

Understanding HIV Risk Behaviors among Youth from the Middle East and North Africa (MENA): A Scoping Review

R. Kteily-Hawa^{1,2}, AC Hawa³, D Gogolishvili², M AlAkel⁴, N Andruszkiewicz², H Vijayanathan⁴, M Loufty^{5,6}

¹Family Studies and Human Development Department, School of Behavioral and Social Sciences, Brescia University College at Western University, Ontario, Canada; ²Ontario HIV Treatment Network; ³School of Medicine, Faculty of Health Sciences, Queen's University, Ontario, Canada; ⁴Alliance for South Asian AIDS Prevention; ⁵Women's College Research Institute, ⁶Women's College Hospital, ⁷Faculty of Medicine, University of Toronto.

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BACKGROUND & OBJECTIVES

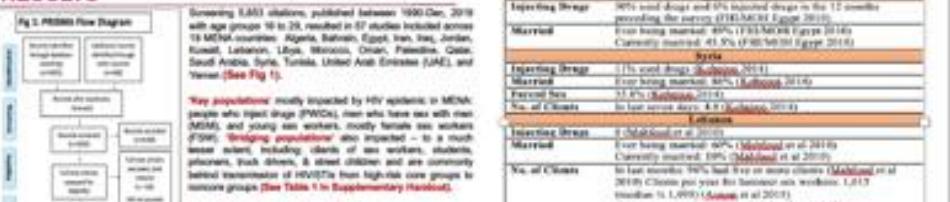
- Young people and adolescents are disproportionately impacted by the HIV epidemic globally, with 1.8 million people between 10 and 19 years of age living with HIV and 196,000 are newly infected (Global & Regional Trends, 2019).
- The Middle East and North Africa region (MENA) is home to 80 million youth and its young adult population make up 10% of the world's population (Orhangazi, et al., 2016; UNICEF, 2019).
- Despite having the lowest prevalence in the world (less than 0.1%), MENA is witnessing a rise in HIV infections which have increased by 21% since 2001 - highest documented increase among all regions in the world (UNAIDS, 2014).
- No past reviews have synthesized information on risk behaviors of young people specifically.

Study Objectives: This scoping review seeks to establish epidemiological risk factors and underlying risk contexts for youth residing in or originating from the MENA region.

METHODS

- Scoping review is part of the Youth Sexual Health and HIV/STI Prevention in Middle Eastern and North African Communities in Ontario (YSMENA Study).
- Guided by the scoping review methodological framework developed by Arsey & O'Malley (2006), with developed protocol adapted to the Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols (PRISMA-P) (Tricco, et al., 2016).

RESULTS



- Key populations:** mostly impacted by HIV epidemic in MENA; people who inject drugs (PWIDs), men who have sex with men (MSM), and young sex workers, mostly female sex workers (FSWs). **Bridging populations:** also impacted – to a much lesser extent, including parents of sex workers, students, teachers, health care providers, and men who have sex with men. There is limited information of HIV/STIs from high-risk core groups to men's groups (See Table 1 in Supplementary Materials).

I. Youth who Inject Drugs (PWID)

- HIV has already established itself among a number of PWID populations in MENA.
- Levels of risky behavior, such as use of non sterile injecting equipment, inconsistent condom use and selling drugs have been highlighted, confirming potential for further HIV spread among PWIDs.

B. Men who Have Sex with Men (MSM)

- Risky Behavior:** Young MSM engage in risky behaviors including condomless sex, multiple and simultaneous partnerships, HIV testing, and various substances and sampled MSM with female partners. Most MSM report having multiple partners through sexual and nonsexual relationships. **Overlapping Risk:** concurrent drug & alcohol use before and during sex, transactional sex (See Table 2).

Table 1. Risky Behaviors Among Men Who Have Sex with Men (MSM) in MENA Region

Risky Behaviors Among MSM		
Access to HIV testing	Number of sexual partners	Percentage of injection
Followers		
10.6% (Wagner, et al. 2018)	Never had sex with another person	0%
46.1% (Hawwa, et al. 2017)	Ever had sex with another person	22% (Wagner, et al. 2018)
In the past year: 71% (Hawwa, et al. 2017)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
10.6% (Wagner, et al. 2018)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
22% (Orhangazi, et al. 2016)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
Ever tested: 41.7% (Khalil, et al. 2019)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
Tested in the last one month: 50.0%	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
In the past year: 10% (Wagner, et al. 2018)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
Engaged		
Very few young people engage HIV testing, due to fear of being stigmatized, a past sexual assault and emotional abuse (Orhangazi, Orhangazi, et al. 2014)	The result: 1.5 among 44.2% of younger persons and among 44.6% of older ones (El-Hayek, et al. 2008)	2.1% (n=14) in Abu Dhabi, Dubai, Sharjah, Ajman, Umm Al Quwain, Ras Al Khaimah (Figure 2018)
In the past year: 41.6%	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
10% (El-Hayek, et al. 2008)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)
11.5% (El-Hayek, et al. 2008)	Ever had sex with another person	37.5% (Hawwa, et al. 2017)

RESULTS CONTINUED

- II. Young Sex Workers/ Female Sex Workers (FSW)**
 - Risky Behavior:** reported sex acts on alarming risk practices. Typically opted not to use condoms with non-client sex partners, to differentiate sex for work versus pleasure.
 - HIV Testing:** varied significantly. FSWs tested privately as part of mandatory requirement (some work permit and residence).
 - Overlapping Risk:** reporting drug use and ever injecting drugs, results varied widely according to country (See Table 2).

Table 2. Risky Behaviors Among Sex Workers in MENA Region

Risky Behaviors Among Sex Workers		
	Female	Male
Injecting Drugs	A total of 71.0% reported a history of ever drug use. Of those, 63.7% were active drug users (Sopko, et al. 2013); 60% used drugs and 2.3% used them intravenously (Tobacco, et al. 2009).	
Married	Ever having married: 33.1% (Sopko, et al. 2013); Currently married: 14.4% (Sopko, et al. 2013); In low service areas: 3.1% (Goldschmidt, et al. 2013).	
No of Clients	Additional services: 36.7% (Sopko, et al. 2013).	
Injecting Drugs	Ever used drugs (Sopko, et al. 2013);	
Married	Ever having married: 49% (El-Hayek, et al. 2018); Currently married: 41.3% (El-Hayek, et al. 2018).	
Female Sex		
Injecting Drugs	11% used drugs (Sopko, et al. 2013);	
Married	Ever having married: 46% (El-Hayek, et al. 2018); Currently married: 33.3% (El-Hayek, et al. 2018).	
No of Clients	In low service areas: 4.1% (Goldschmidt, et al. 2013).	
Injecting Drugs	Ever injected drugs (Goldschmidt, et al. 2013);	
Married	Ever having married: 60% (Goldschmidt, et al. 2013); Currently married: 59% (Goldschmidt, et al. 2013).	
No of Clients	No low service areas: 10% (Goldschmidt, et al. 2013); Client per year per sex worker: 1.01±1.7 median: 1.4 (Goldschmidt, et al. 2013); Client per year per sex worker: 1.1±1.3 (Goldschmidt, et al. 2013).	
Additional Services	Female sex workers from the business sector are more likely to earn more income than those who work in their early career (Goldschmidt, et al. 2013); clients had higher income than those who worked in the early career (Goldschmidt, et al. 2013); female sex workers from the business sector are more likely to earn more income than those who worked in the early career (Goldschmidt, et al. 2013).	
Male		
Injecting Drugs	2.4% (Valderrama, et al. 2012);	
Female Sex	18.7% (Valderrama, et al. 2012);	
Injecting Drugs	The rate increased from 1.1% in year prior to drug use initiation to 34.3% in year 10 (Valderrama, et al. 2012).	
Married	Ever having married: 41.3% (Mansour, et al. 2013); Currently married: 29.3% (Mansour, et al. 2013).	
No of Clients	No low service areas: 3.3 (Goldschmidt, et al. 2013).	

IV. Students, General Population & Others

- University Students:**
 - Included other high-risk populations: prisoners, street children, truck drivers, tourist workers, transgender women, sex workers and people of the general public.
 - More students more likely to engage in risky behavior than female counterparts.
 - Limited understanding of HIV, especially around modes of transmission and high-risk behavior.
 - Street children who have sex, most never used a condom at all and most had multiple sex partners.

CONCLUSIONS

- PWID:** Availability, access and increasing awareness towards harm reduction services are crucial in addressing the high-risk context affecting this key population.
- MSM:** low condom use is very common in this key population. One of the hardest groups to reach due to homophobia and severe stigmatization they are usually subjected.
- Sex workers:** not yet well studied and are hard to reach due to the legal status of their profession and high levels of stigma in MENA.
- University Students & other bridging populations:** Multi-sex partners, unsafe sex, drug use, alcohol consumption and practicing risky behaviors. Low use of condoms among youth-bridging populations due to peer pressure and inhibition to discuss sex.

Limitations: difficulty in generalizing findings due to heterogeneity in risk behaviors and risk contexts. Lack of homogeneity in studies conducted in MENA, often due to limited funding resources, makes it especially hard to locate studies entirely focused on youth. Survey of behavioral surveys conducted in the region presents a challenge to track long term trends.



Roula Hawa

Assistant Professor, Brescia University College at Western University, Family Studies and Human Development

Roula is speaking at

416-126 FH: Understanding HIV Risk Behaviors Among Youth From the Middle East and North Africa (MENA): A Scoping Review

Orientation: Primarily research oriented | Type: Poster | Section: Families and Health

November 13, 2020

4:00 pm - 5:00 pm

Speaker

- Roula Hawa (Speaker) Assistant Professor, Brescia University College at Western University, Family Studies and Human Development

Description

Poster Session 5: Mental, Physical, and Sexual Health

Presenters: Roula Kteily-Hawa, Aceel Hawa, David Gogolishvili, Mohammad Al Akel, Nicole Andruszkiewicz, Haran Vijayanathan, Mona Loufty

Summary

Middle East and North Africa Region (MENA) has witnessed an alarming increase in HIV infections, the highest documented increase among all regions in the world. This scoping review fills a gap in the literature and seeks to establish epidemiological risk factors and underlying risk behaviors for youth residing in or originating from the MENA region. Preliminary results demonstrate that young men who have sex with men (MSM) engage in risky behaviors including condomless sex, multiple sexual partnerships, transactional sex and concurrent drug use. Youth who inject drugs have a significantly higher probability of having multiple HIV risks compared to their older counterparts. Sociocultural shifts in the region have reshaped risk contexts. Findings will address existing gaps and inform interventions involving MENA youth in North America.

Objectives

- To conduct a scoping review of the literature involving HIV risk behaviors of youth (ages 16-29) from the Middle East and North Africa (MENA) region and identify gaps in current research evidence.
- To establish epidemiological risk factors and underlying risk behaviors for youth residing in or originating from the MENA region.
- To shed light on existing gaps in the literature by providing evidence to inform the development of interventions targeting MENA youth in North America.

Subject Codes: public health, biobehavioral processes, sexuality

Population Codes: substance use/abuse, emerging/young adulthood, gay

Method and Approach Codes: systematic literature review, prevention, multicultural

<https://youtu.be/2j99nAZTuys>