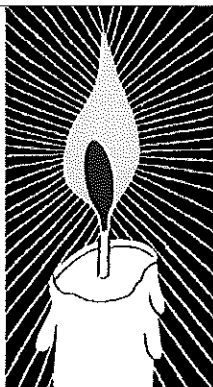


RAP* Time



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 midlife and older women exercise greater power in sexual decision making

The prevalence of HIV/AIDS is high and increasing among midlife and older women, especially among women of color. Compared to younger women, midlife and older women are generally perceived as not being an at-risk group for HIV infection and may not perceive themselves as personally at risk for infection.

Older women indicate sexual health as a lifelong need and many participate in sexual activity. Newly divorced, widowed and separated women are dating with some acquiring HIV from unprotected sex. Sexually active older women may be at greater risk for HIV acquisition than older men and younger women. Gender roles and expectations may affect HIV infection risk.

This study examined relationship power, sexual decision making, and HIV risk among midlife and older women.

Methodology

A purposive sample (N=110) of ethnically, economically, and educationally diverse women 40 years and older from Greater Los Angeles Area was surveyed to determine their levels of self-esteem, general relationship power,

sexual decision-making, safer sex behaviors, and HIV knowledge. Being female and currently or wanting to be in a relationship with a man were the inclusion criteria.

Outcomes of the Study

Mean age was 51 years. (range 4-80 years). 40% currently married; 22% single, 38% widowed, separated, or divorced. 47% reported dating. 56% were high school graduates or some college, and 26% were college graduates.

Major findings include:

- The majority of women did not engage in protective sex and may reported that their male partners would get angry or violent if asked to use a condom.
- Income was the only demographic variable significantly related to HIV knowledge, suggesting that the higher the income, the more accurate HIV knowledge.
- Participants who generally possessed higher levels of general relationship power and self-esteem tended to exercise greater power in sexual decision making such as having sex and choosing varied sexual behaviors.
- Participants who had greater sexual decision-making power were more likely to use a condom

regardless of age and ethnicity.

- Income level was statistically significant in predicting the use of condoms; i.e., those with annual income of \$40,000 were much less likely to use a condom compared to those with lower incomes.
- About 20% stated that their partner had more power in making decisions to have sex and the types of sexual behaviors engaged in.

Implications for Prevention

The study found that these midlife and older women who had higher levels of general relationship power and self-esteem tended to have greater power in sexual decision making such as when to have sex, what sexual behaviors to express, and using condoms.

Most participants did not practice protected sex and reported that their male partners would be get angry or violent if requested to use a condom.

SOURCE:

Altschuler, J. & Rhee, S. (2015). Relationship power, sexual decision making and HIV risk among midlife and older women. *Journal of Women and Aging*, 27: 290-308.

HIV+ transgender women needed more support services

Data from the nationally representative Medical Monitoring Project (2009-2011 cycles) were analyzed to describe the characteristics of HIV-infected transgender women to examine their care and treatment needs.

An estimated 1.3% of HIV-infected persons receiving medical care in the U.S. self-identified as transgender women. Transgender women were socioeconomically more marginalized than non-transgender men and women.

No differences were found between transgender women and non-transgender men and women in the percentages prescribed antiretroviral therapy (ART). A significantly lower percentage of transgender women compared to non-transgender men had 100% ART dose adherence.

Greater percentages of transgender women need more support services. Little difference was found between transgender women and non-transgender persons in receipt of treatment and most supportive services.

SOURCE: Mizuno, Y., et al. (2015). Characteristics of transgender women living with HIV receiving medical care in the United States. *LGBT Health*, 3, 228-234.

Vaginal practices done to increase pleasure and commitment

In many African countries, many women conduct vaginal practices to clean or modify the labia or vagina. A household survey of 919 women in Tete Province, Mozambique, examined 8 vaginal practices.

Vaginal cleansing was reported by 92% of women beginning at mean age 16 years. 72% had at one time inserted any product into the vagina. Insertion occurred four times a month and application occurred daily. 10% of women aged 33-44 years used all three methods. A wide variety of products were used for applying substances on the external genitalia and for cleaning purposes.

Cleansing, insertion, and application were commonly used to enhance sexual pleasure of the woman and the male and to hopefully enhance male commitment. Main products inserted were traditional substances (88%); e.g. roots, leaves and bark pounded or prepared into a small ball.

Studies have shown a plausible pathway between intravaginal cleansing practices and vaginal infections.

SOURCE: Bagnol, B., et al. (2015). Determinants of vaginal cleansing, application, and insertion in Tete Province, Mozambique, and products used. *International Journal of Sexual Health*, 27, 324-336.

2012 Olympic Games had little impact on new STI

This study assessed whether the STI profile of the London 2012 Games visitors differed from that of local STI clinic population. Olympic visitors were more likely heterosexual males, ages 15-24 years, white ethnicity, and born in Australasia, Asia, North America, or South America. Olympic visitors constituted 1% of new clinic attendances and were less likely to be diagnosed as having a new STI

SOURCE: Bersabeh, S., et al. (2015). Epidemiology of sexually transmitted infections in visitors for the London 2012 Olympia Games: A review of attendees at sexual health clinics. *Sexually Transmitted Diseases*, 42, 710-717.

Most women with BV have no symptoms

Bacterial vaginosis is the most common cause of vaginal symptoms among women, but it is not clear what role sexual activity plays in developing BV. Prevalence of BV increases with more lifetime sexual partners. Most women (84%) with BV report no symptoms.

SOURCE: CDC. (2015). Bacterial Vaginosis (BV) Statistics. Atlanta, GA.

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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