



Original article

Partner Relationships and Injection Sharing Practices among Rural Appalachian Women

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A B S T R A C T

Background: The role of relationships in initiating and maintaining women's risk behaviors has been established. However, understanding factors that may underlie partner relationships and women's risky drug use, particularly in rural contexts, is limited. This study is the first to examine the association between injecting partners and women's risky injection practices as a function of relationship power perception.

Methods: Female participants were recruited from three rural jails in the Appalachian region. Women were selected randomly, provided informed consent, and screened for study eligibility criteria. This cross-sectional analysis focuses on women who inject drugs during the year before entering jail ($n = 199$).

Main Findings: Approximately three-quarters (76%) reported having a recent main male sexual partner with a history of injection drug use. Although having a risky partner independently increased the likelihood of women reporting shared injection practices, perceptions of relationship power significantly moderated the effect on shared needle (adjusted odds ratio, 0.02; 95% CI, 0.003–0.23; $p = .001$) and shared works (adjusted odds ratio, 0.17; 95% CI, 0.03–0.95; $p = .04$) use.

Conclusions: This interaction indicated that, for women who inject drugs with a recent injecting male partner, greater perception of relationship power was associated with a decreased likelihood of shared injection practices. Implications for clinical assessment and intervention are discussed.

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The transmission of infectious diseases among women, particularly human immunodeficiency virus (HIV) and hepatitis C virus (HCV), has been consistently attributed to injection drug use (IDU) and risky sexual activity (e.g., Kuo et al., 2014; Oser et al., 2006; Staton-Tindall et al., 2007). Although women account for only about one-quarter of HIV diagnoses nationwide, 86% of HIV cases among women are attributed to

heterosexual contact (Centers for Disease Control and Prevention, 2017), suggesting unique risks for women in the context of intimate relationships. Considering the significance of these health issues for women, research is needed on factors which underlie routes of disease transmission among women in underserved areas such as rural Appalachia. Limited studies have suggested that women living in rural Appalachia may face unique vulnerabilities for disease transmission associated with drug use (Staton-Tindall et al., 2015). The Appalachian region has experienced an increase in prescription opioid use (Keyes, Cerda, Brady, Havens, & Galea, 2014), IDU (Staton-Tindall et al., 2015), rates of overdose (Rudd, Aleshire, Zibbell, & Gladden, 2016), and HCV (Zibbell et al., 2015). Thus, research with rural women drug users in Appalachia is critically important, yet challenging owing to geographic isolation and lack of trust of outsiders.

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In general, women's initiation, maintenance, and relapse to drug use have been theoretically associated with their relationships (Finkelstein & Piedade, 1993; Minieri et al., 2014; Staton-Tindall, et al., 2007). The relational model is a gender-specific framework that suggests women's relationship "disconnections" can lead to isolation and anxiety, which has been associated with problem behaviors like drug use (Covington & Surrey, 1997; Staton-Tindall, et al., 2007). The role of relationships in drug-using behavior begins at a young age among women raised in families where use and abuse of illicit substances is prevalent (Hedges, 2012). In these families, substance-using behaviors are normalized, drug use initiation is common, and use is often a marker of transition to adulthood (Hedges, 2012). This pattern is further demonstrated through social networks, where the number of other substance users in a woman's network can predict the severity of her substance use (Tracy et al., 2016). Considering the close-knit networks that characterize the cultural uniqueness of rural Appalachia (Jones, 2010), associations of relationships and drug use among women is an important area of study.

Although relationships in general influence women's substance use, the intimate partner relationship is a robust predictor (e.g., Staton-Tindall, et al., 2007). Specific to the initiation of drug injection, women can be motivated by either the desire to form a connection with a partner or to maintain an existing relationship that they feared "losing" to drug use (Mayock, Cronly, & Clatts, 2015). The perception of shared intimacy in these types of relationships can lead to other high-risk behaviors, including sharing injection equipment (Bryant, Brener, Hull, & Treloar, 2010). Similarly, condom use with main sexual partners is often perceived as signaling a lack of trust, and a woman's thinking about her risk may be compromised by her desire to be in a trusted, committed relationship (Staton-Tindall et al., 2007). In this sense, the perception of a committed relationship with a partner who engages in risk behaviors could increase a woman's vulnerability to also engage in such behaviors.

The association between relationships and substance use has also been observed among rural women. Young, Larian, and Havens (2014) found that female drug users in Appalachia were significantly more likely to report "social pressure" as motivation for initiating IDU and to have received drugs for their initial injection "as a gift," whereas men were more likely to have purchased their own drugs. This study also reported that women were more likely to initially inject in a partner's presence, to have engaged in sexual intercourse either before or after injection, and to report that their partner injected them (whereas men were more likely to be injected by a friend; Young et al., 2014).

These findings are also consistent for rural women in the broader international literature. Although international research specifically related to women's drug use in rural areas is limited, intimate partnerships have been shown to influence other risk behaviors among rural women, such as inconsistent condom use (Shai, Jewkes, Levin, Dunkle, & Nduna, 2010), insufficient adherence to antiretroviral therapies to treat HIV (Skovdal, Campbell, Nyamukapa, & Gregson, 2011), and lack of understanding of HIV/AIDS prevention and transmission, particularly among women with low relationship power or high dependence on male partners (Burgoyne & Drummond, 2008). These findings also support the notion that rural women may be uniquely susceptible to disease transmission owing to IDU practices in the context of risky intimate partner relationships.

Consistent findings related to the role of intimate partners in women's drug use raise questions about factors that may

influence a woman's choice to engage in high-risk behaviors in the context of relationships. One of these factors may be the perception of relationship power. Relationship power has been studied as a conceptual framework for gender-based power imbalances that suggest men make most decisions about sex (Connell, 1987; Pulerwitz, Amaro, DeJong, Gortmaker, & Rudd, 2002). Relationship power has also been examined as interpersonal dynamics in decision making dominance regarding sex (Emerson, 1976). These factors were incorporated in the Sexual Relationship Power Scale (SRPS), which assesses how perceptions of gender-based inequality can be experienced in relationships (Pulerwitz, Gortmaker, & DeJong, 2000).

It has been suggested that women with low perceptions of relationship power are more likely to engage in sexual risk behavior (e.g., Berenson et al., 2015; Campbell et al., 2009). Specifically, among women, higher scores on relationship power subscales including decision-making dominance (DMD; Campbell et al., 2009) and relationship control (Knudsen et al., 2008) have been associated with lower sexual risk, including condom use. However, research is limited on the potential influence of relationship power on other risk behaviors among women, such as drug injection practices, which are uniquely associated with disease transmission. Similar to insistence on condom use, refusal to share injection equipment may be interpreted as a sign of mistrust, which may be offset by desires to maintain the relationship. Some women also perceive that they lack control in drug procurement, preparation, and injection, which may contribute to a sense of limited power in an intimate partner relationship (Bryant et al., 2010; Wagner, Bloom, Hathazi, Sanders, & Lankenau, 2013).

The role of relationships in initiating and maintaining women's risk behaviors has been established (e.g., Covington, 1998; Staton-Tindall et al., 2007). However, understanding factors that may underlie partner relationships and women's drug use, particularly in rural contexts, is limited. The Appalachian culture is characterized by a unique sense of "home" and strong relational bonds with kinship and peer networks (Jones, 2010) and rural women may be uniquely affected by perceptions of relationship power owing to traditional gender roles (Carter & Borch, 2005; Miewald & McCann, 2004; Powers et al., 2003).

The current study contributes to the literature by examining relationship power as a moderator of the association between relationships with injecting partners and engagement in drug injection practices that increase the risk for HIV and HCV among women who inject drugs (WWID). This study addresses the following research questions: 1) To what extent does relationship power vary among WWID as a function of having an injecting partner? and 2) Does the perception of relationship power moderate the association between injecting partner status and women's injection practices? Addressing these questions has important implications for women's health and the development of targeted interventions.

Material and Methods

Participants

Female participants ($N = 400$) were recruited from three rural jails in the Appalachian region of one southern state. The Appalachian Region is a 205,000-square-mile region that extends from southern New York to northern Mississippi along the spine of the Appalachian Mountains (Appalachian Regional Commission, 2017). Women who resided in an Appalachian

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