

**Women who have sex with both women and men report more risk**

Possible risk for HIV infection may be underestimated in some subgroups of women who have sex with women. This study described sexual and drug behaviors associated with HIV/STD among women, ages 18-29. 88% reported sex exclusively with men, 7% reported sex with both genders, and 1% reported sex only with women.

Compared with women who had sex exclusively with men, women who had sex with both women and men were more likely to report sex with an HIV-positive man, multiple male sex partners, sex with a man who has sex with a man, and sex with an injecting drug user. They were also more likely to report trading sex for drugs or money, anal sex, and injecting drug use.

Prevention efforts should avoid assumptions based on reported sexual identity and should consider that women who report sex with both genders may be at increased risk for STD/HIV.

SOURCE: Scheer, S., et al. (2002). Sexual and drug use behavior among women who have sex with both women and men: Results of a population-based survey. *American Journal of Public Health, 92*, 1110-1112.

**More sexual risk reported among gay and bisexual Viagra users**

Viagra use may be associated with sexual risk behavior and unsafe drug use.

This study evaluated the potential role of Viagra in STD/HIV transmission in San Francisco among men seeking public STD services. A one-page confidential survey was distributed to 844 male patients at clinic registration. The mean age of the participants was 32.

17% reported Viagra use in the past year. More gay and bisexual men (32%) reported Viagra use than heterosexual men (7%). HIV-positive gay and bisexual men were more likely to use Viagra than HIV-negative men.

Viagra users reported greater numbers of recent sexual partners, higher levels of unprotected anal sex with a HIV-positive partner, and higher rates of STD infection than non-users. Mixing Viagra with illegal drugs was commonly reported.

Prevention educators should inform gay or bisexual men of the risk of Viagra use outside of medical supervision.

SOURCE: Kim, A. A., et al. (2002). Increased risk of HIV and sexually transmitted disease transmission among gay and bisexual men who use Viagra, San Francisco 2000-2001. *AIDS, 16*, 1425-1428.

**Risk of HIV transmission from unprotected oral sex is low**

A total of 135 seronegative persons (110 women, 25 men) whose only risk exposure to HIV was unprotected orogenital sex with their infected partner registered 210 person-years of follow-up. After an estimated 19,000 unprotected orogenital exposures with the infected partner not a single HIV seroconversion occurred.

SOURCE: del Romero, et. al., (2002). Evaluating the risk of HIV transmission through unprotected orogenital sex. *AIDS, 16*, 1296-1297.

**CD4 highly associated with quality of life**

HAART was found to lower physical functioning. This negative outcome was outweighed by HAART lowering viral load and increasing CD4 counts, thus improving health-related quality of life. Lower viral loads may improve physical functioning if viral loads are suppressed to undetectable levels.

SOURCE: Gill, C. J., et. al. (2002). Relationship of HIV viral loads, CD4 counts, and HAART use to health-related quality of life. *Journal of Acquired Immune Deficiency Syndromes, 30*, 485-492.

**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, Purdue University and Texas A&M University. 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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# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, PURDUE UNIVERSITY,  
and TEXAS A&M UNIVERSITY

\*Rural AIDS/STD prevention. rap (rap) v. Slang To talk freely and openly. Vol. 6, No. 9, September 6, 2002

## Condom use errors and problems common among heterosexual, single college men

Consistent and correct use of condoms has been widely recommended as a public health strategy against STD/HIV. Most prior studies of condom use have largely focused on consistent use. Few studies have assessed condom use errors. Studies that focus only on consistent use may underestimate risk by assuming consistent use entails correct use thereby conferring STD/HIV protection. More research is needed to quantify condom use and problems, particularly among young men as they may typically control condom use.

This study comprehensively evaluated condom use errors and problems as reported by a sample of college men.

### Methodology

This sample was comprised of 158 college men aged 18 or older who completed a questionnaire in introductory health science classes at Indiana University between November 2000 and January 2001. The participants were single, heterosexual, and reported putting a condom on themselves for sex in the past three months. In this study, sex was defined as putting the penis in a partner's mouth, vagina, or rectum.

The questionnaire assessed 24 condom use errors and 4 potential problems.

### Outcomes of the Study

The mean age of participants was 20.2 years. Ninety percent were white and 6% were black. The mean percentage of times a condom was used for sex was 74%. Frequency of sex for the past three months averaged 17 times.

- 74% failed to check the condom for visible damage.
- 61% did not check the expiration date.
- 60% did not discuss condom use with partner before sex.
- 42% reported they wanted to use condoms but none were available.
- 43% put a condom on after starting sex and 15% removed before sex was over.
- 40% did not leave space at tip.
- 30% placed the condom upside down and flipped it over.
- 22% lost erection before the condom was put on and 20% lost erection after condom was on and sex had begun.
- 35% reported breakage or slippage during sex. Nearly 14% reported that a condom slipped off during withdrawal.
- Relatively few errors were re-

ported regarding lubrication, storage, and re-using condoms.

- 53% reported switching between vaginal, oral or anal sex; 81% did not change to a new condom when switching.
- Higher errors scores were associated with breakage/slippage, rather than consistency of condom use.

### Implications for Prevention

A sizable proportion of college men reported a variety of errors and problems that could contribute to condom failure or decrease condom efficacy for STD/HIV prevention. Error scores were associated with breakage and slippage. The finding that error scores were not significantly associated with consistency of condom use suggests that even men who use condoms consistently may not be using them correctly. Increasing the focus on correcting potential user failures may be an important public health strategy.

SOURCE: Crosby, R. A., Sanders, S. A., Yarber, W. L., Graham, C. A., & Dodge, B. (2002). Condom use errors and problems among college men. *Sexually Transmitted Diseases*, 29, 552-557.