

# 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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## Sexual risk behavior found among men, but not women, who are living with HIV/AIDS

Antiretroviral therapy has enabled persons living with HIV/AIDS (PLWHA) to live longer. As HIV/AIDS became perceived as a more manageable illness, increase rates of STI and HIV diagnoses were observed in high-risk populations. Besides placing uninfected partners at risk for HIV infection, unprotected sex may expose PLWHA to other STIs, including other strains of HIV. Self-awareness of HIV infection can reduce risk behavior, yet some continue unprotected sex. More research is needed on variables associated with sexual risk behavior of PLWHA.

This study examined factors associated with sexual HIV transmission risk behavior among a large, diverse sample of PLWHA.

### Methodology

PLWHA were recruited from ten medical clinics in three U.S. metropolitan areas: Chicago, Miami and San Francisco Bay Area. 982 participants completed a questionnaire using ACASI technology.

Participants were included who had at least one sex partner in the past six months of any gender or HIV serostatus. Male participants were categorized as GBM (n = 545) if they identified as gay or

bisexual and as HSM (n = 223) if they identified as straight or heterosexual. Women (n = 214) were not subdivided into groups.

### Outcomes of the Study

78% was male (n = 768) with 71% being GBM. 89% of women identified as straight and 10% identified as bisexual.

Major findings include:

- Over one quarter of participants (27%, n = 266) reported engaging in serodiscordant unprotected anal or vaginal sex (SDUAV).
- HSM were less likely than women to engage in SDUAV, whereas GBM were more likely than women and HSM to engage in SDUAV.
- SDUAV was associated with multiple (2 or more) partners, using poppers, and lower safer sex self-efficacy among GBM.
- SDUAV was associated multiple partners among HSM.
- Among women, factors examined were not associated with SDUAV.
- More than half (55%) of participants reported having two or more sex partners in the past six months.
- Disclosure to sex partners varied by partner serostatus: with HIV-

negative partners, 38% disclosed to all, 53% disclosed to less than all, and 9% had no such partners.

- With partners of unknown HIV status, 30% disclosed to all, 58% disclosed to less than all, and 12% had no unknown status partners.

### Implications for Prevention

This study found that some HIV-positive gay and bisexual men, particularly those who use illegal drugs such as poppers, those whose self-efficacy for safer sex is low, and those who continue to have multiple partners, are at increased risk for transmitting HIV. These individuals must be targeted with prevention interventions.

More research is needed on factors associated with risk-taking among women and heterosexual men living with HIV. Interventions for these groups cannot be effective until factors that influence their risk behavior are identified.

### SOURCE:

Courtenay-Quirk, C., et al. (2008). Factors associated with sexual risk behavior among persons living with HIV: Gender and sexual identity group differences. *AIDS and Behavior*, 12, 685-694.

## Stigma found in HIV care providers in rural areas

Literature documents growing concerns related to access to HIV care in rural areas. This study examined issues impacting the ability of care providers to create sustainable linkages to care for persons in rural areas diagnosed with HIV and substance abuse.

Interviews were conducted in late 2005 with 39 HIV service providers at 11 agencies that provided HIV-related services to persons in a Midwestern state.

Findings suggest multidimensional stigma in the medical referral network as the leading factor that presents challenges to service providers in rural areas. The service providers reported verbal stigma in the form of insults, a loss of role/respect, and a global loss of resources such as poorer quality health care or no health care provided.

Stigma was expressed equally among all of the providers, regardless of geographic region, type of HIV-related organization, or job title.

SOURCE: Yanness, J. F., et al. (2008). HIV provider perspectives: The impact of stigma on substance abusers living with HIV in a rural area of the United States. *AIDS Patient Care and STDs*, 22, 669-675.

## HIV transmission fears identified in families of HIV-infected parent

Little research has examined whether families with an HIV-infected parent experience fears about transmission to children and how they address such fears.

Qualitative interviews were conducted with 33 HIV-infected parents, 27 minor children (9 to 17 years of age), 19 adult children, and 15 caregivers to examine fears about HIV transmission.

In many families, participants identified more than one HIV transmission-related fear. Themes included specific fears related to blood contact, bathroom items, kissing/hugging, and food. Families addressed their fears by educating children about modes of HIV transmission and establishing rules or taking precautions to reduce the risk for HIV transmission in the household. HIV-infected parents were also concerned about catching opportunistic infections from a sick child.

Many of the fears experienced by the HIV-infected parents and their children were based on misconceptions about modes of HIV transmission.

SOURCE: Cowgill, B. O., et al. (2008). Fears about HIV transmission in families with an HIV-infected parent: A qualitative analysis. *Pediatrics*, 122, e950-e958.

## Early therapy of HIV+ infants reduced death risk by 76%

This study assigned 377 HIV-positive infants to two groups: one began antiretroviral treatment at about seven weeks of age and second group began later. 4% of infants in the early group died after 40 weeks of treatment compared with 16% of the later group. Early treatment reduced progression of the disease by 75%, from 26% in the late treatment group to 6% in the early treatment group.

SOURCE: Violari, A., et al. (2008). Early antiretroviral therapy and mortality among HIV-infected infants. *The New England Journal of Medicine*, 359, 2233-2244.

## BV was associated with HSV-1 and HSV-2

Data from NHANES found that BV was significantly associated with the prevalence of HSV-1 and HSV-2 and potentially associated with HIV and HPV. Given the frequency of BV in U.S. women, small increases in STI susceptibility may impact STD transmission.

SOURCE: Allsworth, J. E., et al. (2008). Viral sexually transmitted infections and bacterial vaginosis: 2001-2004 National Health and Nutrition Examination survey data. *Sexually Transmitted Diseases*, 35, 791-796.

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

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