

Women experiencing abuse less likely to use condoms

Recently there has been increased attention to women's HIV risk and intimate partner violence. Women's lifetime prevalence of intimate violence is estimated to be 21-39%. This study described the risk of intimate partner violence for women in a low-income, urban setting and the impact of violence on condom use.

Annual rates, chronicity, frequency, and types of intimate partner violence was determined among 188 HIV-positive women and 257 HIV-negative women. 62% reported abuse (psychological, physical, and/or sexual) with 29% suffering an injury. Rates did not differ by women's HIV status.

Women who experienced frequent abuse were less likely to have used condoms with their intimate partner. Partner traits associated with experiencing frequent abuse were his HIV status and substance abuse.

Programs that integrate safer sex and intimate partner violence in a counseling context are needed.

SOURCE: Gielen, A. C., et al. (2002). Intimate partner violence, HIV status, and sexual risk reduction. *AIDS and Behavior*, 6, 107-116.

Use of HAART and unsafe sex increases in MSM living with AIDS

Highly active antiretroviral therapy has improved health among HIV-infected persons. Use of HAART may decrease sexual transmission of HIV. But, availability of HAART may lead to greater unsafe sex.

The countervailing effects on HIV incidence of HAART among San Francisco men who have sex with men were assessed.

Use of HAART among MSM living with AIDS increased from 4% in 1995 to 54% in 1999. Unprotected anal intercourse and multiple sexual partners increased from 24% in 1994 to 45% in 1999. The percentage always using condoms for anal intercourse in the preceding 6 months decreased from 70% in 1994 to 54% in 1999.

The annual HIV incidence rate increased from 2.1% in 1996 to 4.2% in 1999 among MSM who sought anonymous HIV testing.

Any decrease in per contact risk of HIV transmission due to HAART use appeared to be counterbalanced by increases in number of unsafe sexual episodes.

SOURCE: Katz, M. H., et al. (2002). Impact of highly active antiretroviral treatment of HIV seroincidence among men who have sex with men: San Francisco. *American Journal of Public Health*, 92, 388-394.

Youth infected with public lice more likely to also have chlamydia

An index group of 62 adolescents infested with pubic lice at a juvenile detention center was screened for concurrent STIs. Chlamydia was found in 39% of index subjects. Gonorrhea was present in 18% of index subjects. Adolescents with pubic lice should be screened for other STIs, including chlamydia and gonorrhea.

SOURCE: Pierzchalski, J. L. (2002). *Phthirus pubis* as a predictor of Chlamydia infections in adolescents. *Sexually transmitted diseases* 29, 331-334.

Sex partner's HIV status poorly judged

This study measured the accuracy of HIV-infected persons' knowledge of their sexual partner's HIV status. 64% of partners thought to be infected were actually uninfected, and 42% of partners thought to be uninfected were actually infected. HIV-infected persons had poor knowledge regarding their partner's HIV infection status.

SOURCE: Nocolai, L. M., et al. (2002). HIV-infected persons' knowledge of their sexual partners' HIV status. *AIDS Education and Prevention*, 14, 183-189.

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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

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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Hidden forms of AIDS-related stigma and misinformation persists in the U.S.

Persons with HIV/AIDS and the groups of which they belong have been stigmatized since the beginning of the AIDS epidemic. Stigma has contributed to a slow societal response to the AIDS problem, and has imposed numerous difficulties for persons with HIV/AIDS, their families, and health care givers.

Stigma has resulted in anger and negative attitudes toward persons with HIV/AIDS. Stigmatizing attitudes are also associated with information misunderstanding. Research is needed to determine if stigma has changed in recent years. This study assessed the prevalence of AIDS stigma and misinformation about HIV transmission in 1997 and 1999 and examined trends in stigma in the U.S. during the 1990's.

Methodology

For the 1997 survey, English-speaking adults within the 48 contiguous states were randomly telephoned. Interviews were completed with 1309 adults. The same sampling was used for the 1999 study, resulting in 669 participants.

To examine trends, the 1997 and 1999 data were compared with

findings from a 1990-1991 telephone survey (n=538).

Outcomes of the Study

The 1997 sample was 55.3% female and 70% non-Hispanic White. Mean age was 44 years with a median of 1 to 2 years of education post high school. The 1999 sample was 55% female and 82% non-Hispanic White. Mean age was 45 with some college.

Major findings include:

- In 1991 about one-third supported quarantine and about 29% endorsed public disclosure. In 1997, about 1 in six endorsed quarantine and less than 1 in 5 supported disclosure. By 1999, the proportions were lower.
- The odds of expressing negative feelings toward persons with AIDS declined by an average of 8% to 10% annually between 1991 and 1999.
- The proportion believing that persons with AIDS got what they deserved peaked in 1997 at 28%, a significant increase from 1991. About 25% agreed in 1999.
- Throughout the decade about half believed that AIDS could be contracted from sharing a drinking glass. In 1991 one-third believed that AIDS could be

contracted from a public toilet, with 41% believing this at end of the decade.

- About one-third believed that HIV can be contracted by donating blood, with 29% and 33% believing this in 1997 and 1999, respectively.
- The odds of avoiding or stigmatizing a PWA in various hypothetical situations declined by 8% to 10% each year.
- Stigma index scorer declined significantly across the 3 surveys.

Implications for Prevention

The study found that overt stigma declined throughout the 1990s, although about one third expressed discomfort with PWAs. Some inaccurate beliefs increased as well feelings that PWAs deserve their illness.

The persistent discomfort with PWAs and inaccurate beliefs about casual social contact should be addressed in HIV prevention and education programs.

SOURCE: Herek, G. M. et al., (2002). HIV-related stigma and knowledge in the United States: Prevalence and trends, 1991-1999. *American Journal of Public Health*, 92, 371-377.