

# 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.

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## HIV-positive rural patients have complex needs for social services and health care

Although deaths from AIDS has decreased, the prevalence of persons living with HIV has increased. Hence, persons with HIV will be receiving care over an increasing number of years. HIV is increasingly impacting rural communities. Understanding patient characteristics and provider systems will help eliminate barriers to quality care.

This study assessed the demographic and behavioral characteristics, care-seeking behavior, and barriers to health care and social services for patients infected with HIV in the predominantly rural Southeast.

### Methodology

Four academic medical center infectious disease clinics in North Carolina and one clinic each in South Carolina, Alabama and Florida were selected. During the summer of 1997, consecutive patients who were HIV-positive and Medicaid-eligible attended the clinics were asked to participate in a periodic telephone survey and have their medical records examined annually for four years.

The North Carolina study included abstractions (N=679),

patient surveys (N=487) and care providers (N=101). Results were compared with samples from Alabama and South Carolina.

### Outcomes of the Study

Sixty-five percent reported being black, one-fourth did not graduate from high school, and about three-fourths did not work for money. Women comprised 38% of the respondents. More than one-half had clinical AIDS.

Major findings include:

- Nearly one-half reported multiple living situations, with less than one-fifth living with a spouse or partner.
- More than one-fourth reported using illegal drugs during past 6 months, and 9% reported difficulty with the law.
- About 17% had no health insurance. Over 90% reported having a physician in charge of their overall health care and about two-thirds reported having a case manager.
- About 11% and 10% reported being turned away by a physician and dentist, respectively, because of their HIV status.
- More than one-third reported needing help for prescription medications.

- Close to one-fifth had difficulty arranging transportation for their HIV-related care during the past year.
- More than two-thirds did not know where to receive services or resources for persons with HIV.
- North Carolina findings did not differ from those in Alabama and South Carolina.

### Implications for Prevention

Respondents were highly mobile, often had mental and substance abuse treatment needs, had low income, often had to support children, and had transportation difficulties. Many faced barriers to health care. The increasing number of rural persons living with HIV has resulted in long-term issues that can only be solved by the creation of health care and service models which are unique to rural communities.

SOURCE: Whetten-Goldstein, K., et al. (2001). Characteristics of individuals infected with the human immunodeficiency virus and provider interaction in the predominately rural Southeast. *Southern Medical Journal*, 94, 212-222.

## High-risk teens complacent about STD/HIV risk

Several behavior change theories posit that perceived threat of HIV infection contributes to motivation to adopt protective behavior. This study assessed levels and correlates of worry about STD/HIV among a high-risk sample of black adolescent females (n=522) enrolled in a HIV/STD prevention trial.

Despite ample evidence of adolescents' high-risk behavior, including laboratory-confirmed STDs, levels of STD and HIV worry were low. Recent history of STD infection was associated with STD worry and HIV worry. Infrequent communication about sex and low perceived ability to negotiate condom use were related to STD worry; whereas, only partner-specific barriers were related to HIV worry.

Interventions designed to promote safer sex among female adolescents may benefit from using adolescents' worry about STD to motivate protective behavior against STD/HIV.

SOURCE: Crosby, R., et al. (2001). Psychological correlates of adolescents' worry about STD versus HIV infection. *Sexually Transmitted Diseases*, 28, 208-213.

## HIV-1 viral load and genital ulceration related to transmission

This study examined the probability and selected related factors of HIV transmission during penile-vaginal intercourse. The sample included 174 monogamous couples with HIV-1-positive partner in the rural district of Rakai, Uganda.

In 97 couples in which the male partner was HIV-1-positive, 17 (17.5%) transmitted the virus to their wives. In 77 couples in which the female was HIV-1-positive, 21 (27.3%) transmitted the virus to their husbands. Couples reported a mean of eight coital episodes a month. The probability of transmission per coital episode from positive women to their negative partners was 0.0013, compared with transmission probability of 0.0009 per episode from positive men to negative women.

Probability of transmission increased significantly with viral higher load. Younger age and genital ulceration also were related to increased probability of transmission per coital episode.

SOURCE: Gray, R. H., et al. (2001). Probability of HIV-1 transmission per coital act in monogamous heterosexual, HIV-1 discordant couples in Rakai, Uganda. *Lancet*, 357, 1149-1153.

## Small proportion of surveyed adults at risk for HIV infection

Data from a national survey of 23 states and Puerto Rico indicates that 11% of adults, 18-49 years old, responding had multiple sex partners and 4.2% reported other high-risk sexual behaviors. Of those with multiple partners, 65% reported condom use during last coitus. About 4% were at some risk of acquiring or transmitting HIV sexually or through drug use.

SOURCE: CDC. (2001). Prevalence of risk behaviors for HIV infection among adults -- United States, 1997. *MMWR*, 50, 262-265.

## STD worry reason for teen pregnancy drop

A national study found that worry about STDs including HIV was the most important reason given why teen pregnancy rate has decreased. About 33% of parents and 38% of teens selected this reason.

SOURCE: The National Campaign to Prevent Teen Pregnancy. (2001). Halfway there: A prescription for continuing progress in preventing teen pregnancy. (available: [www.teenpregnancy.org](http://www.teenpregnancy.org))

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**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](mailto:aids@indiana.edu)  
<http://www.indiana.edu/~aids>