Women would use microbicide if it is shown to be effective

Heterosexual transmission is the greatest risk factor for women throughout the world. Topical microbicides applied intravaginally may offer women an HIV prevention option. Focus groups of women who use crack or heroin or have male partners who inject illegal drugs were conducted in three U.S. cities and Puerto Rico.

Among positive features of microbicides, additional lubrication during intercourse was considered a means of enhancing sexual pleasure and reducing condom irritation and breaking while protecting from infection. Some feared that their male partners would interpret excessive lubrication as an indicator or infection, improper hygience, or evidence of sex with other men.

Despite worries and speculations about aesthetics, logistics, and partner interpretations, the study women indicated that if a product were proven effective against HIV, they would use it.

SOURCE: Mason, T. H., et al. (2003). Perspectives related to the potential use of vaginal microbicides among drug-involved women: Focus groups in three cities in the United States and Puerto Rico. *AIDS and Behavior, 7,* 339-351.

Decline in safer sex code accounts for HIV increase among MSM

An increase in sexual risk taking, STDs, and HIV incidence has been reported in several countries. Twelve focus groups of 113 men who have sex with men were conducted in five California cities to identify factors leading to increased risk taking and opinion of most effective prevention messages.

The participants perceived that HIV risk taking has increased because (1) HIV is not the threat it once was due to more effective therapies, (2) MSM communicate less about HIV, and social support for being safe has decreased, and (3) commuity norms have shifted such that unsafe sex is more acceptable.

The prevention messages ranked most likely to motivate risk reduction encouraged persons to seek social support from friends. Messages ranked least likely to succeed were those describing the negative consequences of HIV or reinforcing existing safer sex messages.

The decline of the safer sex code calls for interventions that reflect the prevailing community views identified in these groups.

SOURCE: Morin, S. F., et al. (2003). Why HIV infections have increased among men who have sex with men and what to do about it: Findings from California focus groups. *AIDS and Behavior, 7,* 353-361.

HIV transmission rates have dropped dramatically in United States

A mathematical model estimated that HIV transmisison rates dropped from essentially 100% in the 1980s and stayed between 4.00-4.34% during the 1990s. During a given year in the 1990s, for about 4% of persons living with HIV, an instance occured in which they or their sexual or drug injection partner engaged in behaviors that resulted in HIV transmission.

SOURCE: Holtgrave, D. R. (2004). Estimation of annual HIV transmission rates in the United States, 1978-2000. *Journal Acquired Immune Deficiency Syndromes, 35*, 89-92.

1 in 10 lesbians have HSV-2 infection

Among 392 women reporting sex with another woman in the last year, antibodies to HSV-1 were detected in 46% and to HSV-2 in 8%. Most infected with HSV-2 are not aware of their infection. Sexual transmission of HSV-1 may occur more often in lesbian women than heterosexual women.

SOURCE: Marrazzo, J. M. (2003). Prevalence and risk factors for infection with herpes simples virus type-1 and -2 among lesbians. *Sexually Transmitted Diseases, 30,* 890-895.

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 the University of Colorado. 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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***Rural AIDS/STD prevention. rap (rap) v.** *Slang.* To talk freely and openly.* *Vol. 8, No. 2, February 6, 2004*

"Patient spotting" a barrier to seeking STI care for rural African American men

STD infection has become an increasing serious problem in the deep south of the United States, particularly among African Americans. The development of effective interventions is dependent upon understanding factors that contribute to the spread of STI. Stigma may be one important contributor to this rising STI problem. However, the impact of stigma has not been thoroughly investigated among southern African American persons.

This study assessed the role of stigma on willingness to be treated for STI at a public health clinic.

Methodology

Six focus group interviews were conducted in a small and a large city in west and central Alabama. Pariticipants were recruited from staff and patient lists of public health clinics and students were recruited from a college and high school. Almost all the clinic workers and patients were African American. All patients were unemployed, single, and uninsured.

The focus groups had six to nine members. The topics focused on knowledge, perception, and practices that would increase understanding of stigma-related barriers to STI treatment and partner notification.

Outcomes of the Study

A total of 22 females and 20 males participated. Age ranges for students, patients, and staff were 15-22, 21-61, and 19-53, respectively. Major qualitative findings include:

- Men in the small city clinic were particularly likely to mention visability as a barrier to seeking STI treatment because of the clinic location and layout. Although also expressed by women, the barrier was the greatest for men who attended the STI clinic only for testing/treatment.
- "Patient spotting" was considered a local sport at the small city clinic. Neighbors in the nearby public housing complex would view patients leaving or entering the STI clinic, and patients would be humiliated by gossip.
- The small city clinic was a social gathering place where everyone went "to see who's who, and what's what."
- Too avoid "patient spotting" men pursued alternative methods of treatment or delayed seeking care or failed to keep appointments for follow-up care.
- Both clinic workers and patients blamed women for spreading STI.
- For most young men, being screened for STI was interpreted as sexual machismo, to be bragged about. Most adult men were embarrassed about attending the STI clinic.
- "Spreading the word" of who transmitted the STI was a popular form of retaliation after being infected.
- Mistrust of the health system by African Americans was an important and common theme.

Implications for Prevention

The role of stigma as a barrier to STI testing and treatment cannot be overstated. Concerns about gossip and privacy were particularly prevalent among small town African Americans. Reducing stigma may be an unrealistic goal in the conservative rural south. Therefore, health clinic practices should be adapted to meet the privacy needs of patients.

SOURCE: Lichtenstein, B. (2003). Stigma as a barrier to treatment of sexually transmitted infections in the American deep south: Issues of race, gender, and poverty. *Social Science and Medicine, 57,* 2435-2445.