

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
and UNIVERSITY OF COLORADO

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

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Consistent condom users had much lower STD rates than inconsistent users

Although condoms have long been considered an effective means of reducing risk for STDs, their effectiveness has recently been questioned. Methodological issues have been raised relative to conducting valid studies of condom effectiveness. Two possible problems are overestimation of condom use because of social desirability and the likelihood of preferential use of condoms with riskier partners. Both of these could lead to underestimates of condom benefit.

To address some of the issues concerning condom effectiveness, this study assessed the association of various levels of condom use with a variety of STD.

Methodology

A review of medical visits to the Denver Metro Health Clinic (STD clinic) for a new problem by women and heterosexual men who had at least one sex partner within the past 4 months was conducted for the time period, January 1, 1990 to December 31, 2001.

Abstracted data included patient demographics, number of lifetime sexual partners, STD history, sexual partners in past 4 months, and use of condoms. Prevalence rates were

calculated for 3 nonviral STDs (gonorrhea, chlamydia, and trichomoniasis) and 3 viral STDs (genital herpes, genital warts, and molluscum contagiosum).

Outcomes of the Study

Over the 12-year study period, there were 126,220 patient visits for evaluation of a new problem: 39% by women and 61% by men. For women, the median age was 24.5 years with 40% white, 31% black, 25% Hispanic, and 4% other ethnicities. For men, the median age was 27.0 years with 35% white, 37% black, 25% Hispanic, and 3% other ethnicities.

Chlamydia was the most frequently diagnosed STD for both men and women.

Major findings include:

- Condom use over the past 4 months was reported by 54%, with 38% reporting inconsistent use and 16% reporting consistent use.
- Blacks were more likely to report any condom use and whites were more likely to report consistent use.
- Condom users reported greater sexual risk in the past 4 months than nonusers.
- When all condom users were

compared with nonusers, there was limited evidence of protection against specific STD.

- When the analysis was restricted to condom users, infection rates were significantly lower in consistent users for both men and women for gonorrhea and chlamydia, and for genital herpes for men.

Implications for Prevention

Comparisons of STD prevalence between those using condoms and non-users was confounded by greater levels of sexual risk behavior in users. Comparing consistent users with inconsistent users reduced this confounding, revealing protection for both men and women for nonviral STD and for genital herpes in men.

This study confirms that consistent use of condoms is an important strategy in reducing the risk of STDs among sexually active adolescents and adults.

SOURCE: Shlay, J. C., et al. (2004). Comparison of sexually transmitted disease prevalence by reported level of condom use among patients attending an urban sexually transmitted disease clinic. *Sexually Transmitted Diseases*, 31, 154-160.

Trading of sex for money or drugs an important HIV risk

Given that HIV-seropositive persons are a source HIV transmission, it would be valuable to characterize their HIV-related risk behaviors. 256 HIV+ patients who attended an HIV clinic in New York City were interviewed to assess ongoing HIV risk behaviors.

After learning of HIV+ test results, 106 subjects (41%) had unprotected sex, 63 (25%) had a new STD diagnosis, and 38 (15%) used injection drugs. Unprotected sex was reported by 50% of women, 29% of heterosexual men, and 42% of MSM. Unprotected sex was associated with a history of trading sex for money or drugs and use of highly active antiretroviral therapy.

Persons who know they are infected with HIV may be an important source of HIV transmission. Further, the trading of sex for money or drugs is a significant mode of HIV transmission in some populations, especially among women.

SOURCE: McGowan, J. P., et al. (2004). Risk behavior for transmission of human immunodeficiency virus (HIV) among HIV-seropositive individuals in an urban setting. *Clinical Infectious Diseases*, 37, 122-127.

Factors influence HIV risk among Asian/Pacific Islander MSM

Although the prevalence of HIV among Asian and Pacific Islander (A&PI) men who have sex with men has not been clearly verified, research indicates these groups engage in relatively high rates of HIV risk behavior. This study examines the experiences of and responses to social discrimination among 23 A&PI men, and their link to HIV risk behaviors.

Homophobia and anti-immigrant discrimination were linked to confrontation and social network-based responses, whereas discrimination based in stereotypes of passivity/submission were linked with self-attribution.

A&PI MSM who used confrontational, social network-based or avoidance response types showed less HIV risk than those who did not. A&PI MSM who responded to discrimination with self-attribution showed greater HIV risk behaviors.

The study found that experiences of social discrimination and responses to discrimination may impact A&PI gay men's health.

SOURCE: Wilson, P. A., & Yoshikawa, H. (2004). Experiences of and response to social discrimination among Asian and Pacific Islander gay men: Their relationship to HIV risk. *AIDS Education and Prevention*, 16, 68-83.

Fear of reporting infrequent reason for not getting HIV testing

HIV testing among high-risk persons in San Francisco is common. Over 90% of the gay bar and street IDU persons and 76% of the STD clinic persons reported ever being tested. Over 65% of MSM and IDUs were tested in the past year. None of those never tested and 2 tested in past 12 months cited fear of being reported as a reason for not testing recently.

SOURCE: Schwarcz, S., et al. (2004). Name-based HIV reporting deter high-risk persons from HIV testing? Results from San Francisco. *Journal of Acquired Immune Deficiency Syndromes*, 35, 93-96.

HIV+ women more at risk for HPV type 52

Subjects were participants in the Canadian Women's HIV Study. HIV seropositive women were more likely than HIV- women to be infected with high-risk HPV type 52, even after controlling for sexual activity and age.

SOURCE: Aho, J., et al. (2004). Molecular analysis of human papillomavirus type 52 isolates detected in the genital tract of human immunodeficiency virus-seropositive and -seronegative women. *Journal of Infectious Diseases*, 188, 1517-1527.

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

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