

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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Condom use errors and problems common among men residing in rural Indiana

Effective use of male condoms is dependent on both consistent and correct use. Condom use errors and problems could be important antecedents to condom failure, thus exposing these men and their female partners to STD and unintended pregnancy. Most prior research on condom use has focused solely on consistent use, although some recent studies have assessed use errors and problems. However, none of these studies examined condom use errors among rural men.

This exploratory study determined the prevalence of condom use errors and problems during last condom use for sex with a woman among men residing in rural counties in Indiana.

Methodology

From June to August 2002, 75 men in non-metropolitan counties of Indiana were interviewed via telephone by the Center for Survey Research at Indiana University. Interviewers used both random digit dialing and targeted sampling.

Men were eligible to participate if they were 18 years of age or older and if they had used a male condom for sex (penis being put in the partner's mouth, vagina or

rectum) with a woman at least once in the past three months. Men were asked whether any of 11 errors and 4 problems occurred the last time they had used a condom. 75 men of the 79 contacted chose to participate.

Outcomes of the Study

Participant's ages ranged from 18-65 years, with the mean being 31 years old.

Major findings include:

- 32% reported not using a condom when sex began and nearly 10% reported taking the condom off before sex was over. 39% reported one of both of these errors.
- 70% failed to check for visible damage to the condom prior use.
- Nearly one-quarter reported that space was not left at the tip of the condom.
- 8% reported that ejaculate dripped into the partner's mouth, genitals, or anus.
- Approximately 6% did not use lubricated condoms and 7% added an oil-based lubricant.
- About 19% reported switching between vaginal, oral, and anal sex the last time they used a condom; of these, the vast majority (86%) did not use a different condom after switching.

- The most common problem associated with condom use was loss of erection either before sex began (5%) or during sexual activity (8%); about 11% experienced one or both of these erection problems.
- The average number of the 11 possible condom use errors and four condom use problems reported by these men were 4.

Implications for Prevention

A surprising high number of male condom use errors and problems were reported given that the recall period was limited to the last episode of condom use for sex with a woman. Particularly noteworthy were that nearly one in every four did not leave a space at the receptacle tip, four of every ten did not use condom from the start to end of penetrative sex. The erection difficulties may be a deterrent for future condom use for some men and women.

SOURCE:

Yarber, W. L., et al. (2005). Prevalence of condom use errors and problems among Indiana rural men: An exploratory telephone survey. *The Health Education Monograph*, 22(3), 36-38.

Women express moderate acceptability of HIV vaccine

The development of safe and effective HIV vaccines is a major focus of future efforts to control HIV. Given that women comprise half of all new HIV infections worldwide, this study explored acceptance of HIV vaccines among high risk women.

Five focus groups of women were conducted. Overall, women expressed moderate acceptability. Concerns were similar to those of men: fear of vaccine-induced HIV infection, physical side effects of vaccine, HIV/AIDS stigma, and mistrust of government. Issues particular to women were: danger to reproductive health, child-birth and nursing of infants, gendered roles and power dynamics, and concerns about affordability and access.

The provision of affordable and accessible HIV vaccines as well as culturally-tailed, gender-specific vaccine intervention and policy, may ensure full potential utilization of HIV vaccines among women.

SOURCE: Rudy, E. T., et al. (2005). HIV vaccine acceptability among women at risk: Perceived barriers and facilitators to future HIV vaccine uptake. *AIDS Education and Prevention*, 17, 253-267.

Risk behaviors among rural teens decreased or remained stable

Data from the CDC Youth Risk Behavior Survey from 1997, 1999, 2001, and 2003 were analyzed to determine if HIV/STD-related risk and protective behaviors among rural youth changed over time.

The general odds of sexual intercourse significantly decreased over time for both males and females. The odds of both substance use at last sexual intercourse and condom use at last sexual intercourse significantly increased over time for females. The general odds of later sexual debut significantly increased over time for females. The general odds of multiple partners significantly decreased over time similarly among males and females.

The findings suggest that the prevalence of many sexual risk behaviors have remained stable and/or decreased among rural adolescents in the U.S. However, substantial variations in both direction and magnitude of risk were found when controlling for ethnicity.

SOURCE: Hensel, D. J., & Anderson, J. G. (2005). Evaluating longitudinal sexual risk among rural U.S. adolescents: Evidence from the 1997, 1999, 2001, 2003 Youth Risk Behavior Survey. *The Health Education Monograph*, 22(3), 10-16.

Social support predicts health outcomes among HIV patients

Social support and maladaptive coping were examined as predictors of health outcomes among low-income HIV patients. Patients reporting more satisfying social support were more likely to report lower increase in HIV-related health symptoms, indicating that social support is a strong predictor of health outcomes void of coping style and baseline health status.

SOURCE: Ashton, E., et al. (2005). Social support and maladaptive coping as predictors of the change in physical health symptoms among persons living with HIV/AIDS. *AIDS Patient Care and STDs*, 19, 587-598.

HIV/AIDS increased among MSM

From 2001 through 2004, estimated cases of HIV/AIDS increased among men who have sex with men. A decrease was found among injection drug users, MSM/IDU, heterosexual adults and adolescents, and children. In 2004, 47% and 33% of HIV/AIDS newly diagnosed cases were MSM and heterosexual contact, respectively.

SOURCE: CDC. (2005). *HIV/AIDS Surveillance Report*, Vol 16; Atlanta, GA: HHS/CDC.

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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