

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly. Vol. 4, No. 2, February 4, 2000

STD-Related Behaviors of Rural STD Clinic Clients as Frequent as Urban Populations

Most research on HIV/STD sexual risk behaviors has been conducted on urban populations. Some rural counties of the South have experienced a growing AIDS problem and STD rates as high as those in urban populations in the United States.

Methodology

During a 17-month period (August 1992 to January 1995) patients of a county STD clinic in rural, eastern North Carolina were interviewed. Six hundred-sixty patients completed a 147-item questionnaire which addressed behaviors that may increase the risk of acquiring HIV or an STD, or of prolonging a curable STD.

Outcomes of the Study

Most of the respondents were African-American (87% of men, 82% of women) and female (54%), and the median age was 23 years for both men and women. Thirty percent of the males and 52% of the females were not currently employed.

Among those with symptoms ($N=358$), 50% of the men and 66% of the women came to the clinic a week or more after

experiencing symptoms of a curable infection.

Major findings include:

- Sixty-eight percent of the men and 39% of the women reported having multiple sex partners in the last 3 months.
- Fifty-nine percent of men and women reported never using a condom during vaginal sex with their main partner.
- Condom non-use was twice as likely with main partners than with casual partners.
- Factors independently associated with condom non-use (older age, cohabitation, non-African American race, and social norms for risky sex) did not vary by partner type after the correlational nature of these data was taken into account.
- STD-related behaviors among the STD clinic clients in this rural county were at least as frequent as reported for urban populations. Indeed, a number of key behaviors appear to be even more common in this rural area than they reportedly are in urban groups. For example, taking into account different periods of recall for different studies, the percentages of the clients in this study

who had multiple partners appears to be higher than for some urban samples.

Implications for Prevention

This rural clinic population had high frequencies of behaviors known to enhance transmission of HIV and other STDs, including multiple sexual partners, non-use of condoms, and delay in seeking treatment for curable STDs. The relative absence of anonymity in a small community may have played a role in several of the behaviors.

Interventions to prevent sexual transmission in this rural community may need to give particular attention to (1) the number of sexual relationships outside of main partnerships; (2) condom use with main partners who have other partners, along with relatively older persons and those who are living with a partner; and (3) stressing confidentiality for those who seek care for an infection.

SOURCE: Thomas, J. C., et al. (1999). Behaviors that facilitate sexual transmission of HIV and STD in a rural community. *AIDS and Behavior*, 3, 257-267.

Minority MSM Account for Greater Share of AIDS Cases

Racial/ethnic minority populations in the United States account for an increasing proportion of AIDS cases, including cases among men who have sex with men (MSM).

CDC reported that among MSM, non-Hispanic black and Hispanic men accounted for an increasing proportion of AIDS cases and has smaller proportionate declines in AIDS incidence and deaths from 1996 to 1998. Of HIV and AIDS diagnoses among racial/ethnic minority MSM, the proportion who were young (aged 13-24 years) is higher than among white MSM.

Race/ethnicity itself is not a risk factor for HIV infection. But, among racial/ethnic minority MSM, factors such as homophobia, poverty and unemployment, and lack to access to health care are associated with HIV risk behavior.

These data highlight the need for increased effort to promote HIV prevention among racial/ethnic minority communities.

SOURCE: CDC. (2000). HIV/AIDS among racial/ethnic minority men who have sex with men--United States, 1989-1998. *MMWR*, 49(01), 4-11.

Oral Sex Contributes Significantly to HIV Transmission

Researchers have found evidence that a significant percentage of new HIV infections in some groups of men who have sex with men are due to oral sex, a mode of transmission too often regarded as posing little or no risk.

The study, conducted by researchers from CDC and the University of California, San Francisco Options Project, assessed risk behavior for 102 gay and bisexual men recently infected with HIV and found that oral sex was the only risk behavior for eight of these men (about 7.8%). Most believed oral sex represented either no or minimal risk. The results were presented recently at the 7th Conference on Retroviruses and Opportunistic Infections in San Francisco.

Persons may be increasingly practicing oral sex as a replacement for higher-risk behavior, assuming oral is a risk-free activity. While oral sex may carry a much lower risk of transmitting HIV than other forms of sex, this study suggests that repeated exposures may add up to pose a significant risk.

SOURCE: CDC. (2000, January 28). CDC Update: Oral sex contributes significantly to HIV transmission.

Condom Use Efficacy Related to Low STD Risk Behaviors

A study of 410 sexually active adolescents found for females and males higher condom use efficacy was associated with lower STD risk behavior. Both genders were more likely to refuse to have sex if a partner was not willing to use condoms, and the females were more likely to carry a condom when anticipating intercourse.

SOURCE: Sieving, R., et al. (2000). Cognitive and behavioral predictors of sexually transmitted disease risk behavior among sexually active adolescents. *Archives of Pediatric Adolescent Medicine*, 151, 243-250.

Prison AIDS Rates Higher Than U.S. Rates

In 1997, the overall rate of confirmed AIDS among the nation's prison population (0.55%) was more than 5 times the rate for the U.S. population. At year end 1997, 2.1% of all State and Federal prison inmates were known to be infected with HIV. The infection rate was down from 2.2% in 1996.

SOURCE: Maruschak, L. M. (1999, November). HIV in prisons, 1997. *Bureau of Justice Statistics Bulletin*, 1-11. ○



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