

# 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. Vol. 12, No. 3, March 7, 2008

## Black elders, especially those in rural areas, revealed more stigma-related beliefs

New cases of HIV infection among older adults more than doubled in the 1990s; African Americans were the most affected population. One-quarter of new HIV/AIDS diagnoses in 2002 were among people over 45 years old. Most of these cases were African Americans living in the southeast. Other STIs may also be more common among African Americans. Stigma is a major barrier to STI control, but rarely addressed among older persons because of assumed low sexual activity and low STI risk. Stigma-related beliefs among African Americans may reinforce their distrust of STI control programs

This study examined STI-related stigma among older adults in a southern US state.

### Methodology

Participants were 81 black and 108 white residents aged 50 years or over. They were interviewed by telephone, using random digit dialing for the four state telephone area codes.

The research focused on beliefs and attitudes about STIs and related treatment issues and general STI knowledge. Participant selection continued until a purposive

sample of 200 interviews were obtained. African Americans were over-sampled to obtain about equal number of blacks and whites.

### Outcomes of the Study

The mean age was 62 years for both blacks and whites. Compared to whites, African Americans were poorer, less educated, less likely to be married, and more rural.

Major findings include:

- Rural blacks, in contrast to all others, were more fearful of being in the same room as an infected person (27% rural, 4%, others), of hugging an infected person (39% rural, 11% others), and of catching an STI from a public restroom (56% rural, 27% others).
- More rural blacks believed that women are at higher risk of STI infection than men (39% rural, 17% others)
- Most rural blacks (61%) believed that men would be blamed for “spreading” STIs.
- Rural blacks, in contrast to all others, were more likely to indicate that they would refuse to name sex partners for STI contact tracing (42% rural, 24% others).
- Rural black respondents were more likely than others (71% vs

54%) to delay STI treatment because of embarrassment.

- More rural blacks were more likely to indicate that they would seek revenge against a partner (59% rural, 32% others).
- More rural blacks were more likely to indicate that they would not get STI treatment at all (49% rural, 32% others).

### Implications for Prevention

This study found that rural African Americans, compared to rural whites and urban blacks, had higher levels of anger, embarrassment, feelings of betrayal, intentions for revenge-seeking and desires to delay treatment for STIs. Traditional values are deeply held by many rural south residents, possibly resulting in more moralistic stances against persons with STI and more fear of being infected.

The public health challenge is to harness the moral authority of older adults, particularly in blacks, for control of STIs.

### SOURCE:

Lichtenstein, B. (2008). ‘Exemplary Elders’ Stigma, stereotypes and sexually transmitted infections among older African Americans. *Current Sociology*, 56, 99-114.

### Awareness of HIV positive serostatus prevents incident HIV

Persons living with HIV who know of their status are more likely than serostatus-unaware PLWH to prevent HIV transmission. This study, using a statistical model of the US HIV epidemic from 2001 to 2004, calculated the number of incident infections that would have occurred in 2002-2004 had the proportion of PLWH who were aware of their serostatus remained at the 2001 level rather than increasing between 2001 and 2004.

The increase from 2001 to 2004 in the proportion of PLWH who were aware of their serostatus can be credited with preventing nearly 6000 incident HIV infections in the 3-year period from 2002 to 2004. These prevented HIV infections are associated with saving more than \$5 billion in averted lifetime economic productivity losses and HIV/AIDS-related medical care.

This analysis reinforces the value of increasing the number of PLWH who are aware of their serostatus.

SOURCE: Pinkerton, S. D., et al. (2008). Infections prevented by increasing HIV serostatus awareness in the United States, 2001 to 2004. *Journal of Acquired Immune Deficiency Syndromes*, 47, 354-357.

### Odds of condom breakage decreased with advancing age

This study identified condom user errors leading to condom breakage using an event-specific analysis among young African American men newly diagnosed with a STD at a publicly funded STD clinic in a metropolitan area of the Southern United States.

More than one-fifth (21.2%) reported condom breakage. Each year with advancing age decreased the odds of breakage by 10%. Those who used an oil-based lubricant were more than 3 times as likely to report breakage. Those who completely unrolled the condom before putting it on were also about 3 times more likely to report breakage.

The breakage rate for men indicating both oil-based lubricant use and unrolling condom down prior application was 55% compared to 33% among those indicating either error and 13% among those with neither error.

The study highlights the need for education on not using oil-base lubricants with condoms and basic application skills.

SOURCE: Crosby, R. A., et al. (2008). An event-specific analysis of condom breakage among African-American men at risk for HIV acquisition. *Sexually Transmitted Diseases*, 35, 174-177.

### HSV-2 found in 28% of uncircumcised Kenya men, aged 18-24

Among 2771 uncircumcised men in Kisumu, Kenya, 28% tested positive for herpes simplex virus type 2. Risks for infection were increasing age, being married or having a live-in female partner, preferring "dry" sex, reported penile cut or abrasions during sex, increasing lifetime sex partners, and non-student occupation. Risk decreased with reported condom use at last sex.

SOURCE: Mehta, S. D, et al. (2008). Herpes simplex virus type 2 infection among young uncircumcised men in Kisumu, Kenya. *Sexually Transmitted Infections*, 84, 42-48.

### 19% of AIDS among age 50 and over

The number of persons aged 50 and older living with HIV/AIDS has been increasing. In 2005, this group accounted for 15% of new HIV/AIDS diagnoses and 24% of persons living with HIV/AIDS (increased from 17% in 2001). Rates of HIV/AIDS for this age group was 12 times higher among blacks and 5 times as high among Hispanics compared to whites.

SOURCE: CDC. (2008). Persons aged 50 and over. [www.cdc.gov/hiv/topics/over50/index.htm](http://www.cdc.gov/hiv/topics/over50/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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