

## Consistent condom use associated with lower PID sequelae

Prevention of bacterial STD that cause pelvic inflammatory disease is an important strategy for reducing morbidity from PID and its sequelae. Although condoms prevent acquisition of viral STDs, no prospective data shows that condoms are effective against the transmission of bacterial STDs.

Among 684 sexually active women with PID followed up for a mean of 35 months, researchers related contraceptive use to self-reported PID recurrence, chronic pelvic pain, and infertility.

Results showed that persistent use of condoms during the study reduced the medical risk of recurrent PID, chronic pelvic pain, and infertility.

The researchers concluded that self-reported persistent and consistent condom use was associated with lower rates of sequelae associated with pelvic inflammatory disease.

SOURCE: Ness, R. B. et al. (2004). Condom use and the risk of recurrent pelvic inflammatory disease, chronic pain, or infertility following an episode of pelvic inflammatory disease. *American Journal of Public Health*, 94, 1327-1329.

## STD a low priority of young people from various ethnic groups

Marked disparities of STD rates are found among various ethnic groups. Little qualitative research has been conducted on determinants of ethnic differences in sexual health.

This study utilized focus groups to compare normative beliefs about sexual health in young men and women from black Caribbean, black African, and white ethnic groups living in high gonorrhea and chlamydia prevalence areas.

Black ethnic groups were more aware of gonorrhea than white participants, but all ethnic groups regarded these as being less important than unplanned pregnancy or HIV/AIDS. Most believed they would have obvious symptoms if they had an STD and that they could determine the cleanliness of sexual partners by visual or behavioral cues.

Black Caribbean women were alone in acknowledging the likelihood of their partners being in concurrent sexual relationships.

The low priority of STD by young people from all ethnic groups needs to be addressed during STD prevention.

SOURCE: Connell, P. et al. (2004). Investigating ethnic differences in sexual health: Focus groups with young people *Sexually Transmitted Infections*, 180, 300-305.

## HAART related to increased sexual risk among women

The association between sexual risk behaviors and the initiation of HAART was assessed from 724 women. Sexually active women were less likely to report 2 or more partners after initiation of HAART, but the risk for unprotected sex was higher among all sexually active women after HAART initiation. Results indicated a risk for transmission among female HAART patients.

SOURCE: Wilson, T. E., et al. (2004). Changes in sexual behavior among HIV-infected women after initiation of HAART. *American Journal of Public Health*, 94, 1141-1147.

## Return for results for HSV screening low

820 sexually active persons received HSV screening and were asked to return for results in two weeks. Seventy percent (578) returned for results. Older age and female gender were associated with greater return. Lower return was associated with having more than one sex partner.

SOURCE: Fortenberry, J. D., et al. (2004). Return for results after herpes simplex virus type 2 screening. *Sexually Transmitted Diseases* 31, 655-658.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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# R A P\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, PURDUE UNIVERSITY,  
and UNIVERSITY OF COLORADO

\*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly. Vol. 9, No. 1, January 7, 2005

## HIV+ women in South unable to negotiate sex with abusive men who infected them

Sexual abuse and domestic violence have been identified as important correlates of HIV risk in women. In the Deep South, HIV risk is often linked to domestic violence, particularly among African American women. HIV incidence is higher in the southeast than other regions of the U.S. In this region, African American women comprise over 30% of the HIV-positive population. The dynamics of sexual control are important; however, there is little understanding of these dynamics relate to HIV transmission among women.

The study examined the links between HIV risk and domestic violence in women with the highest HIV rates in the U.S.

### Methodology

Focus groups and individual in-depth interviews were conducted at a large public health clinic in Alabama in order develop a definition of domestic violence as HIV risk. The clinic provides health care services to client populations in southern Alabama ("The Black Belt").

The focus group discussions defined domestic violence and the interviews centered on how

women became infected, links between domestic violence and HIV/AIDS, and recommendations for HIV prevention in women.

### Outcomes of the Study

84% of the 50 HIV-infected women interviewed were African American. Age ranged from 18-58 years. 27% had graduated from high school. 88% had income less than \$10,000/year.

Major findings include:

- Women lacked the ability to control sexual activities (including condom use) in abusive relationships with HIV-positive men.
- Controlling images by men of women as sexualized bodies were enacted through rape, sexual coercion, and name-calling in intimated relationships.
- Women used various strategies to escape abusive partnerships and obtain treatment for HIV/AIDS.
- 100% of the women had experienced domestic violence and 88% had experienced physical violence including forced sex.
- 88% reported being infected with HIV by a regular sexual partner and 12% by an unknown or other sexual partner.
- 20% had engaged in commercial sex or sex for drugs.

- Most women had been in relationships with African American men.
- Older women were more likely to attribute HIV infection to sexual promiscuity, while younger women indicated other factors such as drug abuse or "bad luck."
- Because the women lacked financial resources often choice of partner was linked to the ability of the partner to provide financial gifts or support in exchange of sexual favors.

### Implications for Prevention

This study found that women's lack of ability to negotiate sexual activity with abusive men who infected them was a risk for HIV. These findings implicate the value of prevention programs focusing on the links between gender inequity, domestic violence and HIV transmission. Prevention should encourage domestic violence screening in health settings.

### SOURCE:

Lichtenstein, B. (2004). Domestic violence, sexual ownership, and HIV risk in women in the American deep south. *Social Science and Medicine*, 60, 701-714.