

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,
AND UNIVERSITY OF KENTUCKY

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly.

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Women and heterosexual men living with HIV/AIDS more likely to choose abstinence

Persons infected with HIV are more likely to engage in sexual behavior with others as their health improves resulting from antiretroviral therapy (ART). But, a substantial proportion of individuals with HIV are sexually inactive. Most research on sexual risk reduction has focused on methods other than abstinence. Sexual abstinence, like other strategies (e.g. condom use) can be controlled by the person infected with HIV. To develop the most effective HIV prevention model, all methods of prevention, including abstinence, should be examined.

This study examined correlates of deliberate sexual abstinence among gay/bisexual men, heterosexual men, and women in a national probability sample of adults with HIV.

Methodology

Participants in the HIV Cost and Services Utilization Study (n=1339) answered questions about oral, anal, or vaginal sexual intercourse the past 6 months; 415 reported none of these behaviors, and of these, 201 of these individuals indicated that their abstinence was deliberate and were selected to be the sample for this analysis.

Beyond sociodemographic and HIV treatment questions, the sample was asked about the importance of different reasons for their inactivity and beliefs about HIV transmission-responsibility.

Outcomes of the Study

Mean age was 41 years, 45 years, and 39 years for gay/bisexual men, heterosexual men and women, respectively.

Major findings include:

- Of the 201 deliberately abstinent persons, 18% were women, 18% were heterosexual men, and 11% were gay/bisexual men.
- Not having a primary relationship partner/spouse was the only common predictor of deliberate abstinence across the gender/orientation groups.
- Higher perceived responsibility for limiting disease transmission and non-drinking status were related to deliberate abstinence in gay/bisexual men.
- Worse health was associated with deliberate abstinence only among heterosexual men. Compared with gay/bisexual men, heterosexual men not taking ART and with poorer emotional functioning were more likely to be deliberately abstinent.

- Health factors, including worse physical functioning and lower CD4 counts predicted deliberate abstinence in women.
- Black gay/bisexual men were more likely than White gay/bisexual men to abstain.

Implications for Prevention

In this national probability sample, nearly one-fifth of women and heterosexual men, and slightly more than one-tenth of gay/bisexual men choose to deliberately abstain from sexual intercourse as defined as abstinence for a 6-month period.

The researchers concluded that perhaps since HIV is more prevalent in the gay community, deliberately chosen abstinence may be more closely associated to a higher sense of responsibility for the reduction of HIV transmission among gay/bisexual men. Further, their illness may be less of an impediment to intimate sexual behavior.

SOURCE:

Bogart L. M., et al. (2006). Patterns and correlates of deliberate abstinence among men and women with HIV/AIDS. *American Journal of Public Health*, 96, 1078-1084.

Successful traits and barriers to rural HIV outreach identified

The southern area of the U. S. has had the most rapid increase in AIDS cases. This study describes HIV education, prevention, and out-reach services, including barriers to providing these services, to clients in rural areas of Alabama, Louisiana, Mississippi, North Carolina, and South Carolina. Data were collected from 222 AIDS service and public health organizations.

Among the perceived most successful programs provided were outreach efforts, health education/risk reduction, and one-to-one client education or outreach. Major challenges were lack of funds and qualified personnel, social stigma, lack of transportation, and privacy concerns. Conservative political sentiment, lack of community support, and community and religious attitudes were additional obstacles.

Most organizations noted that they expect the need for HIV outreach programs to increase in the future in their rural areas.

SOURCE: Zuniga, M. A., et al. (2006). HIV education, prevention, and outreach programs in rural areas of the southeastern United States. *Journal of HIV/AIDS & Social Services*, 4, 29-45.

HIV risk reduction interventions do not increase sexual risk

A meta-analytic review was done to determine whether condom-related interventions inadvertently increased the frequency of sex. Data from 174 studies (206 interventions, N=116,735) were included.

In general, HIV risk reduction interventions neither increased nor decreased the number of sexual occasions or partners. Those in the intervention groups were less likely to be sexually active than the control groups. The number of sexual occasions decreased in interventions with more black participants. The number of sexual partners were reduced in interventions that had more MSM. Samples with more MSM were more likely to adopt sexual abstinence.

Interventions having more information, motivational, and skills training lead to greater risk reduction. HIV risk reduction programs did not increase the frequency of sex. Actually, some that are behavioral theory-based reduced frequency of sex and sex partners.

SOURCE: Smoak, N. D., et al. (2006). Sexual risk reduction interventions do not inadvertently increase the overall frequency of sexual behavior: A meta-analysis of 174 studies with 116,735 participants. *Journal of Acquired Immune Deficiency Syndromes*, 41, 374-384.

One-fifth of women with normal floral develop BV

1193 women were followed for 3 years with serial vaginal swab Gram stains for BV. About 20% of women with normal flora developed BV over a 6- to 12-month interval. Among women with initially normal flora, back race, lower education, a history of BV, a history of chlamydia/gonococcal cervicitis, and lack of support were associated with BV.

SOURCE: Ness, R. B., et al. (2006). Variability of bacterial vaginosis over 6- to 12-month interval. *Sexually Transmitted Diseases*, 33, 381-385.

Gonorrhea in asymptomatic men is low

Gonorrhea presence was measured among 17,712 men. The high prevalence of gonorrhea in symptomatic men supports the importance of testing symptomatic men. The prevalence of gonorrhea among asymptomatic men was low, and routine screening cannot be recommended when screening is done for chlamydia.

SOURCE: Gaydos, C. A, et al. (2006). Prevalence of *Neisseria gonorrhoeae* among men screened for *chlamydia trachomatis* in four United States cities, 1999-2003. *Sexually Transmitted Diseases* 33, 314-319.

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

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