

Increases in protective behaviors found among adolescents

Sexual risk among adolescents remains a public health issue. This analysis describes trends over time in sexual behavior, condom use, and sexually transmitted infections among female and male adolescents. Data from six, United States sex surveys beginning in the 1970s through 2002 were used.

The proportion of adolescents reporting ever having sexual intercourse increased for both females and males through the 1980s and declined for males through the 1990s. Data for females in the 1990s was conflicting: some reported no change while others reported a decline.

Over the past two decades, condom use has increased for both females and males. Incidence rates for both gonorrhea and syphilis declined in the 1990s through 2002. New diagnoses of HIV/AIDS among adolescents remained constant throughout the 1990s through 2002.

The data indicates increases in protective behaviors and declines in risk behavior.

SOURCE: Biddlecom, A. E. (2004). Trends in sexual behaviours and infections among young people in the United States. *Sexually Transmitted Infections*, 80, ii74-ii79.

Recreational Viagra use relatively common among MSM

Recreational use of Viagra potentially may increased risk of sexually transmitted infections. This study identified correlates of recreational Viagra use among MSM (N = 143) attending a popular sex resort in the South. One-sixth reported being HIV positive. Men reported an average of 10 sexual partners in the past three months.

16% reported using Viagra. Age, income, and HIV serostatus were not related to Viagra use. Men reporting ecstasy during sex (35%) were more likely to use Viagra than those not using ecstasy (13%). Those using cocaine during sex (37%) reported more Viagra use compared to those not using cocaine (13%). Use of "poppers" was not related to Viagra use. Unprotected anal sex (48%), fisting (15%), rimming (61%), and having five or more sex partners (48%) were not associated with Viagra use.

Recreational Viagra use was relatively common in this sample of MSM regardless of age or HIV serostatus. Viagra use was associated with substance abuse rather than sexual risk behaviors.

SOURCE: Crosby, R. & DiClemente, R. J. (2004). Use of recreational Viagra among men having men with men. *Sexually Transmitted Infections*, 80, 466-468.

Annual U.S. HIV/AIDS diagnoses stable between 2000-2003

During 2000--2003, HIV/AIDS was diagnosed in 125,800 persons residing in 32 states using confidential, name-based reporting. Transmission categories were MSM (61%), IDU (15%), both MSM and IDU (6%), and heterosexual contact (17%). The annual rates remained stable. CDC has determined that U.S. HIV incidence has been stable since early 1990s with that 25% of those living with HIV not knowing they are infected.

SOURCE: Centers for Disease Control and Prevention. (2004). Diagnoses of HIV/AIDS -- 32 states, 2000-2003 *MMWR*, 53(47), 1106-1110.

High level of HBV found in API MSM

Of 489 Asian/Pacific Islander MSM tested, 28% had evidence of past hepatitis B virus infection. 8% were chronically infected. 28% were immune from vaccination. 47% were susceptible to infection. Vaccination history was low.

SOURCE: Choi, K., et al. (2005). High level of hepatitis B infection and ongoing risk among Asian/Pacific Islander men who have sex with men, San Francisco, 2000-2001. *Sexually Transmitted Diseases* 32, 44-48.

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Disclosure of HIV status to sex partners complex for HIV positive MSM

A high incidence of HIV and STI continues to be reported for men who have sex with men. Research indicates that often MSM do not disclose their HIV status to potential sex partners and continue to engage in high risk sexual behaviors. Without such information, partners lack the ability to make fully informed choices about their level of risk. Because disclosure is an important protective behavior, research to identify factors related to disclosure is needed.

The study identified barriers to HIV disclosure that may be amenable to intervention among high risk MSM.

Methodology

An ethnographic study of HIV positive MSM reporting recent STI (gonorrhea, chlamydial infection or syphilis) or recent unprotected anal intercourse (UAI) with an HIV negative or status unknown partners was conducted at STI clinics in Seattle and Los Angeles.

Participants underwent in-depth interviews about their disclosure practices that were tape recorded, transcribed verbatim, coded, and content analyzed.

Three male interviewers underwent training in ethnographic

techniques and followed a set of predetermined research questions

Outcomes of the Study

55 HIV positive MSM (Los Angeles = 31, Seattle = 24) participated. Age range was 24-52 years old (mean = 39 years). Mean years since HIV diagnosis was 9 years in the Los Angeles sample and 6 years in the Seattle sample. Two-thirds and one-third were ethnic minority men in Los Angeles and Seattle, respectively. Major findings include:

- Disclosing HIV status to sexual partners is dependent on multiple and competing emotional, situational, and legal factors.
- 16% had a consistent pattern of disclosure and two said they never disclose with 7 indicating they always disclose.
- Disclosure themes fell on a continuum from “unlikely to likely disclose.”
- Themes for unlikely to disclose were HIV is nobody’s business, being in denial, having a low viral load, fear of rejection, it’s just sex, using drugs, and sex in public places.
- Themes for possible disclosure were the type of sex and partners asking or disclosing first.
- Themes for likely to disclose were

feelings for partner, feeling responsible for partner’s health, and fearing arrest.

- Many reported non-verbal methods of disclosure.
- Some believed that it is the partner’s responsibility to ask about HIV status.
- Many assumed if their partner did not ask about their status their partner must be HIV positive.

Implications for Prevention

HIV status disclosure to sexual partners for HIV positive men who have sex with men is complex and influenced by a sense of responsibility to partners, acceptance of being HIV positive, context and meaning of sex, and perceived transmission risk. Interventions focusing on increasing disclosure behavior among HIV positive MSM should address these issues.

SOURCE:

Gorbach, P. M. (2004). Don’t ask, don’t tell: Patterns of HIV disclosure among HIV positive men who had sex with men with recent STI practicing high risk behavior in Los Angeles and Seattle. *Sexually Transmitted Infections*, 80, 512-517.