico when compared to those living in the US (Mino et al., 2006; Robles et al., 2003; Deren et al., 2003a, 2003b).
- In Puerto Rico, IDU has been noted as the key factor in HIV transmission (The Kaiser Family Foundation, 2008), and more than half of all AIDS cases reported in the island have been attributed to IDU (Deren et al., 2003a; Puerto Rico Health Department, 2010).

# Introduction

- Researchers have previously been able to successfully collaborate with community-based drug outreach programs and methadone treatment centers (Lally, MacNevin, & Sergie, 2005; Lally et al., 2008; Spielberg, Kurth, Gorbach, & Goldblaum, 2001) to reach IDU populations
- Studies using a variety of inquiry methods are needed in order to better understand the lived experiences of female IDUs on the island and how these experiences may be different from those of other IDU populations (Deren et al., 2003)

# Gaps in the Literature

- Sexual and drug use behaviors among Puerto Rican female IDU
  - Interplay between high-risk sexual behaviors and substance abuse
  - Interplay between sexually violent experiences and substance use
  - Access to healthcare services and utilization
  - Sexual Health Beliefs & Information Seeking



# Research Questions

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- What drug use and sexual behaviors are most prevalent among female IDUs accessing services in Puerto Rico and what is the likelihood of these behaviors?
- What factors facilitate or impair female IDUs ability to successfully navigate the public healthcare system in Puerto Rico?

# Research Questions

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- What are female IDUs' experiences of sexual violence, and how do these experiences interrelate with their drug use, sexual behaviors and healthcare services utilization?
- How do female IDUs' views and beliefs about their own sexual health affect their ability to access sexual health information?

# Study Design

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- Mixed Methods Study
  - Embedded Concurrent Design
    - Phase One – Quantitative Survey
    - Phase Two – Qualitative Interview

# Transformative Approach

- The transformative theoretical perspective was developed to advocate for social change, address social injustices or give a voice to marginalized and/or underrepresented groups (Creswell & Plano Clark, 2011; Mertens, 2003; Kumar et al., 2000; Mertens, 2010)
- *“...supports the use of a cyclical model in which community members are brought into the research process from the beginning....until findings can be disseminated back to the community”* (Mertens, 2010)
- Previously used in mixed methods studies focused on
  - Hispanic/Latino Women (Cartwright, Schow & Herrera, 2006)
  - Survivors of Sexual Assault (Filipas & Ullman, 2011)
  - IDU Populations (Kumar et al., 2000; Singer et al., 2005)

# Phase One

- **Participants**
  - Active Female IDU (Past 12 Months)
  - 18+
  - Accessing Services from one of our recruitment venues
  - Choice between \$5 Cash or Gift Card Incentive
  - 100-175 Goal (90 total surveys completed)
- **Methods**
  - Fliers and Clinician Recruitment + Snowball Sampling
  - Interviewer administered survey at the clinic (25-30 minutes)
  - Received 3 Business Card Fliers at Completion

# Phase One

- Measures
  - Demographic
  - Drug Use
    - Drug Assessment Screening Tool (DAST-10)
  - HIV/STI Testing and Status
  - Healthcare Access
  - Incarceration History
  - Lifetime and Most Recent Sexual Behaviors
    - Adapted NSSHB measures
  - Sexually Violent Experiences
    - Sexual Experiences Survey – Short Form Victimization, (Koss, et al. 1982a, 1987b, 2007c)

**Interested in participating in a research study on drug use, sexual health and access to health services?**

**Have you received services from this clinic in the past 12 months?**

**If you are interested in participating and you are**

- Female**
- 18 years or older**
- Current Injection Drug User (Last 12 Months)**

**-Please contact a clinic staff member for more details.  
There is a cash incentive for participation in the study.**

**For more information, please ask an  
Iniciativa Comunitaria, Coalicion de  
Servicios de Salud a la Mujer VIH o Centro  
de Metadona Staff Member or email the  
researchers at Indiana University at:**

**[cshp@indiana.edu](mailto:cshp@indiana.edu)**

# Phase Two

- Participants

- Active Female (last 12 months)
- 18+
- Participated in Phase 1
- 35 Interviews
- \$10 Incentive
- Received Sexual Health Resources Guide at Completion

- Methods

- Recruitment immediately after Phase 1
- Structured Interview
  - Access to Healthcare Services
  - Sexual Health
- Interviewer administered (25-40 mins)



# Recruitment Venues

- Inicitiva Comunitaria de Investigacion
- Coalicion de Servicios de Mujer VIH (HIV Women's Health Coalition)
  - 15 Public & Private Health Agencies in the Island that provide services to HIV+ Women
- Methadone Treatment Centers in the Island

# Iniciativa Comunitaria de Investigación (ICI)



- Community Investigation Initiative
- Provider of prevention, outreach and medical services for underserved, homeless and drug-addicted communities in Puerto Rico
- Service Centers
  - Centro Para la Vida = Center for Life
  - **Compromiso de Vida I & II (7)** = Committed to Life
  - **Nuestra Casa (9)** = Our Home
  - **Punto Fijo (1)** = Fixed Point
  - Educational & Outreach Services

# Puerto Rico Methadone Clinics

Centros de Tratamiento Integral Asistido con Medicamentos (CTIAM)

- Operating since 1993 through ASSMCA (Administration of Mental Health Services and Against Addiction)
- Provide rehabilitation and methadone treatment services to 5,500 – 7,000 daily patients across the island
- Out of 44,000 estimated heroin users in Puerto Rico, only about 8% have access to treatment services

## Treatment Centers

- San Juan (45)
- Cayey (1)
- Caguas (6)
- Ponce (8)
- Bayamon (13)
- Aguadilla

# Puerto Rico Methadone Clinics

Centros de Tratamiento Integral Asistido con Medicamentos (CTIAM)



# Recruitment

- July 2013- February 2014
  - Initial Protocol Amended to Include
    - Recruitment - Coalicion de Servicios de Salud Mujer VIH (HIV Women's Health Coalition) – 15 Public & Private Health Agencies in PR
    - Recruitment - 6 Methadone Treatment Centers throughout the island
    - Inclusion of **Ilia Otero** as a non-affiliated investigator in Puerto Rico to assist in data collection in Phase 1(Completed 31 Surveys)

# Manuscript 1

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Sexual Behaviors, Experiences of Sexual  
Violence, and Substance Use among  
Female Intravenous Drug Users (IDUs)  
Accessing Health and Prevention Services  
in Puerto Rico

# Background

- Women entering substance abuse treatment to have a greater variety of psychological problems and higher degree of addiction severity when compared to men (Stein & Cyr, 1997; Grella, Joshi, & Anglin, 2003; Kang, Deren, & Colon, 2009)
- In a previous US study of HIV risk behaviors of IDU adults in Washington, DC, women were found to be more likely than men to have ever been emotionally or physically abused as well as to have been pressured or forced into sex (Magnus et al., 2013).

# Background

- Injection drug use and unprotected sexual behavior are the most common AIDS risk categories among Puerto Ricans both on the island and in the US mainland (Puerto Rico Health Department, 2010)
- Both male and female IDUs in Puerto Rico were more likely to engage in HIV-related risk behaviors and less likely to use risk-reduction programs such as methadone treatment or needle-exchange programs (Finlinson, 2006)



# Background

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- Currently little is known about Puerto Rican female IDUs drug use, sexual behaviors, and experiences of sexual violence
  - Prevalence
  - Event-Level Data

# Aims

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- Assess what range of drug use and sexual behaviors are most prevalent among female IDU accessing preventative health services in Puerto Rico
- Collect preliminary data on female IDU experiences of sexual violence as well as drug use and service utilization after such experiences

# Methods

- **Main Outcome Measures**
  - Demographic
  - Lifetime and Most Recent Sexual Behaviors
    - Transactional Sex
    - Adapted NSSHB measures (Pleasure, Pain, Lubrication)
  - Sexually Violent Experiences
    - Sexual Experiences Survey – Short Form Victimization, (Koss, et al. 1982a, 1987b, 2007c)
  - Drug Use
    - Substances Used (Past 30 Days, Past 12 Months)
    - Drug Assessment Screening Tool (DAST-10)
    - First & Last Injection

# Demographics

- N=90 women, average age 38 (23-63)
- **Area of Residence**
  - 89% Metropolitan Area
- **Education Level**
  - Majority (36%) High School, 22% Some College
- **Employment**
  - 96% Unemployed
- **Income**
  - 97% Less than \$1000 a month

# Demographics

- **Sexual Orientation** ( $p=0.029$ )
  - 69% Heterosexual
  - 26% Bisexual
  - 4% Lesbian
- **Relationship Status**
  - Majority (53%) Partnered, 39% Single/Never Married
- **Health Insurance**
  - 83% Public Health Insurance “La Reforma”
- **HIV Status**
  - 81% Negative
- **Housing**
  - 20% Currently Homeless

# Results

**Table 2. Lifetime Sexual Behaviors & Experiences of Transactional Sex (N=90)**

	Past 30 Days	Past 3 Months	Past 12 Months	More than 1 Year	Never
	n (%)	n (%)	n (%)	n (%)	n (%)
<b>Masturbation</b>	26 (28.9)	9 (10)	4 (4.4)	17 (18.9)	34 (37.8)
<b>Masturbation with a Partner</b>	29 (32.2)	11 (12.2)	12 (13.5)	14 (15.6)	24 (26.7)
<b>Genital Rubbing with a Partner</b>	41 (46.1)	8 (9.0)	9 (10.1)	18 (20.2)	13 (14.6)
<b>Received Oral Sex from a Woman</b>	6 (6.7)	6 (6.7)	3 (3.4)	26 (29.2)	48 (53.9)
<b>Received Oral Sex from a Man</b>	41 (46.1)	13 (14.6)	10 (11.2)	24 (27.0)	1 (1.1)
<b>Performed Oral Sex on a Man</b>	45 (51.1)	11 (12.5)	8 (9.1)	18 (20.5)	6 (6.8)
<b>Performed Oral Sex on a Woman</b>	8 (9.0)	4 (4.5)	3 (3.4)	19 (21.3)	55 (61.8)
<b>Penile-Vaginal Penetration</b>	51 (57.3)	6 (6.7)	11 (12.4)	17 (19.1)	4 (4.5)
<b>Penile-Anal Penetration</b>	15 (16.9)	4 (4.5)	9 (10.1)	27 (30.3)	34 (38.2)
<b>Performed Oral-Anal Sex on someone</b>	8 (9.0)	4 (4.5)	1 (1.1)	12 (13.5)	64 (71.9)
<b>Received Oral-Anal Sex from someone</b>	24 (27.0)	9 (10.1)	4 (4.5)	14 (15.7)	38 (42.7)

## Lifetime Experiences of Transactional Sex

	Lifetime n(%)	Never n(%)
<b>Was Paid for Sex with: (n=89)</b>		
Drugs	47 (52.8)	42 (47.2)
Money	60 (67.4)	29 (32.6)
Gifts	26 (29.2)	63 (70.8)
Housing/Shelter	22 (24.7)	67 (75.3)
<b>Paid Someone for Sex with: (n=89)</b>		
Drugs	4 (4.5)	85 (95.5)
Money	6 (6.7)	83 (93.2)
Gifts	2 (2.2)	87 (97.8)
Housing/Shelter	2 (2.2)	87 (97.8)

# Results

**Table 3. Most Recent Sexual Event by Sample Totals (N=90)**

Sample Characteristics	Total Sample (N=90)
	N (%)
<b>When was the most recent time you engaged in sexual activities with a partner? (p=0.007)</b>	
Within the last week	47 (52.8)
Within the last month	11 (12.4)
Between 1 month & 1 year	17 (19.1)
More than 1 year ago	14 (15.7)
<b>Which of the following activities occurred?</b>	
Performed Oral Sex	70 (78.7)
Received Oral Sex	65 (73.9)
Vaginal Sex (Penis, Fingers, Toys)	80 (89.9)
Anal Sex (Penis, Fingers, Toys)	23 (25.8)
<b>Where did this sexual experience take place?</b>	
My House	44 (49.4)
My Partner's House	28 (31.5)
Other (Car/Motel/In Public)	17 (19.1)
<b>Partner's Sex (p= 0.039)</b>	
Male Partner	84 (94.4)
Female Partner	2 (2.2)
<b>Relationship to most recent sexual partner? (p=0.023)</b>	
Boyfriend/Girlfriend	12 (13.3)
Husband/Wife/Partner	48 (53.3)
Someone I am dating	3 (3.4)
Someone who paid me for sex	13 (14.6)
Friend/Other	13 (15.4)

<b>Partner used medication to maintain erection</b>	
Yes	5 (6.0)
No	77 (91.7)
Unsure	2 (2.4)
<b>Participant was using drugs</b>	62 (69.7)
<b>Partner was using drugs</b>	43 (48.3)
<b>Contraceptive Method Used (p=0.057)</b>	
Yes (Condom)	24 (27.9)
Yes (Other)	3 (3.4)
No	59 (68.6)
<b>Lubricant Used</b>	39 (44.3)
<b>Participant Orgasm</b>	57 (64.8)
<b>Partner Orgasm (p=0.055)</b>	79 (89.8)
<b>Pain Level</b>	
Not Painful	64 (72.7)
Moderate	15 (17.0)
A Little Painful	4 (4.5)
Very	3 (3.4)
Extremely Painful	1 (1.1)

# Results

**Table 4. Experiences of Sexual Violence (N=90)**

	n(%)
<b>Forceful Unwanted Sexual Behaviors (n=90)</b>	
Sexual Touching	50 (55.5)
Oral Sex	30 (33.3)
Anal Sex	26 (28.8)
Penile-Vaginal Penetration	43 (47.7)
Vaginal Penetration by an object	7 (7.7)
<b>Forced by Dating Partner through: (n=22)</b>	
Continual Arguments & Pressure	8 (36.4)
Abuse of Authority Position	6 (27.3)
Being Under Drug Influence/Unconscious	3 (13.6)
Threats & Physical Violence	4 (19.0)
<b>Forced by Non-Dating Partner through (n=45)</b>	
Continual Arguments & Pressure	32 (71.1)
Abuse of Authority Position	11 (24.4)
Being Under Drug Influence/Unconscious	17 (37.8)
Threats & Physical Violence	35 (77.8)
<b>Attacker's Sex (n=53)</b>	
Male	50 (94.3)
Female	2 (3.8)
Both Male & Female	1 (1.9)
<b>Event Occurred Under Influence of Drugs (n=53)</b>	
Participant	29 (54.7)
Attacker	26 (50.0)
Unsure	15 (28.8)
<b>Genital Lacerations/Pain as result of attack (n=53)</b>	28 (53.8)
<b>Sought Help/Services after experience (n=53)</b>	28 (53.8)



# Results

**Table 5. DAST-10, IDU Onset & Current Status(N=90)**

	N (%)
<b>DAST-10<sup>1</sup> Scores</b>	
Low (1-2)	1 (1.1)
Intermediate (3-5)	9 (10.0)
Substantial (6-8)	48 (53.3)
Severe (9-10)	32 (35.5)
<b>Age First IDU (M/SD= 23.60/8.067)</b>	
13-15	13 (14.4)
16-20	26 (28.6)
21-25	18 (19.8)
26-30	16 (17.6)
31-35	10 (11.0)
36-40	2 (2.2)
41-49	5 (5.5)
<b>Substance Used First IDU</b>	
Cocaine	3 (3.33)
Heroin	38 (42.2)
'Speedball' (Heroin + Cocaine)	45 (50.0)
Other	4 (4.44)
<b>Time Since Last IDU</b>	
Hours	15 (16.6)
Days	15 (16.6)
Weeks	17 (18.8)
Months	43 (47.7)
<b>Substance Used Last IDU</b>	
Cocaine	6 (6.6)
Heroin	18 (20.0)
'Speedball' Heroin + Cocaine	62 (68.8)
Other	5(5.5)

**Table 6. Drug Use Frequency Past 30 Days (N=90)**

	Past 30 Days
<b>Substance</b>	n(%)
Alcohol	27 (30.0)
Nicotine	72 (80.0)
Antidepressants	23 (25.6)
Sedatives	49 (54.4)
Hallucinogens	-
Antipsychotics/Anticonvulsants	9 (10)
<b>Cannabinoids</b>	49 (53.8)
Inhalants	2 (2.2)
Dissociative Anesthetics	-
Ketamine 'Horse Anesthesia'	24 (26.7)
<b>PCP/Angel Dust</b>	-
Stimulants	3 (3.3)
Cocaine	54 (60.0)
Crack	37 (41.1)
Methamphetamines	2 (2.2)
Heroin	52 (57.8)
Methadone	71 (78.9)
Opium	3 (3.3)
Codeine	4 (4.4)
Morphine	8 (8.9)
Oxycodone	4 (4.4)
Vicodin	1 (1.1)
Buprenorphine	-

# Discussion

- Participants reported engaging in a variety of sexual behaviors in their lifetime and at their most recent sexual event
- Over  $\frac{1}{4}$  of the sample identified their sexual orientation as bisexual
- Majority reported that drug use had occurred, by them (69%), their partner (48%) or both, during their last sexual event

# Discussion

- More than half of the sample reported being paid with drugs (53%) or money (67%) in exchange for sex in their lifetime
- Female IDUs in Puerto Rico may view sex work as their only alternative for sustainability which may increase their level of risk to HIV (Pando et al., 2013), reduce the likelihood that they will use HIV testing and care services (King et al., 2013) and expose them to higher levels of stigma in their communities (Baral et al., 2012, Decker et al., 2012)

# Discussion

- The majority (56%) reported ever experiencing forceful unwanted sexual behaviors, with sexual touching (56%) and penile-vaginal penetration (48%) the most common unwanted sexual behaviors reported
  - Studies on US IDU populations in methadone treatment samples found (88%) reported physical and sexual IPV in their lifetime (El-Bassel et al., 2005)
- As with previous studies on Puerto Rican IDU populations (Colon et al., 2001; Finlinson et al., 2006), many participants reported commonly injecting themselves with a mix of different drugs, most commonly ‘speedball’

# Limitations

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- Self-reported data
- IDU Status – Past 12 Months
  - Various degrees of rehabilitation
- Not representative of all female IDU in Puerto Rico  
(Only 23/78 municipalities)
- Did not capture information on the total number of events or the dates in which sexually violent experiences occurred

# Conclusions

- Study helps underscore the diversity of sexual experiences and sexual needs of Puerto Rican female IDUs as well as help illustrate how those experiences are often mediated by drug use
- Findings provide much needed current behavioral information about the female IDU population in the island
- Prevention efforts and interventions targeted at female IDUs in Puerto Rico should include items related to preventing, identifying and managing violent situations while high or injecting drugs and how to seek help after such experiences

# Manuscript 2

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## Sexual Health, Healthcare Access & Utilization Among Puerto Rican Female Intravenous Drug Users (IDUs)

# Background

- There is a high prevalence of illnesses associated with IDU (Garfein, Vlahov, Galai, Doherty, & Nelson, 1996; Tempalski, Lieb, Cleland, Cooper, Brady & Friedman, 2009)
- Among this population preventative care and access remains low, including fewer outpatient medical visits (Heinzerling, Kral, Flynn et al., 2006; Chitwood, Sanchez, Comerford, & McCoy, 2001; French, McGeary, & Chitwood, 2000) and more emergency room utilization (McGeary & French, 2000)
- Puerto Rico has significantly fewer drug treatment and health services available for substance users in comparison to services available in the mainland US (Zerden et al., 2010; Mino et al., 2006; Robles et al., 2003)



# Background

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- There is a need to address the sexual needs of IDUs in Puerto Rico and the extent to which this population can successfully navigate healthcare and prevention **services** (Zerden, Lopez, & Lungdren, 2012)
- Recent studies have encouraged greater availability of sexual health information and the provision of comprehensive sexuality education in the island (Rodriguez-Diaz, 2013)

# Aims

- Acquire information on the experiences of female IDUs as they navigate the healthcare system including barriers and facilitators to accessing and utilizing health services and seeking sexual health information

# Methods

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- Structured Interview Guide
  - Introduction
  - Access to Healthcare Services
  - Sexual Health
- Coding was completed on all Spanish transcriptions and then independently verified by two native Spanish-speaking researchers.

# Demographics

- N=35 women, average age 39
- **Area of Residence**
  - 86% Metropolitan Area
- **Education Level**
  - 23% Middle School, 23% High School
- **Employment**
  - 100% Unemployed
- **Income**
  - 94% Less than \$1000 a month

# Demographics

- **Sexual Orientation**
  - 66% Heterosexual
  - 31% Bisexual
  - 3% Lesbian
- **Relationship Status**
  - Majority (54%) Partnered, 37% Single/Never Married
- **Health Insurance**
  - 83% Public Health Insurance “La Reforma”
- **HIV Status**
  - 80% Negative
- **Housing**
  - 31% Currently Homeless

# Results

**Table 1. Healthcare Access Characteristics of the Sample (N=35)**

<b>Primary Medical Service Provider</b>	<b>24 (68.6)</b>
<b>Received Healthcare Services (Past 12 Months)</b>	<b>16 (45.7)</b>
<b>OBGYN</b>	<b>13 (37.1)</b>
<b>Mental Health</b>	<b>11 (31.4)</b>
<b>Dental</b>	<b>9 (25.7)</b>
<b>Other</b>	<b>11 (31.4)</b>
<b>STI Test</b>	<b>27 (77.1)</b>
<b>HIV Test</b>	<b>27 (77.1)</b>
<b>Denied Services From a Healthcare Provider (Lifetime)</b>	<b>9 (25.7)</b>

# Results

**Table 2. Qualitative Interview Themes and Subthemes (N=35)**

Interview Themes	Subthemes
<b>Coexisting Identities</b>	Current Status (Drug Addict/Recovering Addict)
	Woman/Mother (Personal Aspirations and Goals)
<b>Barriers and Facilitators to Healthcare Access</b>	Insurance and Structural Barriers to Care
	Addiction and Drug Use as Barriers to Care
	Felt Stigma When Seeking Healthcare Services
	Facilitators to Care
	Past Experiences Seeking Health Services
	Alternatives to Treatment
<b>Sexual Health Awareness</b>	Sexual Education
	Attitudes Towards Sexuality
	Past Experiences Seeking Sexual Health Information
	Sexual Health and Drug Initiation

# Coexisting Identities

- Current Status

“Well, I enjoy helping people out a lot. I would like to study nursing but, because of my vice and all, well I still can’t. I want to get off [drugs] first and then be able to become a nurse, which is what I have always wanted and I have always, always, always loved... Right now, as a hobby, I can’t say that I do anything in particular to have fun...because...whenever someone is on drugs they don’t have a hobby...One only thinks about having fun and, well you know, the only thing you can think about is that [using drugs] and that and that, you understand?”(Andrea, 29, Caguas)



# Coexisting Identities

- Woman/Mother

“....You know... I know a time will come when I will get out of here [Rehabilitation Clinic] and make a new life for myself...but then I will really start to gather information and be more careful.....[I would like to] Stop being the can that everyone kicks around so that my daughters may say ‘she was but no longer is’[an addict]”  
(Coral, 36, Arecibo)

# Barriers and Facilitators to Healthcare Access

- Structural Barriers

“...when you don't have enough [money] for yourself you don't have enough for a deductible. And sometimes you are asked to pay the deductible and sometimes you are not, at the same doctor... Yes, I even have friends that have stopped seeing a doctor altogether for that same reason. They don't have enough to cover the deductible so they have opted for leaving treatment”.

(Sandra, 48, Bayamon)

# Barriers and Facilitators to Healthcare Access

- Addiction and Drug Use as Barriers

“I don’t even know how I would [seek treatment or health services] if I am currently using drugs. I mean, I have not been able to get help. As you can see now I am here [in a drug rehabilitation clinic] to see if I can finally abandon drugs completely. But...sometimes it’s hard for people to get it [treatment or health services]... sometimes you have to do things you don’t want to do.” (Veronica, 53, San Juan)

# Barriers and Facilitators to Healthcare Access

- Stigma

“Well...sometimes...Well...you know....they take care of you from a distance because they notice, the. That...that you are like on drugs and stuff. Well. And so...I almost never went to the hospital because I always had that fear .....that they wouldn't treat me the same so when I did go then...As I said...From a distance. “  
(Coral, 36, Arecibo)

“You know...you have to have a plan that you pay yourself in order to receive services, sometimes not even that. And when you are an addict, it is also less. It's less help that's given to you.” (Melissa, 29, Bayamon)

# Barriers and Facilitators to Healthcare Access

- Facilitators to Care

“Yes...well I am a cancer patient and as a cancer patient I have to go to him [the doctor] so I can get a referral to my oncologist. Every time I go he asks me how I am doing and how treatment is going, you know he [primary care provider]worries about me.” (Cynthia, 48, Mayaguez)

# Barriers and Facilitators to HealthCare Access

- Past Experiences Seeking Health Services
- Alternatives to Treatment

“Well I ended up having to move around here ‘underneath the table’ [unknown to others] and **sending my neighbor to her doctor so she could get the antibiotic prescription I needed so that she could give them to me so I could take them** but I had to move [make arrangements] so that she would get them in her name.”  
(Frances, 36, Caguas)

# Sexual Health Awareness

“Sexual health is taking care of yourself while you are having sex”  
(Veronica, 53, San Juan).

“Well for me, sexual health is about **maintaining hygiene in order to remain well-oriented on how to best maintain your intimate parts, if you have an infection you treat it, if you have an intimate problem you treat it...**well for me that is what sexual health is about.” (Jenny, 40, Rio Piedras)

# Sexual Health Awareness

- Sexual Education

“Nobody, nobody at all. That’s why everything that happened in my life happened because I never had anyone that I could go to and say ‘hey, I just got my period, what do I do?’ or ‘hey, I just became a woman for the first time, I had sex, what should I do?’ or ‘hey, you know?’... never. So I experimented everything through friends....” (Melissa, 29, Bayamon)



# Sexual Health Awareness

- Attitudes Towards Sexuality

“Relaxed....for me that is something normal, that is no science or taboo. For me that is something that, well, that needs to be talked about. Because if not, then you stay dumb, in a cloud and then after the problem comes of ‘how could this have happened to me?’, ‘how could I have avoided this?’ ....Searching for information....” (Frances, 36, Caguas)

# Sexual Health Awareness

- Past Experiences Accessing Sexual Health Information

“Recently I had relations with my husband...I had oral [oral sex] relations with him...and when he was about to come [ejaculate] I saw that his milk [semen] was, like yellow and I went to him [primary care physician] to ask him what that [yellowish color] could be a result of...you understand...**I was scared you know and he [primary care physician] oriented me.**” (Martha, 36, Arecibo)

# Sexual Health Awareness

- Sexual Health and Drug Initiation

“Well that I started smoking marihuana with them [friends], cigarettes, then a little snort of coke, then it was ‘hey try this that gets you down and fixes you so that you can have sex and ‘excuse my language... ‘you don’t come fast’...and that was the drug [heroin] that you snort because the effect is quicker.”(Andrea, 29, Caguas)

# Discussion

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- Female IDUs face numerous structural, social and internal barriers to accessing health services in Puerto Rico, yet many feel empowered to overcome those barriers, particularly when it comes to their own sexual health needs
- Women's views of themselves as addicts, and the social stigma they may feel as a result, may be a factor in so many participant accounts of unsuccessful rehabilitation (Baral et al., 2012)
- Most participants in this study expressed a high level of comfort when discussing sexuality related topics and expressed positive view of the role and importance of sexual health in their lives

# Discussion

- A need exists for educational outreach services and research that incorporates educational components leading to greater sexual health awareness and comfort for female IDUs
- Given their high previous levels of risk and experience within the population, one approach could be that these recovering women may serve as peer educators (Gollub, E.L., 2013) and help promote sexual health, safety and empowerment among female IDUs through the sharing of their own personal experiences

# Limitations

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- Self-reported data
- IDU Status – Past 12 Months
  - Various degrees of rehabilitation
- Not representative of all female IDU in Puerto Rico
- Response Bias

# Conclusions

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- Female IDUs in Puerto Rico face numerous complex challenges when accessing healthcare services and seeking sexual health information
- Results from this study illustrate the importance of sexual health to the lives of female IDUs and how drug use and rehabilitation can mediate their understanding and experiences of sexuality
- Findings provide those working with this population with a broader understanding of the issues they face when accessing health services and seeking sexual health information

# Future Directions for this Study

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- Further Analysis
  - Multivariate Analysis
  - Incarceration Data
- Present Results to Community Partners in Puerto Rico
- Publication
  - Target Journals: Puerto Rico Health Sciences Journal, Substance Use & Misuse, Sexual Health



# Lessons Learned

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- Funding Sources
- Pilot Testing
- Familiarity with Study Sites/Subjects

# Research Trajectory

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- Future Research
  - IDU
    - Bisexuals
    - Lesbians
    - Trans
    - Older Adults
- Puerto Rico
  - Drug Use and Sexual Behaviors
- Meth

# Faculty Life at JMU

- Teaching
  - Costa Rica Study Abroad Program (May 2015)
  - Developing LGBT Health Course
- Service
  - Student Climate Survey (LGBT Faculty & Staff)
  - Promotores de Salud
  - Valley Scholars
  - Honor Student Mentoring

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