

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
and TEXAS A&M UNIVERSITY

*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly.

Vol. 5, No. 3, March 3, 2001

Economic and social inequities promote STD transmission in rural African Americans

Despite declines in STD rates African Americans remain disproportionately represented among reported cases of HIV and other STDs. Reasons for remarkable increased rates of HIV/STD among African Americans in the rural South-eastern United States remains unclear. Most previous studies have focused on risk factors and behaviors of individuals.

This study examined the potential influence of social and economic factors on the behaviors that promote the transmission of STDs.

Methodology

Participants were drawn from five rural eastern North Carolina counties with high STD rates. Professional focus group leaders conducted 12 focus groups for African Americans between the ages of 18 and 59 years from August 1996 to October 1996. Discussions were conducted in sites commonly frequented by participants. Discussion included participants' descriptions of their communities, personal goals and aspirations, perceptions of the church's role in their communities, sources of recre-

ation, and initiation and evolution of relationships between men and women.

Outcomes of the Study

All participants (N=93) were African American. Nearly all had lived in the region their entire lives. Forty-five percent reported an annual household income of less than half of the state's median (\$37,586), and 26% had not completed high school.

Major findings include:

- Respondents unanimously agreed that their communities lacked employment and economic opportunities.
- Most described race relations as poor. Even though blacks and whites mingled some at work and school, their social worlds remain separate.
- Respondents of all ages universally reported a scarcity of recreational outlets and cultural activities in their community, which many said increased substance abuse.
- The church provides psychological support and help with problems.
- Respondents perceived a dramatic disparity in the ratio of available African American

men to women because of attrition of men from death, drug addiction, and incarceration.

- Sexual relationships within marriage are usually exclusive, but among unmarried couples concurrent sexual partnerships are common. Many agreed that this is common among men.

Implications for Prevention

Contextual features including racism, discrimination, limited employment opportunity, and resultant economic and social inequity may have contributed to sexual patterns that promote transmission of STDs in this rural sample. HIV prevention efforts must address these contextual factors simultaneously with individual interventions. Advances in AIDS prevention may require a paradigm shift toward interventions addressing broader social issues that influence sexual behavior.

SOURCE: Adimor, A. A., et al. (2001). Social context of sexual relationships among rural African Americans. *Sexually Transmitted Diseases*, 28, 69-76.

Prenatal HIV testing and counseling not standard in rural state

Zidovudine has been so effective in reducing perinatal HIV transmission that the Institute of Medicine has called for a national policy of universal prenatal HIV testing.

This study examined the prenatal HIV counseling and testing practices in a low seroprevalence state. Responses from a 1998 population-based survey of Kentucky prenatal care providers were compared with findings from patients.

Sixty-two percent of clinicians said they routinely counsel prenatal patients with risk factors, but only 46% counsel those with risk factors. The proportions routinely offering HIV testing to patients with and without risk factors were 94% and 84%, respectively. Prenatal patients identified "fear of positive test result" as the major barrier.

The study concludes that achieving universal prenatal HIV testing will require new strategies.

SOURCE: McKinney, M. M., et al. (2001). Prenatal HIV prevention practices in a low seroprevalence state. *AIDS Education and Prevention*, 12, 252-262.

Women more able to influence use of female condom

This study examined use of the female condom after 1 year of marketing in Lusaka. Exit interviews were done among male and female customers visiting outlets that sell female condoms.

Female condom use was twice as high in nonmarital, in contrast to marital relationships. Male condom use was five to eight times higher in nonmarital relationships compare to those married. In marital and regular relationships, use of female and male condoms increased with socioeconomic status. In casual relationships, use of the male condom increased with SES, but use of female condom was higher with lower SES. Men reported higher male condom use than women, but there were no differences in female condom use.

The largest contribution to female condom use may be within marital relationships and among low SES men and women who engage in casual sex. Women were able to exert greater control over female condom use than male condom use.

SOURCE: Agha, S. (2001). Patterns of use of the female condom after one year of mass marketing. *AIDS Education and Prevention*, 13, 55-56.

Persistent or recurrent infection common for women with chlamydia

Young women attending health clinics in five US cities were recruited. Persistent or recurrent chlamydial infection was detected by LCR testing of urine 1 month and 4 months after treatment. Overall, 13.4% of women had persistent infection or became reinfected after a median of 4.3 months, a rate of 33 infections per 1000 person months.

SOURCE: Whittington, W. H., et al. (2001). Determinants of persistent and recurrent *Chlamydia trachomatis* infection in young women. *Sexually Transmitted Diseases*, 28, 117-123.

HIV+ teens have high rate of hepatitis B

Of 94 subjects, ages 12 to 20, infected with HIV through sex, 19% were HBV-infected. The HBV infection rate for females was two times higher than the general population; for males, it was seven times higher.

SOURCE: Rogers, A. S., et al. (2001). Serologic examination of hepatitis B infection and immunization in HIV-positive youth and associated risks. *AIDS Patient Care and STDs*, 14, 651-657.

m

RAP Time is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, Purdue University and Texas A&M University. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

Senior Director

William L. Yarber, H.S.D.
Indiana University, Bloomington

Co-Directors

James G. Anderson, Ph.D.

Purdue University, West Lafayette

Janet N. Arno, M.D.

IU School of Medicine, Indianapolis

Robert J. Buchanan Ph.D.

Texas A&M University, College Station

Stephen R. Byrn, Ph.D.

Purdue University, West Lafayette

Mohammad R. Torabi, Ph.D.

Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-1718
(800) 566-8644
FAX line: (812) 855-3717
aids@indiana.edu
<http://www.indiana.edu/~aids>