

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 7, No. 12, December 5, 2003

Concurrent sexual partnerships common among rural HIV+ Southeastern blacks

The rates of HIV infection among heterosexual adults in the United States are disproportionately high among African Americans. This disparity is particularly glaring in the rural Southeast. One proposed explanation for this disparity is nature of the social networks among African Americans. For example, African American women participate to a larger degree in concurrent partnerships (partnerships that overlap in time) than the general population of U.S. women. Concurrent partnerships facilitate a more rapid spread of sexually transmitted infections.

This study investigated concurrent sexual partnerships among African Americans in North Carolina with recently reported heterosexually transmitted HIV infection.

Methodology

During post HIV diagnosis counseling with disease intervention specialists, eligible clients were invited to participate in the study. Enrollment occurred between January 1997 and March 2000. The study area included almost all of central and eastern North Carolina. A female African American nurse interviewer telephoned perspective

participants to discuss the study, and after consent, conducted an interview in the participant's home or car. Concurrent relationship status (concurrency) was assessed along with 20 potentially explanatory variables.

Outcomes of the Study

The sample was comprised of 206 HIV-positive, African American individuals (78 men, 128 women), most of whom were unmarried and low income.

Major findings include:

- Concurrent relationship prevalence in the past 1 and 5 years, respectively, was 45% and 63% for men and 37% and 58% for women.
- Most respondents (87%) believed that a recent partner had a concurrent relationship.
- Men were 2.5 times more likely than women to report concurrency.
- For every five year decrease in age, participants were 1.4 times more likely to report concurrency.
- Those with a history of smoking crack were 2.5 times more likely to report concurrency.
- Participants reporting that at least one of their last 3 partners had been incarcerated for at least 24

hours were 2.7 times more likely to report concurrency.

- Women without a high school education were 2.1 times more likely to report concurrency than those with a high school education. No relationship was found between education and concurrency for men.
- Participants with concurrent partners were more likely to have exchanged sex for drugs or money or to report binge drinking over the past 10 years.

Implications for Prevention

Concurrent sexual partnerships were common among this sample of HIV-positive rural African Americans, a behavior that may accelerate heterosexual HIV transmission. Prevention programs should target inadequate economic resources, social and gender inequality, and racial oppression which may foster concurrency in the African American community.

SOURCE: Adimora, A. A., et al. (2003). Concurrent partnerships among rural African Americans with recently reported heterosexually transmitted HIV infection. *Journal of Acquired Immune Deficiency Syndromes*, 34, 423-429.

One quarter of LGBT students used condom at last sex

The HIV/STI risk behaviors of lesbian, bisexual and transgendered individuals have been understudied. This study determined HIV/STI risk behaviors and developmental assets of self-identified LGBT college students in the United States via an online survey.

89% reported having same-sex sex and 45% reported 6 or more lifetime sex partners. Males and older students reported significantly more partners in the previous three months. Most reported using a condom consistently for penile-vaginal sex (61%) and anal sex (63%). However, only 28% used a condom or other barrier during their last sexual encounter. LGBT students reported engaging a variety of behaviors, including public sex (44%), threesomes (33%), and anilingus (38%).

Further research is needed on the unique risk behaviors and prevention needs of LGBT persons.

SOURCE: Lindley, L. L., et al. (2003). HIV/STI associated risk behaviors among self-identified lesbian, gay, bisexual, and transgender college students in the United States. *AIDS Education and Prevention*, 15,413-429.

Self-regulation predicts sexual risk taking among adolescents

Identifying precursors to sexual risk taking in youth is important. Self-regulation, the ability to regulate emotions, attention, and behavior, was hypothesized to be related to sexual risk behavior among teens. The sample was comprised of 443 respondents who completed the National Longitudinal Survey of Youth in 1990, 1994, and 1998.

Self-regulation did not predict ever having had sexual intercourse or early sexual debut. Age, single family status, and mothers age at first birth were significant. Self regulation was not significantly associated with noncondom use at last intercourse, whereas being female, white, and having a mother who had not completed high school were associated with noncondom use. Self-regulation was negatively associated with number of sexual partners in the past 12 months, as was male gender.

These findings suggest that self-regulation may play a role in sexual risk-taking among adolescents after the choice to become sexually active has been made.

SOURCE: Raffaelli, M., & Crockett, L. J. (2003). Sexual risk taking in adolescence: The role of self-regulation and attraction to risk. *Developmental Psychology*, 39, 1036-1046.

Preventive antibiotics followed by decrease in sexual risk behavior

174 Louisiana male and female STD clinic clients were given antibiotics for prevention of syphilis. In the follow-up participants reported a reduction in the number of sex partners. 95% indicated that they would be willing to take antibiotic prophylaxis again to prevent syphilis and other STDs. At four months, 1% had acquired gonorrhea, 5% had acquired chlamydia, and none had acquired syphilis.

SOURCE: Farley, T. A., et al. (2003). The acceptability and behavioral effects of antibiotic prophylaxis for syphilis prevention. *Sexually Transmitted Diseases*, 30,844-849.

Simple soap and water inactivates HIV

Two or six minutes of exposure to a common bar of soap and tap water solution decreased HIV infectivity by more than 1000-fold. When HIV was in a cervicalvaginal lavage fluid/seminal fluid mixture, soap and water demonstrated a 30-fold inactivation.

SOURCE: Li, J. Z., et al. (2003). Virucidal efficacy of soap and water against human immunodeficiency virus in genital secretions. *Antimicrobial Agents and Chemotherapy*, 47,3321-3322.

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 the University of Colorado. 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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