

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.

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Delayed condom use for anal sex found among men who have sex with men

Unprotected receptive anal intercourse has been shown to be a risk factor for HIV infection. The use of condoms during anal sex has been widely promoted as a protective behavior for men who have sex with men. However, condoms may not be used correctly.

To provide optimum protection, condoms must be used properly including use during the entire episode of anal sex. Epidemiological studies are needed to determine whether correct condom use and condom failure are important factors in HIV transmission during anal sex.

This study sought to identify risk factors -- imperfect condom use and risky sexual behaviors -- for recent HIV infection among a sample of homosexual and bisexual men.

Methodology

Participants were homosexual and bisexual men in Ontario, Canada, recruited through the provincial HIV diagnostic laboratory and through physicians and community organizations. The sample was 183 men (62 cases and 121 controls) enrolled in an HIV seroconversion study during 1998-2001. Cases were defined as HIV-positive men

and controls were HIV-negative. This analysis focused on sexual risk behaviors with partners who were HIV-positive and whose HIV status was unknown.

Outcomes of the Study

The mean age of participants was 34 years. 91% and 9% self-identified as homosexual and bisexual, respectively. Most were White, and over half had completed college. Cases and controls were similar in demographic factors.

Major findings include:

- 32% of cases compared to 2% of controls reported delayed application of condoms during receptive anal sex.
- 53% of cases compared to 14% of controls reported unprotected receptive anal sex (no condom use during entire episode).
- 17% of cases compared to 3% of controls reported premature removal of condom.
- 41% of cases compared to 19% of controls reported unprotected insertive anal sex.
- 97% of cases compared to 72% of controls reported unprotected receptive oral sex.
- About 20% of cases compared to 7% of controls reported condom failure during receptive or

insertive anal sex.

- Risk factors for HIV were unprotected receptive anal sex and delayed application of condoms for receptive anal sex.
- Condom failure (breakage and/or slippage) was marginally associated with HIV infection.
- Oral sex was not a significant risk factor for HIV infection.

Implications for Prevention

This study found that delayed application of condoms for receptive anal intercourse was a significant risk factor for HIV. Delayed application may result in contact with preejaculatory fluid which may pose as much risk for HIV infection as fully unprotected receptive anal sex. No research has measured HIV transmission through exposure to preejaculatory fluid, yet this study provides evidence that such transmission is biologically possible.

SOURCE: Calzavara, L. et al. (2003). Delayed application of condoms is a risk factor for human immunodeficiency virus infection among homosexual and bisexual men. *American Journal of Epidemiology*, 157, 210-217.

New sex partnerships formed during infectivity of STDs

The duration of time between sex partnerships may affect the risk of acquiring and transmitting STDs. The duration of infectivity varies among STDs, but has been reported as ranging between 2 and 15 months. Individuals having gaps shorter than 15 months may infect their partner in the absence of diagnosis and treatment.

This study examined gaps between dissolution and formation of sex partnerships reported by a national sample of women.

Women with a history of STD diagnosis were more likely to report concurrent partnerships than women without. 70% of women who reported at least two lifetime partners reported serially monogamous partnerships; about one-quarter reported overlapping partnerships. The gap for women with STD history was 9 months compared to 14 months among those without STD history.

Given that many STDs are asymptomatic, short gaps between partnerships may be problematic without diagnosis and treatment.

SOURCE: Kraut-Becher, J. R., & Arak, S. O. (2003). Gap length: An important factor in sexually transmitted disease transmission. *Sexually Transmitted Diseases, 30*, 221-225.

Condom use declines with age among older women

Persons 50 years of age or older are the fastest growing HIV-infected group. However, little is known about the sexual risk behavior of older persons. The estimated average frequency of sexual activity of persons 50 years of age or older is two to four times per month. This study described the sexual practices and health behaviors of 2000 women 60-94 years old collected by telephone interview.

20% were sexually active in the past three months. Condom use decreased with age through age 59. Married women 60-94 years old were more likely to report any sexual activity in the past three months. But, condom use did not differ on the basis of marital status.

30% reported douching in a typical four week period. The primary reason was to feel clean and/or fresh. Almost half reported lubricant use during a typical four week period.

This study suggests that although older women are not at risk for pregnancy, they can be at risk for acquiring and transmitting STDs.

SOURCE: Patel, D. et al. (2003). Sexual behavior of older women: Results of a random-digit-dialing survey of 2000 women in the United States. *Sexually Transmitted Diseases, 30*, 216-220.

Psychological distress related to rapid onset of AIDS among IDU

This study examined if distress was associated with more rapid progression to AIDS among HIV-infected IDUs. Participants who were distressed were significantly more likely to develop AIDS within two years than those not distressed. Distress was not independently associated with time to death within two years of baseline.

SOURCE: Golub, E. T., et al. (2003). Psychological distress and progression to AIDS in a cohort of injection drug users. *Journal of Acquired Immune Deficiency Syndromes 32*, 429-434.

Rural AIDS cases greatest in South

In 2001, 7% of AIDS cases (rate/100,000 = 5.8) were from nonmetropolitan areas (< 50,000). 2,104 AIDS cases were reported in the South compared to 298, 361, and 222 in the Northeast, Midwest, and West, respectively. For 1981-2001, 48,865 cases were reported for the all nonmetropolitan areas.

SOURCE: CDC. (2003). HIV/AIDS surveillance in urban and nonurban areas (revised slide set). Available: www.cdc.gov/hiv/graphics/rural-urban.htm.

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

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