

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. 11, November 1, 2002

Optimistic HIV+ patients more likely to forget medication and engage in risky sex

HIV prognosis has dramatically improved in recent years. Much of this improvement is attributed to antiretroviral therapy (HAART). Even though the medical community has been more reserved about the outcomes of HAART, some media have suggested that an HIV diagnosis no longer signifies death. Has this optimistic perception of prognosis impacted the behaviors of persons living with HIV/AIDS?

The problem of this study was to explore how optimism about HIV/AIDS might affect rates of adherence to HAART and sexual risk behavior.

Methodology

The participants were active clients from an HIV-specific case management organization in Philadelphia, PA. 295 clients were surveyed by mail between May and July, 1999. Participants were to be at least 18 years old and not incarcerated.

Clients were asked to describe their experience with HIV/AIDS (currently and immediately after seropositive knowledge) and to provide information on HAART use and unsafe sex. Socio-demographic and HIV-related characteristics were obtained from the case management organization.

A \$5 incentive was provided to all persons receiving the questionnaire.

Outcomes of the Study

220 (75%) returned the questionnaire. Mean age was 42 years. 66% were non-white and 73% were male. 90% of males and 18% of females were gay or bisexual. The mean seropositive time was 8 years and the mean CD4 count was 356.

Major findings include:

- Patients' descriptions of their illness were significantly more positive currently compared to immediately after HIV seropositive diagnosis.
- Most participants believed they would live many years with over one-quarter thinking they would live well into old age.
- Non-whites, women, and individuals with low CD4 counts were more likely to be optimistic about life expectancy.
- Participants not taking medications and those not currently having sex were significantly more pessimistic about their future.
- About one-quarter reported medication nonadherence.
- Participants who were optimistic reported significantly more medication nonadherence.
- Half of the participants reported

nonadherence to safer sex behavior.

- Participants who were optimistic reported significantly more safe sex nonadherence.
- No other variable than optimism was associated with medication or safe sex nonadherence.

Implications for Prevention

The study found that seropositive persons, including those of color as well as women and drug users, self-reported optimistic beliefs about their prognosis. Those having more optimism were more likely to report medication and safe sex nonadherence. Evaluation of seropositive individuals' prognostic beliefs may be valuable to health care providers.

Ongoing education is especially valuable in light of the finding that there is significantly higher medication and safe sex nonadherence in those who are optimistic about their life expectancy.

SOURCE: Holmes, W. C., & Pace, J. L. (2002). HIV-seropositive individuals' optimistic beliefs about prognosis and relation to medication and safe sex adherence. *Journal of General Internal Medicine*, 17, 677-683.

Family structure impacts sexual behavior of black males

Studies have shown that family characteristics are associated with sexual risk-taking behavior in adolescence and adulthood. Because of higher STD prevalence among black males than other races, factors associated with sexual risk in this group need to be determined.

Data from 1,125 black men participating in the 1991 National Survey of Men were examined. Men whose mothers worked were likely to have first sexual intercourse at a younger age than others, whereas those raised by both parents were likely to delay sexual initiation. Men who were married or had had first intercourse at an older age were likely to have a lower total number of partners than others.

School and community programs should provide culturally appropriate and accessible activities for black youth and should reach black males early while they are still in elementary school.

SOURCE: Bakken, R. J., & Winter, M. (2002). Family characteristics and sexual risk behaviors among black men in the United States. *Perspectives on Sexual and Reproductive Health, 34*, 252-258.

Gay bathhouses remain venues for spread of HIV infection

In the past decade bathhouses and sex clubs opened in many cities in the United States and other countries. Despite this increase, little data is available on HIV risk.

1000 men entering a bathhouse in Portland, Oregon, completed a questionnaire. Demographic, self-reported HIV status, drug and alcohol use, and sexual behavior in preceding 30 days were assessed.

829 (83%) reported having anal or oral sex at a bathhouse in the previous 30 days. 715 engaged in oral sex, 420 in anal sex, and 89 in unprotected anal sex. Characteristics of men reporting high-risk sex compared to men reporting other sexual activities at the bathhouse were HIV infection, 5 or more partners in previous 30 days, and having anonymous sex at other sites.

Most bathhouse patrons engaged in lower risk sex. Those reporting unprotected anal sex were more likely to report HIV infection and multiple sex partners. Bathhouses remain venues for ongoing spread of HIV infection and opportunities for HIV prevention education.

SOURCE: Van Beneden, C. A., et al. (2002). Sexual behaviors in an urban bathhouse 15 years into the HIV epidemic. *Journal of Acquired Immune Deficiency Syndromes, 30*, 522-526.

HSV-1 strongly associated with early age of first sexual intercourse

In this United Kingdom study, HSV-1 behaves similarly to other viral STD. Age of first intercourse was the strongest predictor of infection, with those in early ages having highest prevalence. This finding is more likely the result of their sexual behavior than because of any biological disposition. Those having sex at an early age are particularly vulnerable to HSV-1.

SOURCE: Cowan, F. M, et. al. (2002). Herpes simplex virus type 1 infection: A sexually transmitted infection of adolescence? *Sexually Transmitted Infections, 78*, 346-348.

HIV infection 18th leading cause of death

Data from the National Vital Statistics System show that 1992 to 1995, HIV infection was the eighth leading cause of death among all persons in the U.S. In 2000, HIV infection was the 18th leading cause of death. Among persons 25-44 years old, HIV was the 5th leading cause of death in 2000 after unintentional injury, cancer, heart disease, and suicide.

SOURCE: CDC. (2002). Deaths among persons with AIDS through December 2000. *HIV/AIDS Surveillance Supplemental Report, 8*(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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