

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 7, No. 2, February 6, 2003

Three-quarters of HIV-infected women disclose their status to their current partner

HIV infection among women in the United States has increased dramatically. This increase has been particularly severe among African-American and Hispanic women.

Disclosure of HIV status may have a positive impact on the HIV-positive person's mental health. Also, disclosure is an essential component in stopping the spread of HIV infection. Yet, many HIV-infected individuals do not disclose their status to all partners. This may be because they perceive that disclosure could lead to relationship conflict and stress.

Few studies have examined factors related to HIV-positive status disclosure. The current study explored the processes HIV-infected women used to make disclosure decisions.

Methodology

The participants were 322 women recruited from twelve public health clinics and AIDS-service organizations in Georgia, North Carolina, and South Carolina. Participation criteria included being HIV-positive, 18-48 years of age, able to become pregnant though not currently pregnant, English-speaking, and having no evidence

of dementia. Women were interviewed in 1998 and 1999.

Outcomes of the Study

The mean age of participants was 32 years. 88% of the women were African-American. Most were single and living in towns or urban areas. About 60% were asymptomatic. Two-thirds had a high school or greater education and earned less than \$10,000 a year.

Major findings include:

- 96% disclosed their HIV-positive status to someone.
- Nearly 8 of ten disclosed within the first week of diagnosis.
- 75% disclosed to their current sex partner, but only two-thirds disclosed to all of their partners.
- One-third told the parent first, and one-quarter told their husbands first.
- Over eight of ten disclosed to their health care providers.
- Women reported selectively disclosing to friends and family members.
- Fear of how disclosure would affect their child was an important consideration.
- Only 7% told all of their bosses. 21% told some of their bosses.
- Criteria for disclosure was based on three factors: their relationship

to the person, the quality of the relationship, and the perceived ability of the person to keep the information confidential.

- Sexual partners were informed because of risk of infection.
- Women fearing negative consequences of disclosure were less likely to disclose.
- Participants from rural areas were more likely to disclose for emotional reasons (feeling close and/or trusting the person).

Implications for Prevention

Findings showed that the majority of women disclosed to some sex partners, close family and friends, and health care professionals. Women who were hesitant to disclose feared several negative consequences including social stigma.

These findings can assist health education and health care professionals in providing appropriate services and care to HIV-infected women. Disclosure, particularly to current and past sex partners, is an important key to controlling HIV.

SOURCE: Sowell, R. L., et al. (2003). Disclosure of HIV infection: How do women decide to tell? *Health Education Research*, 18, 32-44.

Social support related to life quality among HAART patients

Dramatic improvements have been made in the medical treatment for HIV patients. However, aspects related to psychological well-being need further attention.

This study identified variables relevant to the psychological well-being of HIV-positive patients receiving HAART. Participants were 84 HIV-infected persons involved in a study of HIV medication adherence. The mean age was 41 years and most were from communities of color.

Perceived social support, adaptive coping styles, and lower levels of punishment belief predicted lack of depression and higher quality of life and self-esteem. Quality of life scores were low, and the mean depression score was in the range of mild to moderate depression.

Those findings support the need for continued psychosocial intervention that target social support and coping styles among individuals living with and receiving treatment for HIV infection.

SOURCE: Safren, S. A., et al. (2002). Predictors of psychological well-being in a diverse sample of HIV-positive patients receiving highly active antiretroviral therapy. *Psychosomatics* 43, 478-485.

Poor communication related to risky sex among pregnant teens

Continued sexual risk behavior among pregnant teens has been understudied. STD infection can pose a major health threat to adolescents and their unborn children.

This study examined factors associated with frequent, unprotected sex among African American adolescents during their pregnancy. Subjects were 170 adolescent females from Atlanta, GA.

Adolescents were more likely to engage in high-risk sexual behavior if they were not enrolled in school, did not live with at least one parent, reported infrequent sexual communication with their partner, spent 30 hours or more a week with their partner, reported that their relationship was a least two years old, and reported using marijuana in the past 30 days.

Increased familiarity with partner and decreased parental contact may be associated with sexual risk for pregnant teens. HIV/STD prevention programs should target pregnant adolescents to prevent problematic outcomes of STD acquisition.

SOURCE: Crosby, R. C., et al. (2003). Correlates of continued risky sex among pregnant African American teens. *Sexually Transmitted Diseases*, 30, 57-63.

Partner notification associated with increased condom use

This study examined the effect of partner notification on sexual behaviors and partnerships. Subjects were 165 HIV-infected persons (72% male) from metropolitan Denver. Partnerships where both persons received notification were less likely to break up or acquire new partners and more likely to use condoms. This supports the value of partner notification in HIV prevention.

SOURCE: Hoxworth, T., et al. (2003). Changes in partnerships and HIV risk behaviors after partner notification. *Sexually Transmitted Diseases*, 186, 30-83-88.

HAART adherence unstable over time

161 HIV-infected women taking HAART were followed for medication adherence over six months. Adherence varied between 45% and 64%. Nonadherence was associated with drug and alcohol use and young age. Interventions aimed at improving adherence are needed.

SOURCE: Howard, A. A., et al. (2002). A prospective study of adherence and viral load in a large multi-center cohort of HIV-infected women. *AIDS*, 16, 2175-2182.

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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