

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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

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Barriers to accessing health services among women living in rural California identified

The proportion of HIV/AIDS cases among females in the U. S. has increased nationally including those living in rural areas. HIV/AIDS has impacted rural communities of the country, areas where persons living with HIV face unique challenges than those faced in urban areas.

However, little research has been conducted on issues faced by HIV-infected women living in rural communities, particularly related to health care problems. Prior research has shown that these women experience barriers and limited access to health care.

This study explored the barriers to accessing health care among HIV infected women residing in rural areas and communities in California.

Methodology

Study participants were 64 women living in rural areas and receiving medical care at 11 facilities in California. Retrospective, face-to-face, structured interviews were conducted.

Barriers to medical care were assessed using a four-point, Likert-like scale, with responses ranging from “rarely or never” a barrier to “always” a barrier. A total of 18

barriers were identified from a review of previous research on rural HIV/AIDS patients. Further, questions dealing with transportation were asked.

Outcomes of the Study

Half of the women were white and most had 12 or more years of education. The most common HIV transmission mode was heterosexual contact.

Major findings include:

- 45 women (70%) indicated that barriers were at least “sometimes” an issue with 25% indicating “always an issue.”
- The most common barriers included physical health problems that prevented travel to care (33%), lack of transportation (31%), and lack of ability to navigate the healthcare system (25%).
- Most women (38, 60%) traveled 30 minutes or less for appointments, although four traveled <120 minutes and 29 women (45%) reported difficulty traveling to appointments.
- 31 women (48%) reported driving themselves to appointments; 36% reported having someone else drive them and 13% relied on public transporta-

tion.

- In the prior year, 24 women (38%) indicated that they missed an HIV medical appointment.
- The most common reasons for missed appointment were transportation problems (9, 38%) and not feeling well physically (9, 38%).
- None of the top barriers were specific to HIV.

Implications for Prevention

This study of rural California women living with HIV infection found that physical health and transportation problems were the major barriers to accessing health services and the primary reason for missing HIV health care appointments.

To address these barriers the researchers suggest the providing of transportation programs and/or mobile clinics. Further, support for patients with physical limitations would be valuable to improving access to HIV health care in rural areas.

SOURCE:

Sarnquist, C. C. & et al. (2011). Rural HIV-infected women’s access to medical care: Ongoing needs in California. *AIDS Care*, 23, 792-796.

Most parents supported school condom education

This study examined the views of parents regarding school-based condom education and distribution programs. Parents of school-age children in Minnesota were surveyed in telephone interviews (N = 1605).

Most parents held supportive views. Strongest support was for teenagers needing information about condoms (86%) and showing condoms during classroom instruction (77%). About two-thirds of parents agreed that school-based instruction about condoms should be “allowed” in high schools with one-fifth (21%) believing that it should be required.

Sixty percent of the parents believed that condoms should be made available in high schools; 58% disagreed that such availability would make students more sexually active.

Self-identified Born Again Christians and politically conservative parents were the less supportive of condom availability and education.

SOURCE: Eisenberg, M, E., et al. (2011). Condom provision and education in Minnesota public schools: A telephone survey of parents. *Journal of School Health*, 79, 416-424.

Fear of condom negotiation predicted inconsistent use

The CDC has called HIV/AIDS a “health crises for African Americans” and urges a heightened national response. This study determined the predictive value of selected factors to the consistent use of condoms among high-risk African American women.

Participants were 242 clinic-based African American women, ages 15-21 years. These women were participants for a randomized trial of an HIV prevention program and those from the control group were used for this secondary analysis.

Only 32% of the women in the study were classified as consistent condom users. Consistent condom use was predicted by having greater perceptions of condom negotiation self-efficacy, lower fear of negotiating condom use, and having communicated with sex partners (during the recall period) about condom use.

Intervening with couples rather than with women alone was suggested to be a more effective way to improve consistent condom use behaviors.

SOURCE: Crosby, R. A., et al. (2011). Predictors of consistent condom use among young African American women. *AIDS and Behavior*, DOI: 10.1007/s10461-011-9998-7.

New U.S. HIV infections remain stable but disparities exist

New HIV infections in the United States has remained relatively stable for 2006-2009 averaging about 50,000 cases per year. However, disparities represent particular prevention challenges. New infections rose 21% for ages 13-29 which includes a 34% increase among young men who have sex with men. Especially dramatic was a 48% increase in incidence among young black/African American MSM. Blacks represent 14% of population but account for 44% of incident infections in 2009.

SOURCE: Prejean, J., et al. (2011). Estimated HIV incidence in the United States, 2006-2009. *Public Library of Science ONE*, doi: 10.1371/journal.pone.0017502.

24% of HIV diagnoses are among women

Women represented 24% of diagnosed HIV infections (11,200 new infections) in the United States in 2009. The rate of new infections in 2009 among black women was 15 times that of white women and over 3 times the rate among Hispanic/Latina women.

SOURCE: CDC. (2011). HIV among women. <http://www.cdc.gov/hiv/topics/women/index.htm>.

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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