

R A P* 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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Crack cocaine use and sexual reciprocity was related to HIV transmission in rural area

The Glades -- rural western Palm Beach County, Florida -- has a history of STD/HIV epidemics. Belle Glade was the first US community in which heterosexual transmission was the primary mode of HIV transmission.

The Glades has a history of sugar cane and vegetable farming, resulting in a diverse population with a complex set of ethnic relations. The Glades' population is about 35,000 with 60% being Black and 35% Hispanic. Whites (15%) own most of the land and farms. Poverty and substandard housing are serious problems and class and ethnicity is linked.

The goal of this study was determine why high rates of HIV transmission persist in the Glades, particularly among African Americans, despite community-wide HIV prevention since the mid-1980s.

Methodology

Qualitative data were collected using individual and focus group interviews, observational data and print media from December 1995 and December 1997. A combination of convenience, purposive, and snowball sampling was used. Because the data was collected some time ago, researchers re-

turned to the Glades in December 2004. Six community members working in HIV prevention were interviewed and the current relevance of the data was confirmed.

Outcomes of the Study

Participants were 205 men and women, aged 18-80 years. 60% were unemployed/minimally employed and most were on public assistance. Major findings include:

- HIV transmission was associated with long-term crack cocaine use, fueled by associated differential access, by class, gender, and ethnicity, and to employment and timely health care.
- The significance of crack cocaine use was further amplified by an embedded convention of sexual-economic exchange (sexual reciprocity) within heterosexual adult sex networks.
- The sexual-economic network included young men, men who have sex with men, sex workers, migrant workers, truckers, and prison inmates.
- Few differences in patterns of sex networking among ethnic groups were found and these relationships were socially acceptable.
- Financial support from multiple male or female sex partners was

often part of a personal economic strategy and overlaid social support networks.

- For heterosexual networks, the strongest social criticism was directed against older men who exploited young women and women who encouraged their daughters to have sex with older men.
- Many men who had sex with other men preferred to keep this secret and to be viewed by others as heterosexual.

Implications for Prevention

Crack cocaine use, sexual-economic networks, poverty and unemployment were major factors in a persisting HIV problem in Glades.

Interventions should address mitigating contextual factors, such as more drug treatment beds, better and more varied employment opportunities, and the political commitment to develop these interventions.

SOURCE:

Stratford, D., et al. (2007). Social organization of sexual-economic networks and the persistence of HIV in a rural area in the USA. *Culture, Health & Sexuality*, 9, 121-135.

Unsafe sex and alcohol use found among HIV-infected women

The study assessed the role of alcohol consumption on sexual risk behavior among 187 sexually active HIV-infected women (aged 18-61) in care at an urban clinic in New Orleans, Louisiana. The sexual risk behavior among women on or off antiretroviral therapy (ART) and the relationship between alcohol use, ART, and behavior was also examined.

One-fourth were binge drinkers and mean drinking occasions per week ranged from none to 10-12. About 60% were prescribed ART and self-reported adherence was 90%.

One-third reported no condom use at last vaginal sex, 62% reported inconsistent condom use, and 7% had numerous male sexual partners in the last month.

Binge drinkers and women on ART were significantly more likely to participate in each sexual risk outcome examined. Partner refusal of condom use was related with binge drinking.

Alcohol use detection and risk reduction counseling is needed for women prescribed ART.

SOURCE: Theall, K. P. (2007). Alcohol consumption, ART usage and high-risk sex among women infected with HIV. *AIDS and Behavior*, 11, 205-215.

Bathhouse closure would lead to a small increase in HIV rate

Bathhouses and sex clubs were considered primary venues for HIV transmission during the initial HIV epidemic. With current HIV incidence increases among some high-risk groups, the potential role of bathhouses in HIV transmission should be examined again.

This study examined the role that bathhouses and sex clubs play in HIV transmission using the data from the 1997 Urban Men's Health Study. The Bernoulli mathematical model was used incorporating sub-populations with different types of sexual behaviors, condom use, and choice of partners in a single period of time.

If sexual activity were to remain the same, bathhouse closures would likely to lead to a small increase in HIV transmission in the period examined. But, this impact would be less than that which would be achieved through a 1% increase in condom use. If, conversely, bathhouse closure leads to a reduction of the sexual activity that was in the bathhouse by at least 2%, HIV transmission would be lowered.

SOURCE: Faissol, D. M., et al. (2007). The role of bathhouses and sex clubs in HIV transmission: Findings from a mathematical model. *Journal of Acquired Immune Deficiency Syndromes*, 44, 386-394.

Blacks accounted for half of HIV/AIDS in US during 2001-2005

During 2001-2005, blacks accounted for 51% of newly diagnosed HIV/AIDS infections in the U. S. In 2005, the annual rates of HIV/AIDS diagnosis among black men and women were seven and 21 times higher than white men and women. For black men, sexual contact with men was the primary mode of HIV infection; for black women, high-risk heterosexual contact was the primary mode.

SOURCE: CDC. (2007). Racial/ethnic disparities in diagnosis of HIV/AIDS -- 33 states, 2001-2005. *MMWR*, 56(09), 189-193.

Few receive HIV diagnosis soon

Of 964 persons with a HIV diagnosis from 10 cities during 1997 through 2001, 20% were diagnosed within the past 12 months. Hence, relatively few people were diagnosed shortly after acquiring infection. Persons becoming aware of their infection reduce risk behavior; so, early detection of infection is desired.

SOURCE: Schwarcz, S. (2007). Characteristics of persons with recently acquired HIV infection. *Journal of Acquired Immune Deficiency Syndromes*, 44, 112-115.

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, University of Colorado, and University of Kentucky. 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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