

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. 10, No. 1, January 6, 2006

Persons living with HIV in rural communities confront a host of stressors

Because of advances in medical treatment, an increasing number of rural persons are living with HIV. But, this increase of life expectancy presents challenges of caring for a growing number of persons living with HIV disease outside of America's largest cities. As HIV disease affects more people in rural communities, a greater need exists for health care providers to understand and address the psychosocial needs of this growing clinical population.

This study assessed sources of life stress and ways of coping with stressful events in 297 rural persons living with HIV/AIDS.

Methodology

Study participants were from a randomized clinical trial that evaluated two telephone-delivered, mental health interventions for HIV infected rural persons. All participants were recruited through AIDS-service organizations in Rhode Island, New York, Pennsylvania, Virginia, West Virginia, Ohio, Indiana, Michigan, Wisconsin, Montana, Arizona, and Alaska.

Criteria for inclusion in the study was (1) 18-plus years of age, (2) residence in a community with a population of 50,000 or less

located 20 or more miles from a city of 100,000-plus residents, (3) self-report of being HIV-seropositive, and (4) provision of informed consent. A self-administered survey collected data on HIV-related life problems and ways of coping.

Outcomes of the Study

The sample comprised of 209 males and 88 females, with an average age of 43 years. 74% were white, 17% African American, and 9% were "other" ethnicities. 85% reported an annual income of less than \$20,000. Major findings include:

- The most common stressors in this sample were related to finances, maintaining one's current health status, relationship difficulties, and frequently worrying about one's physical health.
- Child care needs were more pressing for women and heterosexual men than gay/bisexual men.
- The loss or death of friends to AIDS was more stressful for gay/bisexual males than for females or heterosexual males.
- Discrimination due to one's HIV-seropositive status was greater for females than for gay/bisexual males.
- Gay/bisexual males reported

higher discrimination associated with their sexual identity than females.

- Heterosexual males did not differ from gay/bisexual males or females in either form of discrimination.
- Women reported using escape-avoidance and positive reappraisal more often than gay/bisexual men.
- Heterosexual males did not differ from gay/bisexual males or females in either form of coping.

Implications for Prevention

This study found that persons living with HIV in rural areas confront a host of stressors, including finances, maintaining one's health, and relationship and discrimination concerns. Findings suggest the importance of considering gender and sexual orientation when developing interventions to improve life quality in HIV-infected rural persons.

SOURCE:

Mitchell, D., & Heckman, T. G. (2005). Sources of life-stress and ways of coping in rural persons living with HIV disease. *The Health Education Monograph*, 22(3), 23-28.

Students report discomfort when using condoms for sex

Condoms must be used both consistently and correctly to maximize protection from STDs. This study identified the prevalence and types of condom-use discomfort among 206 students attending a private university in the southern United States.

Three potential outcomes were assessed: breakage, not using condoms throughout sex, and the role of discomfort in condom breakage.

Nearly one-third reported discomfort, including tightly fitting condoms, vaginal irritation, and loss of sensation. Discomfort was associated with breakage, incomplete use, and less motivation to use condoms. Students reporting discomfort were 3.6 times more likely to also reported breakage.

Prevention education may benefit university students by promoting several key practices, such as adding lubricant to condoms before they dry out and acquiring condoms that fit properly.

SOURCE: Crosby, R. A., et al. (2005). Condom discomfort and associated problems with their use among university students. *Journal of American College Health*, 54, 143-147.

HIV risk linked to victimization, homelessness in rural women

Victimization plays an important role in HIV transmission. This qualitative study investigated homelessness, victimization, and HIV risk among women residing at a church-based shelter in Alabama.

Twenty in-depth interviews found that most of the women had been physically abused or raped during their lifetime, and that some were at risk for HIV/AIDS. Most of the women were profoundly shocked at becoming homeless. Few of the women had been homeless in the past, and most had returned to their rural roots in search of work or family support. The most common cause of homelessness was domestic violence, which had led to financial and other difficulties.

Victimization, homelessness, and HIV risk were closely linked for these rural women who often had few resources to help them make a fresh start.

The non-partner homeless women were exposed to sexual predation and often bartered sex in order to pay for shelter fees, transportation, children's dietary supplements and other necessities.

SOURCE: Lichtenstein, B., & Linn, J. G. (2005). Victimization and HIV risk among homeless women in Alabama. *The Health Education Monograph*, 22(3), 17-22.

Women preferred self-collected vaginal swab

Self-collected specimens can be used to screen asymptomatic women for chlamydia and gonorrhea. Of 1090 women from seven U.S. cities, 90% found it very easy to self-collect a vaginal swab. 76% preferred a vaginal swab over a pelvic examination, 60% over a urine collection, and 94% said they would be tested more often if a vaginal swab was available.

SOURCE: Chernesky, M A., et al. (2005). Women find it easy and prefer to collect their own vaginal swabs to diagnose Chlamydia trachomatis or Neisseria gonorrhoeae infections. *Sexually Transmitted Diseases*, 32, 729-733.

PID cases have decreased in U.S.

From three national representative surveys, rates of hospitalized PID declined 68% from 1985 through 2001. This decrease appears to correlate with national declines in chlamydia and gonorrhea rates in areas having long-term routine screening and treatment programs.

SOURCE: Sutton, M. Y., et al. (2005). Trends in pelvic inflammatory disease hospital discharges and ambulatory visits, United States, 1985-2001. *Sexually Transmitted Diseases*, 32, 778-784.

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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