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. 5, June 3, 2005*

Stigma by health care providers predicted high risk behavior among rural MSM

Men who have sex with men account for 52% of all cases of HIV. Research continues to reveal that many MSM practice high risk behaviors, such as unprotected anal intercourse. Studies also reveal that predictors of high risk sexual behavior among MSM include drug use, lack of peer support, low self esteem, and depression. In general there is more stigma related to homosexuality and HIV in rural communities than in urban areas. Little research has been conducted on predictors of risk behavior among rural MSM.

This study examined the relationship of sexual risk behavior to stigma, personal characteristics, and mental health in a sample of rural MSM.

Methodology

Participants were 99 men, aged 18-69, living in rural Pennsylvania who reported having sex with other men. Respondents were recruited through local social networks and social gatherings for rural gay, lesbian and bisexual individuals and two gay bars in rural communities.

The study explored two sets of predictors of level of risk behavior: mental health variables and stigma from men's family members, people from the community from which they lived, and health care providers.

Outcomes of the Study

Ninety-five percent were White and 80% were employed full time. Nearly one-half were found to be at modified high risk (men in exclusive relationships who do not always use condoms for receptive anal sex, and men who have multiple partners but always use condoms for receptive anal sex) to high risk (having multiple sex partners and not consistently using condoms for receptive anal sex).

Major findings include:

- Stigma by health care providers (e.g. intolerant attitudes) was predictive of higher risk behavior, whereas family stigma predicted less risk behavior.
- MSM engaging in high risk behaviors were less likely to communicate openly with health care providers if they believed it would lead to stigma.
- Younger men more frequently reported modified high risk behaviors.
- Self-esteem was predictive of the highest sexual risk; men with low self-esteem were more likely to report inconsistent condom use for receptive anal intercourse and a higher number of sex partners.
- Men perceived their communities as less tolerant of people with AIDS than their families and health care providers.
- 37% reported not consistently using condoms and one-half reported engaging in receptive anal sex.

Implications for Prevention

Findings indicated that stigma by health care providers was predictive of modified high risk sexual behavior. Further, self-esteem predicted the highest sexual risk behavior. Due to stigma associated with HIV and homosexuality in many rural communities, MSM living in rural areas may not feel safe participating in educational programs that may help lower their risk. Hence, educational programs sensitive to rural cultures and MSM are needed.

SOURCE:

Preston, D. B., et al. (2004). The influence of stigma on the sexual risk behavior of rural men who have sex with men. *AIDS Education and Prevention, 16,* 291-303.

Sexual abuse at younger age found to be related to STD

Sexual abuse affects one-third of female teenagers and about 10% of male teens. This study examined the relationship of age at onset of sexual abuse, risky behavior and STD diagnosis. The sample was 311 teens reporting a history of sexual abuse.

About one-half reported sexual abuse before age 10. Abuse at or before age 10 was associated with more lifetime sexual partners and more recent partners. History of abuse was associated with higher rates of STD tests. For both males and females the odds of having an STD were 2.5 times greater for those who suffered abuse at age 10 years or younger. STD history and a positive STD test was found in 55.5%. When compared with girls who were abused after age 10, those who were abused prior to 10 years of age were more likely to report using barrier methods of contraception during sex.

It is important that persons sexually abused be identified for intervention at an early age.

SOURCE: Ohene, S., et al. (2005). Sexual abuse history, risk behavior, and sexually transmitted diseases: The impact of age at abuse. *Sexually Transmitted Diseases, 32,* 358-363.

Institutional constraints in prisons increase HIV/STD risk

Incarceration rates in the U.S. have increased sharply. This study investigated the development and maintenance of heterosexual couple's intimacy when the male partner was incarcerated.

Qualitative interviews were conducted with 20 women who visited their incarcerated male partners and 13 correctional officers at the San Quentin State Prison in California.

The prohibition of sexual contact during incarceration has implications for HIV/STD transmission. For example, incarcerated men may seek sex with other incarcerated men. Many couples do not use condoms after release of the man because of beliefs that both partners abstained from sex and had been tested for HIV during incarceration. A few of the women renewed the sexual relationship with former lovers during the incarceration period.

The study findings suggested that institutional constraints of criminal justice policy and relationships dynamics likely increase the risk of HIV/STD transmission.

SOURCE: Comfort, M., et al. (2005). "You can't do nothing in this damn place": Sex and intimacy among couples with an incarcerated male partner. *Journal of Sex Research, 42,* 3-12.

About 4 of every 10 adults were tested for HIV during lifetime

Results from the National Health Interview Survey indicated an increase of adults aged 18-64 being tested for HIV from 5.7% in 1987 to 37.8% in 2002. In 2002, 10.0% reported being tested in the prior 12 months. The 2002 Behavioral Risk Factor Surveillance System survey found that 43.5% reported being tested at least once in their lifetimes. In both surveys, greater percentages of pregnant women and persons at increased risk reported testing in prior 12 months than other persons.

SOURCE: CDC. (2004). Number of persons tested for HIV -- United States, 2002. *MMWR, 53*(47), 1110-1113.

Screening incarcerated women is valuable

Among pregnant female prisoners, mandatory newborn screening alone was cost-saving. Required prenatal screening combined with MNS had an incremental cost-effectiveness of $73,603 per additional pediatric HIV infection averted.

SOURCE: Resch, S., et al. (2005). Cost-effectiveness of HIV screening for incarcerated pregnant women. *Journal of Acquired Immune Deficiency Syndromes, 38*, 163-173.

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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