

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

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

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## HIV-infected women reported diminished feelings of attractiveness and sexual activity

Studies have shown that a diagnosis of HIV/AIDS may result in loss of sexual interest and cessation or reduction in sexual behavior. The diagnosis may impact one's sexuality in subjective ways, such as loss of personal attractiveness. Most studies of diminished sexual activity and interest have largely been limited to HIV-infected men.

This study explored how HIV disease affects women's interest in sex, the pleasure they derive from sex, and their feelings about their attractiveness as women and sexual partners. Also, the impact of HAART on women's subjective feelings and sexuality was studied.

### Methodology

Data were collected from two samples of women living with HIV/AIDS in New York City. The first sample ( $N=146$ ) was interviewed in 1994-1996 prior to the advent of HAART regimens. The second sample ( $N=138$ ) was interviewed in 2000-2003 following the widespread availability of HAART.

The same methods were used for both samples and recruitment relied on self-referrals from flyers placed in CBOs. Women in both samples completed a focused

interview about their experience of living with HIV/AIDS.

### Outcomes of the Study

Mean age was about 36 years. About four of ten were African American; about three of ten were Puerto Rican or white. Two-thirds had been diagnosed 5 years ago or longer. Major findings include:

- Women in both the pre-HAART and HAART eras often mentioned decreased sexual activity, a loss of sexual interest, and lessened sense of sexual attractiveness after their HIV infection.
- Reasons given for diminished sexuality included anxiety about HIV transmission, a loss of freedom and spontaneity during sex, fears of emotional hurt, not wanting the hassle of sexual relationships, a loss of sexual attractiveness and interest.
- The changes in sexuality and reasons offered did not differ between women in the pre-HAART and HAART eras.
- The loss of their sense of themselves as desirable sexually attractive and enticing women was very painful for many women.
- For some, the loss of sexual interest may have been a defense against risking rejection.

- Many would have liked companionship of men but not a sexual relationship.
- Some indicated that relationships were too stressful because partners resisted or refused to use protection or because they were jealous and suspicious.
- Many became fearful of their own sexual feelings which they saw as responsible for their current predicament.

### Implications for Prevention

A HIV diagnosis can have a dramatic negative impact on women's sexual interest and activity, sense of sexual attractiveness, and appeal as a sexual partner. Many noted that sex had become too plagued with anxiety, worry, danger and stress to still be enjoyable.

Therapeutic interventions are needed for HIV-infected women to overcome difficulties in resuming healthy sexual relationships.

### SOURCE:

Siegel, K. & Schrimshaw, E. W. (2006). Diminished sexual activity, interest, and feelings of attractiveness among HIV-infected women in two eras of the AIDS epidemic. *Archives of Sexual Behavior*, 35, 437-449.

## NEP did not impact frequency of injection over time

Needle exchange programs (NEP) are controversial in the US although many studies show that they reduce the needle sharing. This study examined the effect of NEP on incidence of injection cessation and change in injection frequency.

The sample was 901 injection drug users (IDUs) residing in Chicago, Illinois from both NEP and non-NEP in 1997-2002.

One-sixth stopped injection for 16 months on average during a period of 2.5 years, although some resumed injecting. Most who stopped also ceased the use of non-injecting drugs. Those who continued injecting reduced its frequency on average of 12% per year. Predictors of cessation were infrequent injection at baseline, younger age, and injecting with others. NEP was not associated with injection cessation or change in frequency.

These results did not support the hypotheses that NEP use influences the frequency of injection over time.

SOURCE: Huo, D., et al. (2006). Cessation of injection drug use and change in injection frequency: the Chicago Needle Exchange Evaluation Study. *Addiction*, 101, 1606-1613.

## Best-evidence interventions reduced sexual risk behavior

The CDC HIV/AIDS Prevention Research Synthesis Team reviewed US-based HIV behavioral intervention literature to identify those showing best evidence of efficacy for reducing HIV risk.

Eighteen interventions met the criteria for best evidence. Four targeted HIV-positive persons, 4 drug users, 6 adults at risk because of heterosexual behaviors only, 2 men who have sex with men, 2 youth at risk, and 8 women at risk. 13 had study samples with more than 50% minority populations.

Significant intervention effects included increase condom use and reductions in unprotected coitus, number of sexual partners, injection drug use or needle sharing, and new sexually transmitted infections

Most of the best-evidence interventions are directly applicable for populations in greatest need for effective prevention programs. But, some populations most impacted by the HIV/AIDS epidemic or at greatest risk were not represented.

SOURCE: Lyles, C. M., et al. (2006). Best-evidence interventions: Findings from a systematic review of HIV behavioral interventions for US populations at high risk, 2000-2004. *American Journal of Public Health*; <http://wSw.ajph.org/cgi/doi/10.2105/AJHP.2005.076182>

## Hormonal contraception did not increase women's HIV risk

About 6000 women ages 18 to 35 in Thailand, Uganda and Zimbabwe were studied to compare contraceptive use and HIV risk. Women using hormonal contraception were tested for HIV four-five times a year for 15 months to 24 months. Overall, no association was found between hormonal contraceptive use and HIV acquisition. The researchers noted that this finding is reassuring for women needing effective contraception in settings of high HIV prevalence.

SOURCE: Morrison, C. S., et al. (2007). Hormonal contraception and the risk of HIV acquisition. *AIDS*, 21, 85-89.

## HIV/AIDS cases increased in MSM

From 2001-2005 estimated HIV/AIDS cases increased for MSM. Estimated cases decreased for IDUs, MSM who are also IDUs, heterosexual adults and adolescents, and children. MSM (49%) and those exposed through heterosexual contact (32%) accounted for 81% of HIV/AIDS cases in 2005.

SOURCE: CDC. *HIV/STD Surveillance Report, 2005*. Vol. 17. <http://www.cdc.gov/topics/surveillance/resources/reports/>.

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

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