

### One-third of HIV+ adults reported risky sexual behavior

The increased life span of persons with HIV/AIDS provides an increased window for sexual behavior and possible transmission of HIV. This study examined the factors associated with high-risk sex in a sample of 360 HIV+ adults recruited from out-patient medical care facilities.

Thirty-four percent reported at least one occasion of unprotected vaginal or anal intercourse in the past six months. Lower income, a higher number of sex partners, negative condom attitudes, lack of risk avoidance strategies, and recreational and injecting drug use prior to sex were related to high-risk sex. Most did not inform their casual sex partners of their HIV+ status. No relationship was found between low self-esteem, depression or anxiety, or the use of alcohol and unprotected sex.

Social, economic, political and cultural factors should be considered in designing intervention programs.

SOURCE: Reilly, T., & Woo, G. (2001). Predictors of high-risk sexual behavior among people living with HIV/AIDS. *AIDS and Behavior*, 5, 205-217.

### HIV-infected women report greater condom use

Despite increases of HIV/AIDS among women, there is little research on how HIV infected women manage their infection. This study compared patterns of condom use for sexually active HIV-infected women (n=386) and non-infected women (n=203).

Consistent condom use was more often reported by HIV+ women than those who were uninfected (34% vs. 13%). HIV+ women were more likely to use condoms when their partner was uninfected or their status was unknown. Injecting drug use and crack use were associated with inconsistent condom use.

The two most common reasons for not using a condom were partner not worried about getting HIV and partner refused to use a condom. However, nearly one in five women indicated that a condom was not used because they did not want their partner to know they were HIV infected.

Given that condom use was highly inconsistent, interventions should incorporate uninfected male partners.

SOURCE: Moore, J., et al. (2001). Longitudinal study of condom use patterns among women with or at risk for HIV. *AIDS and Behavior*, 5, 263-273.

### HIV highly contagious before symptoms show

Five couples in whom HIV transmission occurred soon after one partner contracted HIV were studied. The findings indicate that the window of infectiousness can begin as early as seven days before onset of flu-like symptoms and before testing can detect the virus. This might explain the rapid spread of HIV.

SOURCE: Pilcher, C., et al. (2001). Sexual transmission during the incubation period of primary HIV infection. *Journal of the American Medical Association*, 286, 1713-1714.

### Therapy effective for advanced HIV disease

HAART was associated with decreased mortality rates and non-CMV opportunistic diseases among patients with advanced HIV. Hence, therapy can be valuable with those in late stages of HIV disease.

SOURCE: Murphy E. L., et. al. (2001). Highly active antiretroviral therapy decreases mortality and morbidity in patients with advanced HIV disease. *Annals of Internal Medicine*, 135, 17-26.

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

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# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

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\*Rural AIDS/STD prevention. rap (rap) v. Slang To talk freely and openly. Vol. 5, No. 11, November 2, 2001

## Adverse childhood experiences associated with sexual risk behaviors in women

The negative outcomes of engaging in high risk sexual behaviors, such as STDs and their sequelae, are disproportionately higher in women than men. Childhood sexual and physical abuse have been found to be associated with risk behaviors. Abuse typically occurs in tandem with household dysfunction.

The degree to which sexual risk taking in women are related to adverse childhood experiences is not adequately understood. This study addressed whether childhood adversity, including exposure to household dysfunction and different types of abuse and violence, has long-term consequences on sexual risk behavior among women.

### Methodology

The sample was 5,060 members of a managed-care organization who provided information about seven categories of adverse childhood experiences: having experienced emotional, physical, or sexual abuse; or having a battered mother or substance-abusing, mentally-ill or criminal household member.

Sexual risk behaviors assessed were age at first intercourse,

number of lifetime coital partners, and self-assessed HIV/AIDS risk.

### Outcomes of the Study

The majority of women were 35 years of age or older, white, and had some college education. Over half were married and 41% were employed full-time. Nearly 6 out of ten reported one or more adverse childhood experiences. Three percent perceived themselves at risk for HIV/AIDS, eight percent had coitus before age 18, and two percent reported 30 lifetime sexual partners.

Major findings include:

- Each category of childhood adverse experiences were associated with an increased risk of coitus by age 15, with having 30 or more partners, and with perceiving oneself as being at risk for AIDS.
- Participants reporting one adverse childhood experience was nearly twice as likely as women reporting no adverse events to report coitus before age 16. However, women who reported six or seven adverse childhood events were seven times more likely to report coitus before age 16.
- Women who reported six or

seven adverse events were more than eight times more likely to have had 30 or more sexual partners, and nearly five times as likely to perceive themselves at risk for HIV/AIDS.

- Of all associations between individual types of adverse childhood experiences and sexual risk behaviors that were considered, the strongest association was between experiencing verbal abuse as a child and having 30 or more sexual partners.

### Implications for Prevention

For women reporting adverse childhood household experiences, risky sexual behavior may be an attempt to achieve intimate interpersonal connections. Such women may be unprepared to protect themselves and may underestimate their risks. Educational interventions should consider these findings.

SOURCE: Hillis, S. D., et al. (2001). Adverse childhood experiences and sexual risk behaviors in women: A retrospective cohort study. *Family Planning Perspectives*, 33, 206-211.