

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. 6, No. 3, March 1, 2002

Prevention and treatment of HIV/AIDS for nonurban Southern women not effective

An epidemiological shift is occurring in reported HIV/AIDS cases in the United States. More cases are reported among minority groups, heterosexual men and women, nonurban residents and in the South.

Many rural residents are not aware of HIV prevention and treatment resources available in their community. Further, prevention education opportunities are often not provided at medical facilities.

The purpose of this study was to focus on gaps in the primary prevention of HIV infection and in secondary prevention in the rural South.

Methodology

HIV-positive women from several HIV clinics in nonurban Alabama and Mississippi were interviewed regarding their needs and the services provided to them after their diagnosis. 211 women completed the interview between January 1995 and September 1998.

Outcomes of the Study

Two-thirds of the women were African American with 30% being white. The mean age at

time of interview was 33 years. The estimated mean age at infection was 28.5 years. Half were single with one-third separated or divorced. Most reported high school education or less and were unemployed.

Major findings include:

- About two-thirds of the women reported being seen at HIV testing sites or drug treatment facilities where they could have received prevention education before infection.
- Once infected, 21% were not told where to get HIV care after their first positive test.
- 13% reported visiting a doctor or clinic in order to evaluate or treat an STD in the 12 months prior to participation in this study. 50% had been sexually active within the previous month.
- One-third of the women reported having no health insurance, most often because they lost their job or could not pay the insurance premium. Over one-third of the women did not seek HIV treatment because they could not pay for it. 4% reported being denied treatment because of inability to pay for it.

- One-third reported using crack or cocaine. About one in ten reported injection drug use and 82% of those reported sharing needles.
- One quarter reported trading sexual encounters for money or drugs.
- One-third had received a median of three negative HIV tests before testing positive.

Implications for Prevention

Prevention and treatment of HIV-positive, nonurban women in the South was not fully effective. The HIV epidemic is rapidly growing in the South as compared to other regions. Greater attention is needed to link infected persons to health care and social services. The fundamental inefficiencies in primary and secondary prevention of HIV in the South must be addressed.

SOURCE: Moon, T. E., et al. (2001). Opportunities to improve prevention and services for HIV-infected women in nonurban Alabama and Mississippi. *Journal of Acquired Immune Deficiency Syndromes*, 28, 279-281.

Teens choose hormonal contraception for main partner sex

Adolescents' dual use of hormonal contraceptives and condoms is low. This study examined how STD and pregnancy concerns and type of sexual partner influence contraceptive use.

436 sexually experienced adolescents from two health clinics were interviewed.

With main partners, adolescents traded condoms for hormonal contraception. Among casual partners, the adolescents did not trade condoms. Women with the lowest estimation of their risk for contracting an STD and the most negative views of pregnancy were most likely to use hormonal contraceptive and not condoms.

Regardless of their STD concerns, the men who perceived pregnancy as more negative were more likely to report condom use.

Interventions should be tailored to address perceived risk and relationship status.

SOURCE: Ott, M. A., et al. (2002). The trade-off between hormonal contraceptives and condoms among adolescents. *Perspectives on Sexual and Reproductive Health*, 34, 6-14.

HIV-positive adults may under-report sexual risk behavior

High risk sexual behavior by HIV-positive individuals is an important factor contributing to the spread of HIV. This study compared self-reported STD risk behavior and clinical STD diagnoses of known HIV-positive clients in Miami-Dade county Florida.

191 HIV-positive clients were compared to 191 HIV-negative controls. Two-thirds were male and HIV-positive clients were more likely to be African American and non-Hispanic.

HIV-positive clients were more likely to report no sexual activity over the past two months. Those reporting sex were more likely to report condom use. However, HIV positive individuals were more likely to be diagnosed with syphilis or gonorrhea than the HIV-negative controls. This may be the result of over-reporting of condom use, inefficient use of condoms, or sexual activity in high-risk networks.

SOURCE: Brewer, T. H., et al. (2002). Use of a public sexually transmitted disease clinic by know HIV-positive adults: Decreased self-reported risk behavior and increased disease incidence. *Journal of Acquired Immune Deficiency Syndrome*, 29, 289-294.

Female-to-female transmission of syphilis reported

STD among lesbians or bisexual women is often attributed to sexual contact with men or injecting drug use. A case report study found that female-to-female transmission of syphilis occurred through oral sex. The histories of patients 1 and 2 suggest that patient 1 contracted oral primary syphilis through oral sex with men and transmitted it to patient by oral-genital sex.

SOURCE: Campos-Outcalt, D., & Hurwitz, S. (2002). Female-to-female transmission of syphilis: A case report. *Sexually Transmitted Diseases*, 29, 119-120.

Many chlamydia cases were repeat infections

In a study of STD clinic patients, 26% of incident *Chlamydia trachomatis* infections were repeat infections. Many repeat infections resulted from reexposure to untreated partners.

SOURCE: Rietmeijer, C. A., et al. Incidence and repeat infections of *Chlamydia trachomatis* among male and female patients in an STD clinic: Implications for screening and rescreening. *Sexually Transmitted Diseases*, 29, 65-72

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.

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