Partner types among African Americans influence risk perceptions and behaviors

African Americans are disproportionately impacted by HIV infection. Rates of new HIV infection among African Americans are nearly 8 times higher than their White counterparts.

High-risk heterosexual contact as mode of HIV transmission is high among African Americans. For example, 80% of cases in women and 25% of cases in men are from high-risk heterosexual contact. CDC recently called HIV/AIDS among African Americans a “major health crisis” calling for a “heightened national response” to this crisis including the development of new interventions.

This purpose of this study was to contextualize varied risk behaviors and sexual relationships among heterosexually active African American men and women.

Methodology
Thirty-eight participants (20 females and 18 males) were recruited from a large city in the southeastern U.S. to participate in focus group discussions exploring general condom perceptions, condom negotiation and sexual partnerships.

Participants were heterosexually active African Americans, aged 18-44 years. A systematic approach was taken in focus group data analysis.

Outcomes of the Study
Mean age was 27 years, 92% were unmarried, 77% had a high school diploma/GED or less, 54% were unemployed, 49% made less than $5,000 in past year and 37% received social assistance in past 6 months. Major findings include:

•   Both female and male participants described three types of sexual relationships in their community: one-night stand, regular casual and main.
•   Participants agreed condoms were used at the beginning of relationships and with casual partners, but they were not used in long-standing relationships with main partners.
•   Male participants agreed they were much more likely to use a condom with casual partner.
•   Women tended to emphasize condom use as protection from STIs; men emphasized protection against unintended pregnancy.
•   Most female and male participants acknowledged it was impossible to determine a partner’s risk.
•   Participants tended to judge partners’ potential risk based on physical appearance.
•   Most understood the need to use condoms but alcohol and sexual arousal interfered.
•   Men and women stated that negotiating condom use with main partners was very difficult but less with casual partners.
•   Some men said if they wanted to use a condom with a casual partner they simply put it on without any discussion.

Implications for Prevention
This study involving young adult African American men and women found that partner types influenced condom use and sexual behaviors. For example, condom use occurred more frequently with casual than main sexual partners. Negotiating condom use with main partners was very difficult.

Findings inform the development of novel HIV prevention interventions for both female and male African Americans.

SOURCE:
Two personality traits related to sexual risk behavior

This investigation was conducted to elucidate the joint contributions of sensation seeking and impulsive decision-making to HIV and STD risk behaviors using data from a large sample of sexually active young adults (N=2,386). Participants completed a self-administered survey using a lap-top computer.

Sensation seeking was positively associated with all outcome variables (11 sexual risk behaviors), except number of unprotected behaviors in the last 30 days and behaviors with a partner who injected drugs, whereas impulsive decision-making was positively associated with all outcome variables, except behaviors with a partner who had an STD.

Sensation seeking and impulsive decision-making operated synergistically with respect to the outcome variables of sex behaviors using drugs, behaviors with a partner using alcohol, and behaviors with a partner using drugs.


Serosorting not protective among African American MSM

Serosorting is selecting sex partners or selectively using condoms based on a sex partner's perceived HIV status. Data were collected from MSM STD clinic patients in Seattle, WA, 2001-2010.

Men was asked about the HIV status of their anal sex partners in the past year and about their condom use with partners by partner HIV status. Serosorters were defined as MSM who had unprotected anal intercourse (UAI) only with partners of the same HIV status, and compared the risk of testing HIV positive among serosorters and men who reported having UAI with partners of opposite and unknown HIV status.

Serosorting was associated with a lower risk of testing HIV positive than nonconcordant UAI among white MSM. Among Hispanics, the risk of testing HIV positive was lower among serosorters than men engaging in nonconcordant UAI, although this was not significant.

For this African American population, serosorting did not seem to protect against HIV.


Healthful food may be important in HIV treatment

A recent study in San Francisco found that HIV patients who have inadequate access to nutritious food are more likely to face hospitalizations and emergency room visits than those having enough to eat. 56% of HIV-positive patients who were homeless or living in substandard housing also were food insecure. Food insecurity was greater associated with hospital trips than homelessness, drug abuse, depression, nearly all of other poverty-related measures.


Once-a-day HIV pill approved by FDA

A once-a-day HIV treatment that combines four HIV drugs into one tablet has been approved by Food and Drug Administration. The Gilead Science drug, call Stribild, will cost about $28,500 a year.