

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY & PURDUE UNIVERSITY

\*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly.

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## AIDS Cases Increasing Rapidly in Some Rural Areas, But More Slowly in Others

Antiretroviral therapy has slowed the growth of all new AIDS cases, although the incidence of newly diagnosed HIV cases has not declined. The number of AIDS cases in rural areas is not dropping as rapidly as urban areas. Surveillance data indicates that rural AIDS represents an increasing proportion of all new AIDS cases in the United States. More research concerning the patterns of AIDS in rural America is needed.

This study reports on select transitions in the spread of AIDS in two low prevalence and two high prevalence HIV/AIDS service areas in rural America.

### Methodology

The specific sites were: southeast Idaho (the Pocatello and Idaho Falls areas) and southeast New Mexico (the Roswell area) in the Mountain Census Division and Edisto District (the Orangeburg area) and Treasure Coast Florida (the Fort Pierce area) in the South Atlantic Census Division. An initial study conducted in 1993 provided a base line for the study. Each site was revisited in the summer 1998. Data were analyzed by degree of rurality of

the site, prevalence levels, and risk categories.

### Outcomes of the Study

Major findings include:

- The cumulative numbers of AIDS cases remained relatively low in the two Mountain Census Division sites. The two South Atlantic Census Division sites showed considerable growth during the 5 years.
- Between 1993 and 1998 AIDS cases in southeast Idaho grew less than any of the other sites. The cumulative total of AIDS cases in southeast New Mexico more than doubled. Edisto District's numbers grow from 99 cases to 342 cases. The AIDS cases in Treasure Coast Florida had the greatest increase: 605 cases to 1432 cases.
- For southeast Idaho, the number of heterosexual AIDS cases increased slightly and homosexual AIDS cases decreased slightly. For southeast New Mexico, the greatest increase was among injecting drug users.
- The Edisto District site had considerable drop in AIDS cases for injecting drug users, with slight increases in heterosexual and women cases.

- Treasure Coast Florida was the most complex site in that the percentage of unknown transmission mode increased from 7% in 1993 to 31% in 1998. Large numbers of migrant and seasonal workers may have made accurate data collection more difficult.

### Implications for Prevention

This study found that AIDS cases are rapidly increasing in some areas, reaching epidemic levels, while in others AIDS cases are increasing more slowly. AIDS cases grew in all four sites, but at different rates. The findings illustrate the diversity and complexity of the spread of AIDS and HIV in different communities in rural America. More attention to developing diverse interventions based on the characteristics of the specific rural environment is needed. Populations receiving priority for national AIDS funding should include rural America.

SOURCE: Berry, D. E. (2000). Rural acquired immunodeficiency syndrome in low and high prevalence areas. *Southern Medical Journal*, 91, 36-43.

## Many Males with Gonorrhea Not Willing to Change Behavior

Even though the overall rate of gonorrhea in the U. S. between 1975 and 1995 decreased, the largest cities had a rate about twice the national rate. This study determined factors associated with acquisition of gonorrhea by men.

A case-control study was conducted at the STD clinic in Newark, NJ, comparing males 15 to 29 years with culture-confirmed gonorrhea to controls with no STD.

Sex with casual partners was strongly associated with gonococcal infection. About one-half did not use condoms during the most recent sex with a casual partner, and over one fourth did not use condoms at all during the preceding month. About three-fourths of those using condoms reported errors, slippage, or breakage.

Many males with gonorrhea were not willing to change their behavior to always use condoms or to have just one partner.

SOURCE: Mertz, K. J., et al. (2000). Gonorrhea in male adolescents and young adults in Newark, New Jersey. *Sexually Transmitted Diseases*, 27, 201-207.

## Teens with Positive Relationship Less Likely to Use Condoms

Consistent condom use is a primary goal of public health education efforts to prevent STDs, particularly among young people. This study determined associations of partner-specific relationship characteristics with consistent condom use.

Subjects were 297 young people (ages 13-24) with gonorrhea, chlamydia, trichomonas, or nongonococcal urethritis (or a sexual contact of a person with one of these infections). All subjects were seeking STD treatment at three STD or health clinics in a large Midwest city.

Relationship characteristics associated with consistent condom use included lower relationship quality, lower emotional reasons for sex, lower coital frequency, sex with a new partner, noncohabitation, and not having a child with the partner. In sum, factors that imply some degree of enduring connection significantly reduced the odds of consistent condom use.

SOURCE: Katz, B. P., et al. (2000). Partner-specific relationship characteristics and condom use among young people with sexually transmitted diseases. *The Journal of Sex Research*, 37, 69-75.

## Many Adults with Multiple Partners Do Not Perceive Herpes Threat

An American Social Health Association survey of 1412 adults with multiple sex partners found that 46 percent of the men and 39 percent of the women did not believe they were at risk for genital herpes. Acceptance of personal risk was highest in the younger age sets.

SOURCE: American Social Health Association. (2000). *New survey reveals Americans underestimate their risk for contracting genital herpes*. Research Triangle Park, NC. ([www.ashastd.org](http://www.ashastd.org))

## Young Adults Account for One-Fifth of STDS

Incidence data on three STDs -- syphilis, gonorrhea, and chlamydia -- were obtained from sixteen developed countries. The incidence generally decreased over the last decade. In all but a few countries, teens and young adults account for more than one-fifth (and often more than one-third) of the three STDs.

SOURCE: Panchaud, C., et al. (2000). Sexually transmitted diseases among adolescents in developed countries. *Family Planning Perspectives*, 32, 24-32.



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