

HIV and STI Prevention for Positives: A Partnership Angle for Risk Counselors and Case Managers



Center for Interdisciplinary Research on AIDS

The same person may behave quite differently across different sexual partnerships

Sexual transmission of HIV occurs within a sexual partnership, and partnerships come in many different kinds, from lifelong relationships to one-time encounters. According to a study performed by CIRA scientist and sexually transmitted infection expert Linda Niccolai, the characteristics of a sexual partnership are more faithful and useful predictors of HIV risk behavior than the individual characteristics of the HIV positive person engaging in the partnership.

Dr. Niccolai surveyed a small sample of HIV positive, sexually active people in New Haven about the consistency of their use of condoms, as well as the characteristics of their sexual partnerships (steady vs. casual or anonymous, heterosexual vs. same sex, disclosure vs. non-disclosure, perceived serostatus of partner) in the recent past. She also recorded their personal information (age, race, gender, past drug use, sexual history, etc), and analyzed the data to determine which characteristics were strongly associated with unprotected sex.

What are the findings?

Unprotected sex is.....

- Almost twice as likely in steady partnerships compared with casual partnerships.

- Twice as likely in partnerships between two openly HIV positive people compared with partnerships where one partner is known to be HIV negative.
- Among people in steady partnerships, six times more likely when both partners are openly HIV positive.
- Almost twice as likely in partnerships where HIV disclosure has not occurred compared with those where HIV status had been disclosed.
- When HIV status is known, more than ten times as likely in same sex partnerships, compared with heterosexual partnerships.

Non-disclosure is.....

- least likely in steady heterosexual partnerships.
- more likely in casual heterosexual partnerships than casual same sex partnerships.
- more likely generally in casual partnerships than in steady partnerships.

By contrast, within this population, all of **the individual characteristics of the participants**, such gender, race, sexual history and drug use, **were not useful as predictors of either unprotected sex or non-disclosure**, compared with these partnership characteristics. This effect was particularly important in men.

Conclusions for Case Managers and Counselors

This study highlights the importance of partnerships in predicting risk behavior among people living with HIV. For counselors and case managers, a focus on the dimensions of the sexual partnerships of their clients may illuminate factors underlying HIV transmission risk.

It seems that a steady sexual partnership where both partners believe the other is HIV infected is a risky partnership for unprotected sex. Counselors might stress that perception of another's status can be imperfect, and that even if both partners have HIV, they are still vulnerable to contracting STIs.

In this way, an appreciation of the risk trends within partnerships may assist counselors to effectively minimize transmission risk. Another example of a risky partnership is one where one or both partners are unaware of their partner's HIV status. Counselors working with clients who have chosen not to disclose their status to their current sex partners might highlight this risk in order to discourage unprotected sex, or encourage disclosure.

Generally, a focus on partnership dynamics should inform a counselor's assessment of a client's transmission risk across the full range of his or her sexual partnerships. This study suggests that risk behavior may vary significantly from

one partnership to another. The difference between a casual versus a steady partnership, or a partnership where the HIV infection of both partners is discussed versus one where status is unknown, means a difference in the pressures affecting HIV risk behavior. What motivates people living with HIV to use protection in one partnership may not apply in another one.

These findings come as the result of studies conducted by Linda Niccolai, PhD, Danielle D'Entremont, MA, Ellen Pritchett, MPH, Krystn Wagner, MD PhD, and Elizabeth King, MPH. These findings will be published in the journals "Sexually Transmitted Disease," and "AIDS Patient Care and STDs."

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About CIRA

The Center for Interdisciplinary Research on AIDS (CIRA) was established in 1997 and is funded through a grant from the National Institute of Mental Health (NIMH). CIRA focuses on the prevention needs of those most affected by HIV in Connecticut, including the poor, drug users and their partners, and communities of color. The Center unites three Connecticut research institutes: Yale University in New Haven, The Institute for Community Research (ICR) and the Hispanic Health Council (HHC) – both in Hartford.

The Center brings together scientists from 13 different disciplines with the mission of supporting the conduct of research aimed at the prevention of HIV infection and the reduction of negative consequences of HIV disease in vulnerable and underserved populations. CIRA also supports research on legal, policy and ethical issues in HIV/AIDS. The Center presently provides infrastructure support to over 60 research and training grants and over 40 affiliated scientists.

