

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

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Many HIV-infected African Americans living in the rural South experience suffering

People living with HIV (PLWH) experience emotional distress. The suffering of PLWH in the rural South is particularly prevalent for southern rural minorities. This suffering is imbedded in the historical and present economic, social and cultural context of local communities which include high levels of stigma and discrimination. Hence, many PLWH of color in the South keep their diagnosis secret, thereby restricting their access to mental health support. Further, the rural South has limited health, mental health and social service resources and has challenges of confidentiality.

This study explored how community responses to HIV/AIDS contribute to distress and suffering of African Americans living with HIV in rural South.

Methodology

Focus groups of African Americans with HIV ($n=30$) residing in six rural counties in the southeastern U. S. were conducted. Community leaders and service providers ($n=11$) were also assessed. The counties had high rates of poverty and low unemployment.

Questions focused on how communities and individuals

thought about AIDS and how persons with HIV/AIDS were treated.

Outcomes of the Study

The community leaders and service professionals were largely ethnic minorities (64% African American, 18% Hispanic and women 72%). The PLWH were African American men ($n=19$) and women ($n=11$) with most having no higher than a high school education. 73% had been diagnosed for more than 5 years. Major findings include:

- Communities were described as coping with HIV by avoidance, fueled by fear.
- Residents were afraid of catching HIV and thought of it as a death sentence.
- HIV was viewed by many as transmitted by casual touch and as a “dirty disease” caused by personal lifestyle choices.
- PLWH faced discrimination in all aspects of their lives, such as blame and gossip.
- Because of intense fear, community members marginalized PLWH by avoiding physical contact and proximity.
- PLWH described being devastated and distressed at diagnosis and feared dying.

- Distress reinforced feelings of shame, hurt, and embarrassment.
- Concerns about how they would be treated lead many to live a life of secrecy and profound loneliness.
- Limited health care and support/counseling were available to PLWH.
- Even when care was available, many did not access this service fearing discrimination.

Implications for Prevention

This study clearly reveals that African Americans PLWH in the deep South experience profound distress, conceptualized by the researchers as socioemotional suffering. This suffering is multi-facet including hidden emotional burden and social attitudes and behaviors.

To improve life quality for PLWH interventions must focus on the local community.

SOURCE:

Miles, M. S., et al. (2010). Silent endurance and profound loneliness: Socioemotional suffering in African Americans living with HIV in the rural South. *Qualitative Health Research*, doi: 1177/1049732310387935.

Oral sex appears to increase likelihood of intercourse in teens

Oral sex is the most common sexual behavior among teens, with at least 20% having had oral sex by end of ninth grade. This study identified the temporal order between oral and vaginal sex onset. 627 ninth-grade students in two California high schools were surveyed every six months between 2002 and 2005.

Among sexually active teens, most initiated vaginal sex after or within the same 6-month period of oral sex initiation. Adolescents who began oral sex at end of ninth grade had a 50% chance of initiating vaginal sex by the end of 11th grade. Teens who delayed oral sex until the end of 11th grade had a 16% chance of initiating vaginal sex by the end of 11th grade.

This study provides evidence that oral sex initiation appears to increase the likelihood of vaginal sex onset. This sequence may be a normative trajectory. Comprehensive safer sex interventions should include messages about oral sex.

SOURCE: Song, A. V., & Halpern-Felsher, B. L. (2010). Predictive relationship between adolescent oral and vaginal sex. *Archives of Pediatric and Adolescent Medicine*, doi: 10.1001/archpediatrics.2010.214.

Perceived low support for condom use found related to sexual risk

Black and Latino men who have sex with other men are the highest risk population for HIV infection in the U.S. This study examined the sociodemographic/behavioral variables associated with low peer support for condom use and unprotected sex among Black and Latino MSM in three large cities.

Among Black MSM, those who reported low peer support of condom use had higher odds of reporting UAI with casual and main partners compared to those who reported protected anal intercourse. Among Latino MSM, those who reported low peer support of condom use had higher odds of reporting UAI with casual and main partners compared to those who reported protected anal intercourse.

Place of birth, years in the U.S. and language fluency were not associated with UAI for either partner type.

The results suggest that interventions should address the role of Black and Latino MSM peer and social networks for increasing condom use.

SOURCE: Carlos, J., et al. (2010). The role of peer support on condom use among Black and Latino MSM in three urban areas. *AIDS Education and Prevention* 22, 430-444.

HPV vaccination resulted in drop of genital wart cases

Since the *Gardasil*/HPV vaccination program began in 2007 in Australia the number of women seeking treatment for new cases of genital warts declined 59%. The number of new cases for men declined 28%. The researchers noted that the decline would seem to be a forerunner for future decrease of cervical cancer.

SOURCE: Donovan, B., et. al. (2010). Quadrivalent human papillomavirus vaccination and trends in genital warts in Australia: Analysis of national sentinel surveillance data. *The Lancet Infectious Diseases*, doi: 10.1016/S1473-3099(10)70225-5.

Number of SEPs remained similar

In 2008, the number of syringe exchange programs remained the same as recent years. 123 of 184 SEPs surveyed reported exchanging 29.1 million syringes. These programs contribute to a comprehensive approach to prevention of HIV and other bloodborne infections among injection drug users.

SOURCE: CDC. (2010). Syringe exchange programs -- United States, 2008. *MMWR*, 59(45), 1488-1491.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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