

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Some HIV-infected parents report prevention discussions with their children difficult

Parent-child communication about sexuality-related issues has been shown to be associated with varied protective behaviors among US youths, including later onset of sex, greater contraceptive use and lessened risk of HIV transmission.

Parent-child communication about sexual behavior may be particularly important for children living with an HIV-infected parent. Studies on the sexuality-related impact of children living with an HIV-infected parent have conflicting findings. Given this paradoxical evidence, more research is needed on this topic.

This study examined HIV-infected parents' conversations about HIV prevention with their uninfected children, including what factors facilitated or hindered discussion.

Methodology

Parents with HIV/AIDS living in the Midwest (n = 90) who had children 10 to 18 years old were recruited for a mixed-method study, 2009-2010.

Parents were interviewed to determine facilitators and barriers to parent-child discussion of HIV prevention. A questionnaire assessed the frequency and content

of the discussions, parental confidence level, and perceived importance of discussing prevention topics.

Outcomes of the Study

Mean age of parents was 45.5 years. 90% had been living with HIV/AIDS for 5 years or more. 69% were mothers, 77% African American, and 90% had high school education or less.

Major findings include:

- Most reported that they sometimes or often talked about sex (86%), drugs (78%), condoms (67%), protection from STD (82%) and AIDS (81%), and pregnancy (77%).
- 80% felt confident to discuss topics with their adolescents.
- No parent or child gender differences were found in terms of frequency and self-efficacy in talking about the topics.
- The three most commonly reported facilitators to discussion were (1) utilizing support, (2) focusing on benefits of communication, and (3) having a previous relationship with one's child.
- The three most common barriers were (1) fear and focusing on disadvantages, (2) living in denial, and (3) lacking a communication

role model.

- 63% reported disclosing their HIV status to all of their children, 20% to some, and 17% reported none of their children knew.
- Parents who did not disclose their HIV-positive status to all of their children reported less frequent communication about HIV prevention with adolescents.

Implications for Prevention

This study found that most HIV-infected parents communicate with their children about HIV prevention. However, a subset reported that the conversations were difficult: nearly half indicated a desire for support.

The study findings highlight the need for communication skills training for HIV-infected parents to enhance their discussion of HIV-related issues with their children.

SOURCE:

Edwards, L. L. (2013). Facilitators and barriers to discussing HIV prevention with adolescents: Perspectives of HIV-infected parents. *American Journal of Public Health, 103*, 1468-1475.

Having a job helped HIV-infected women manage their illness

HIV self-management is a major component in persons living with HIV. This study examined the relationship between vulnerabilities and HIV self-management of 260 women living with HIV in two U.S. cities.

Average age was 46 with most being mothers and African-Americans. Many had limited financial resources or were homeless.

Having a job helped the HIV-infected women maintain a health routine that included taking medications on schedule, keeping medical appointments, eating a healthy diet, and exercising regularly. Women who were successful with self-management of tasks such as those measured here had a better chance of living a normal life span. Although not clear why, African American women were more successful in self-managing health than other ethics groups.

The study authors recommended establishing training programs to help HIV-infected women find and hold jobs.

SOURCE: Webel, A. R., et al. (2013). The impact of social context on self-management in women living with HIV. *Social Science and Medicine*, 87, 147-154.

High HPV rates found in oral, anal and penile sites of HIV+ men

This study characterized the natural history of HPV at anal canal, penile, and oral sites in HIV-positive men based on their sexual behavior.

For each year from 2005 to 2009, the presence of HPV among 733 male HIV-infected patients (535 MSM) in Spain was investigated.

The prevalence, clearance, and incidence of HPV infection were 73%, 30%, and 39% at anal site; 26%, 56%, and 17% at penile site; and 16%, 44%, and 11% at oral site, respectively. MSM had a higher HPV prevalence (84% vs. 42%) and lower clearance rate than did heterosexuals. Similar prevalence, clearance, and incidence rates of penile and oral HPV were found between groups. The most common high-risk type was HPV-16.

Heterosexuals (7%) and MSM (6%) presented concurrent HPV infections (anal, penile-oral sites). History of anal warts was associated with higher HPV prevalence in the three body parts

Oral, penile and anal examinations were recommended for all HIV-positive men.

SOURCE: Videla, S., et al. (2013, May 31). Natural history of human papillomavirus infections involving anal, penile, and oral sites among HIV-positive men. *Sexually Transmitted Diseases*, 40, 3-10.

HIV+ women have more severe menopause symptoms

Perimenopausal women with HIV had more severe hot flashes than perimenopausal women not infected with HIV, and the hot flashes had a larger disruption on life quality and daily functioning. HIV+ women experienced, for example, more sleep disturbance; depressed moods; work problems; and sexuality, relationships, concentration and leisure issues.

SOURCE: Looby, S. E., et al. (2013, July 1). Increased hot flash severity and related interference in perimenopausal human immunodeficiency virus-infected women. *Menopause*. doi: 10.1097/GME.0b013e31829d4c4c.

HPV vaccine helps with throat cancer

5,840 sexually active 18-25 year old Costa Rica women were studied for four years. HPV vaccine seemed to protect them from throat cancer caused by HPV acquired during oral sex.

SOURCE: Herrero, R, et al. (2013). Reduced prevalence of oral human papillomavirus (HPV) 4 years after bivalent HPV vaccination in a randomized clinical trial in Costa Rica, *PLOS One*. doi: 10.1371/journal.pone/0068329.

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 Arizona, 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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