

Bacterial vaginosis common in lesbian and bisexual women

Generally, sexually transmitted diseases are not associated with lesbian and bisexual women. This study examined whether bacterial vaginosis (BV) is associated with sexual activity between women.

A cross-section survey of 708 new patients attending two sexual health clinics for lesbian and bisexual was conducted in London, U.K. 38% reported two or more female partners in the last year and 57% reported six or more lifetime female partners.

BV was common (31.4%). BV was associated with a larger number of female sexual partners, and with smoking, but not with sex with men nor vaginal douching. Coinfection with other STD was uncommon. 6.8% of those with BV also had *Candida* (1.4%), genital herpes (1.4%), genital warts (1.4%), chlamydia (0.9%), and trichomoniasis (0.5%). Other factors associated with BV were vaginal penetration with fingers, vaginal penetration with sex toys, oroanal sexual contact, lesbian sexual identity and Asian ethnicity.

SOURCE: Bailey, J. V. et al. (2004). Bacterial Vaginosis in lesbian and bisexual women. *Sexually Transmitted Diseases*, 31, 691-694.

Primary and secondary syphilis linked with oral sex

During 1998 -- 2002 the Chicago Department of Public Health recorded 1,582 cases of primary and secondary syphilis, the most of any U.S. city.

CDPH conducted interviews with persons with syphilis; some MSM reported that their only risk behavior was oral sex. A follow-up study determined the association of oral sex in syphilis transmission.

13.7% of persons (20.3% of MSM, 6.4% of heterosexual men, 6.9% of heterosexual women) indicated that oral sex was their only sexual exposure during the period that they likely acquired syphilis.

Because their risk for HIV transmission through oral sex is much lower than the risk through anal or vaginal sex, persons might mistakenly consider unprotected oral sex to be safe or a no-risk sexual practice.

Although oral sex might carry a lower risk for HIV transmission, repeated, unprotected exposures, especially in the presence of syphilitic lesions, represent a substantial risk for HIV transmission.

SOURCE: Centers for Disease Control and Prevention. (2004). Transmission of primary and secondary syphilis by oral sex -- Chicago, Illinois, 1998 -- 2002. *MMWR*, 53 (41), 966-968.

Outbreak of LGV reported among gay and bisexual men

As of September 2004, 92 cases of lymphogranuloma venereum was confirmed during the preceding 17 months among men who have sex with men and bisexuals in the Netherlands. Typically, fewer than five cases are found a year. Many of the men had engaged in unprotected anal intercourse and taken part in sex parties. Belgium, France, Sweden and Britain also recently reported cases of LGV.

SOURCE: Centers for Disease Control and Prevention. (2004). Lymphogranuloma venereum among men who have sex with men -- Netherlands, 2003 -- 2004. *MMWR*, 53 (42), 985-988.

BMI strong predictor of survival for HIV+

Body mass index is a strong, independent predictor of survival in HIV-infected patients in West Africa. Without sophisticated clinical and laboratory support, BMI may be a useful guide for deciding when to initiate antiretroviral therapy.

SOURCE: van der Sande, M. A. B., et al. (2004). Body mass index at time of HIV diagnosis: A strong and independent predictor of survival. *Journal of Acquired Immune Deficiency Syndromes*, 37, 1288-1294.

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.

Senior Director

William L. Yarber, H.S.D.
Indiana University, Bloomington

Co-Directors

James G. Anderson, Ph.D.
Purdue University, West Lafayette
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Stephen R. Byrn Ph.D.
Purdue University, West Lafayette
Susan I. Driesback, Ph.D.
University of Colorado, Denver
Mohammad R. Torabi, Ph.D.
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-1718
(800) 566-8644
FAX line: (812) 855-3717
aids@indiana.edu
<http://www.indiana.edu/~aids>

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. Vol. 8, No. 11, November 5, 2004

Older rural African American women reporting HIV risk behavior had low perceived risk

The rate of HIV among older women increased by about 50% between 2000 and 2001. Although studies have examined factors associated with increased HIV risk among young African American women, few studies have determined risk behavior among older African American women. Understanding risk factors can help inform the development of culturally-relevant HIV prevention programming.

The study examined partner communication and perceived risk for HIV among older rural African American women engaging in sexual behavior with men.

Methodology

167 African American women from three counties in rural South Carolina completed a paper-pencil questionnaire that were administered in small groups in community churches or participant's homes. These women were recruited from an ongoing breast screening program that was provided for women ages 47-64.

The questionnaire assessed partner approval of condom usage, self-risk behaviors (multiple partners, anal sex, injection drug use, exchanging sex for something

of value), partner risk behaviors (having sex with other women, having sex with men, injecting drugs, having blood transfusion between 1978 and 1985, and being infected with HIV), comfort with partner communication, response efficacy, perceived vulnerability to HIV, and demographics.

Outcomes of the Study

Participants' ages ranged from 50 years to 81 years old. 48% had less than a high school education; 12% never had attended school. 58% were not married nor living with a partner. Annual income was \$15,244 or less for a family of one.

Major findings include:

- Women who reported self-risk behavior were significantly more likely to report a lower perception of vulnerability to HIV compared to those who did not report self risk.
- Almost one-quarter reported being married/partnered with at least one partner HIV risk behavior.
- One-fifth reported being married/partnered with at least one self-risk behavior.
- About one-fourth who reported a partner risk also reported a lower perception of vulnerability to

HIV.

- About six of ten had a partner who engaged in at least one in five HIV risk behaviors.
- About 70% of women reported multiple partners, 51% reported anal sex, 30% reported injecting drugs, and 29% reported exchanging sex for something of value.
- For partners, 77% had sex with other women, 33% had sex with other men, 36% injected drugs, 41% had blood transfusion between 1978 and 1985, and 29% were infected with HIV.

Implications for Prevention

Many of these older women were looking for a partner and without awareness or knowledge of HIV risk engaged in risky sex behavior. Lower socioeconomic status of African American women in the rural South may play a role in choice of partner and could lead to risk behavior.

SOURCE:

Winningham, A., et al. (2004). Perceptions of vulnerability to HIV among older African American women: The role of intimate partners. *Journal of HIV/AIDS & Social Services*, 3, 25-42.