

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. 7, No. 3, March 7, 2003

Prevalence of unprotected sex high among rural persons living with HIV disease

HIV infection and AIDS have become serious problems in rural areas. Though the prevalence of AIDS in rural areas is less than in urban areas, studies have found that many rural residents engage in risky behaviors. It is particularly important for persons infected with HIV to practice safe sex in order to prevent further spread of the infection.

Few studies have focused specifically on high-risk sex among rural persons living with HIV. This research is critical given that HIV seroincidence rates are increasing more rapidly in rural areas than in urban settings, and characteristics of life in a rural environment (e.g., increased stigma and discrimination) may hinder efforts to engage in safe sex.

Methodology

The participants were 216 men and women who met the following inclusion criteria: residing in a rural area, being HIV-positive, and being older than 18 years of age. Participants were recruited from non-governmental organizations where they received health care and social services.

Participants from 12 rural states completed the study's self-adminis-

tered questionnaire in their homes and returned it via regular mail.

Outcomes of the Study

The mean age of participants (149 men, 67 women) was 42 years. 73% of the participants were White and 22% were African-American. On average, participants had completed 13 years of education, and most had annual incomes less than \$20,000. 43% had AIDS. Half lived in communities of less than 10,000 people. Of those who were involved in romantic relationships, about one-half had a partner who was HIV-negative. Two-thirds and three-quarters of the men and women participants, respectively, had sex only with men.

Major findings include:

- More than one-half of participants engaged in unprotected intercourse.
- Among the one-third of men who engaged in anal sex, 59% rarely or never used condoms.
- Of the 15% of men who had one or more female partners during the previous three months, 14% never used condoms.
- Among the 55% of women who engaged in vaginal sex in the previous three months, 31% never used condoms.

- Among women reporting male anal sex partners, one-half never used condoms.
- About eight of ten men and women reported inconsistent condom use during anal and vaginal sex when they believed that their sex partners were HIV-negative.
- About one-quarter of men and one-fifth of women did not always know the serostatus of their sex partners.

Implications for Prevention

Findings showed that at least one-half of sexually active HIV-positive men and women engaged in high HIV transmission risk practices. This is especially problematic given that one-third believed that their sex partners were HIV-negative.

This study highlights the need for innovative risk-reduction interventions for geographically isolated persons living with HIV disease who have difficulty refraining from high-HIV-transmission risk behaviors.

SOURCE: Heckman, T. G., et al. (2003). HIV transmission risk practices in rural persons living with HIV disease. *Sexually Transmitted Diseases*, 30, 134-136.

Partner's right to know reason for disclosure of HIV+ status

Disclosure of HIV-positive status to casual sexual partners is an important HIV control strategy. This study determined reasons HIV-positive gay men (N=78) give for disclosing or not disclosing their serostatus to their casual sexual partners.

Men reported that duty (i.e. the responsibility factor) was a paramount issue in deciding to disclose their diagnosis to a casual sexual partner. Those who disclosed believed that their intended partner had a right to know. These men held the conviction that disclosure is the responsible thing to do to protect others.

Demographic factors alone, such as age, race, or income did not adequately explain disclosure to casual sexual partners.

Prevention workers might incorporate components into their programs that promote a sense of individual responsibility and duty to others and community as an important consideration HIV-positive persons in their decision on whether to disclose.

SOURCE: Serovich, J. M., & Mosack, K. E. (2003). Reasons for HIV disclosure to casual sexual partners. *AIDS Education and Prevention, 15*, 70-80.

HIV risk behaviors very prevalent among incarcerated women

HIV/AIDS rates are increasing among women, and the number of women jailed is rising. This study examined the sexual and injection drug use HIV and AIDS risk behaviors of female jail detainees. The sample (N=948) was stratified by charge type and race/ethnicity.

HIV/AIDS risk behaviors were found to be extremely prevalent among incarcerated women. Non-Hispanic whites were at high risk for sexually and injection drug-use transmitted HIV. Older women were at particular risk for injection drug use-transmitted HIV. Women arrested for misdemeanors and nonviolent crimes, drug crimes, prostitution, and theft and those with substance abuse disorders were at high risk for both sexually and drug-transmitted HIV. Women with severe mental illness had the most extreme sexual HIV/AIDS risk behaviors.

Because most jail detainees return to their communities within days, providing HIV and AIDS prevention education in jail must become a public health priority.

SOURCE: McClelland, G. M., et al. (2002). HIV and AIDS behaviors among female jail detainees: Implications for public health policy. *American Journal of Public Health, 92*, 818-825.

Genital HSV-1 recurs infrequently in most patients

This was a cohort study of 77 patients with genital HSV-1 infection with median follow-up of 736 days. In the first and second years of infection, 43% and 67%, respectively, did not have recurrence. The study concluded that genital HSV-1 recurs infrequently in most patients, and the rate decreases further in the subsequent years of infection.

SOURCE: Engelberg, et al. (2003). Natural history of genital herpes simplex virus type 1 infection. *Sexually Transmitted Diseases, 30*, 174-177.

Routine chlamydia screening effective

The study tested a clinical practice intervention designed to increase chlamydia screening by using urine-based tests during routine checkup visits for sexually active adolescent girls. The intervention significantly increased chlamydia rates, and this method is feasible in a large HMO.

SOURCE: Shafer, M. B., et al. (2002). Effect of a clinical practice improvement intervention on chlamydial screening among adolescent girls. *Journal of the American Medical Association, 288*, 2846-2852.

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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