

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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Rural HIV-positive gay and bisexual men report depression and social constraints

Most HIV-related research has focused on individuals living in urban areas. These studies suggest that persons living with HIV suffer from increased levels of anxiety and depression. HIV-infected persons living in rural areas often face more social pressures and threats to physical and mental health than their urban counterparts. Sexual orientation may exacerbate these problems.

The purpose of this study was to determine relationships between mental health, sexual orientation, and social constraints among persons living with HIV in rural and urban areas.

Methodology

Patients treated for HIV infection between 1996 and 1998 at a tertiary health care center serving a predominately non-metropolitan state were mailed questionnaires. 121 patients completed the questionnaires.

Outcomes of the Study

Three-quarters of the respondents were male; nearly two-thirds of these men reported being gay or bisexual. All of the females were heterosexual. Almost 90% of the sample was Caucasian. The

average age was 36 years. On average, the respondents had known of their HIV infection for six years. Over one-half of the respondents earned less than \$10,000 annually. Sixty percent had some college education or graduated from college. Major findings include:

- HIV-positive gay and bisexual men in rural areas experienced more depression than HIV-positive gay and bisexual men in living urban areas and heterosexual men living in rural areas.
- HIV-positive gay and bisexual men in rural areas reported higher levels of social constraints, such as negative attitudes toward the gay men and persons living with HIV, than HIV-positive gay and bisexual men living urban areas and heterosexual men living in rural areas.
- The average level of depression of rural HIV-positive gay and bisexual men was well above the threshold for probable clinical depression.
- Individuals reporting higher levels of social constraints reported higher of HIV-related stress and depression.
- HIV-related stress was also related to depression.
- Living in rural areas lead to higher

levels of social constraints which contributed to depression.

- No significant differences were found in measures of depression, HIV-related stress or social constraints between symptomatic and asymptomatic persons.
- Social constraints did not increase as the HIV-disease progressed.

Implications for Prevention

Lack of social support and greater perceived discrimination for HIV-positive gay and bisexual men in rural communities largely contributed to greater levels of depression. Rural HIV-infected gay and bisexual men should be encouraged to use alternatives to face-to-face discussion such as letter writing and telephone or Internet contact to reduce their feelings of isolation. Healthcare providers in rural communities need to be aware that HIV-positive gay and bisexual men could be at greater risk for mental health problems.

SOURCE: Ullrich, P. M., et al. (2002). Social constraints and depression in HIV infection: Effects of sexual orientation and area of residence. *Journal of Social and Clinical Psychology*, 21, 46-65.

Frequency of sex key determinant of condom use

Research focusing on the relationship between partner type and consistency of condom use may not account for other important contextual factors such as frequency of sex. This study examined the hypothesis that condom use changes as the frequency of sex between partners changes, regardless of partner type.

199 African American drug users in Washington, DC were interviewed. Average age was 36.6 years.

Condom use was most likely if the person had had sex with the partner two or three times and lowest if sex occurred with the same partner seven or more times. Participants used condoms 20% of the time with primary partners, 52% of time with casual partners, and 61% of time with commercial partners. Sex occurred more often with a primary partner than a commercial partner.

This study suggests that relationship variables other than partner type may be important in determining condom use.

SOURCE: Williams, M., et al. (2001). An investigation of condom use by frequency of sex. *Sexually Transmitted Infections*, 77, 433-435.

Sex with partners from different groups increases STD risk

Sexually transmitted diseases are a major health problem among adolescents. Patterns of sexual partner choice influence STD transmission in teens. The purpose of this study was to determine patterns of sexual mixing, bridging, and concurrency in American adolescents and the association of these traits to condom use. AddHEALTH data from 1995 and 1997 were analyzed.

Sex partnerships with persons of differing age groups were common. Relationships with persons of different ethnicities were more common among Latinos than among whites and blacks. Condom use was less consistent among persons with partners in different age categories. Condom use was less frequent among adolescents with many sexual partners. Those with concurrent partners were less likely to use condoms. Ethnicity was not related to condom use.

Education for adolescents should include discussion of differences in power or communication challenges that may occur when a partner's personal traits may differ.

SOURCE: Ford, K., et al. (2002). American adolescents: Sexual mixing patterns, bridge partners, and concurrency. *Sexually Transmitted Diseases*, 29, 13-19.

Nonoxynol-9 did not protect against gonorrhea or chlamydia

A randomized, controlled trial was conducted in Yaounde, Cameroon. A high-risk population of women (excluding sex workers) who were given nonoxynol-9 and condoms had an infection rate of 43.6 infections per 100 person-years for women; those using the condoms only had an infection rate of 43.6. Researchers concluded that, although safe, nonoxynol-9 did not protect against gonorrhea or chlamydial infection.

SOURCE: Roddy, R. E., (2002). Effect of nonoxynol-9 gel on urogenital gonorrhea and chlamydia infection: A randomized controlled trial. *Journal of the American Medical Association*, 287, 1117-1122.

Overall AIDS incidence in U.S. is leveling

CDC reports that the AIDS incidence is leveling as the composition of the epidemic is changing. AIDS incidence declined in most populations, but increases were observed in some groups, notably women and persons infected with HIV through heterosexual contact.

SOURCE: Centers for Disease Control and Prevention. (2001). *HIV/AIDS Surveillance Report*, 13(1).

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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