

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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Condom-associated erection loss was common among young men at risk for STIs

A longstanding challenge to STI prevention specialists is motivating men to use condoms consistently and correctly. Evidence suggests that men may experience problems related to correct condom use. One difficulty receiving little attention is erection loss while applying and using condoms. Younger men are an important group to study given their higher STI infection burden.

This study (1) assessed the prevalence of condom-related erection loss, (2) determined whether erection loss was associated with incomplete and inconsistent use, and (3) identified other history-related correlates.

Methodology

Data were collected from men attending an urban, public STD clinic. Inclusion criteria included 18-35 years of age and reporting male condom use at least three times in the past 3 months for sex (penis in vagina) with a female.

Men completed an anonymous questionnaire aided by a CD recording of the questions. Two items measured erection loss: (1) "For the last three times you used a condom, did you lose your erection while putting it on?", and

(2) "For the last three times you used a condom, did you lose your erection after sex had begun while using the condom?"

Outcomes of the Study

278 men participated. Mean age was 28 years. Two-thirds identified as Black or African American; nearly one-quarter were white. Major findings include:

- 37% of the men reported condom-associated erection loss on at least one occasion. 17% reported one event of erection loss, 9% reported two events, 9% reported three events, and 3% reported four events.
- Those reporting any erection loss engaged in unprotected vaginal sex more frequently (mean=11 times) over the past three months than men indicating no erection loss (mean=7 times).
- Men reporting erection loss were more likely to report inconsistent condom use than those not reporting erection loss: 85% vs 72%.
- Men reporting erection loss were more likely to remove condoms before sex was over than those not reporting erection loss: 41% vs 21%.
- Compared to men with high self-

efficacy, those having low self-efficacy to use condom were 2.8 times more likely to report erection loss.

- Men reporting recent problems with "fit and feel" of condoms were 2.2 times more likely to report erection loss than men not having these problems.
- Men reporting sex with three or more partners were 1.9 times more likely than men having less partners to report erection loss.

Implications for Prevention

Condom-associated erection loss may be common among men at risk for STIs, possibly leading to incomplete and inconsistent condom use. Men may be more likely to experience erection loss if they lack confidence to use condoms correctly, if they have problems with the way condoms fit or feel, and if they have sex with multiple partners.

SOURCE:

Graham, C. A., et. al. (2006). Erection loss in association with condom use among young men attending a public STI clinic: Potential correlates and implications for risk behavior. *Sexual Health*, 3, 255-260.

Parental religiosity was related to later teen sexual initiation

Understanding factors related to early sexual initiation can help design programs to reduce adolescent unintended pregnancy and STDs. This study examined whether multiple dimensions of parent and family religiosity are associated with the timing of sexual initiation or contraceptive use at first sexual intercourse.

The sample was sexually inexperienced youth, aged 12-14 years old in the 1997 National Longitudinal Study of Youth.

More frequent parental religious attendance was related to delayed sexual initiation among all sub-populations except black teens. Engaging in family religious activities on a daily basis was associated with delayed sexual initiation among male, female, and white teens. Strong parental religious beliefs and more frequent religious participation was negatively related to contraceptive use at first sex among males.

The results highlight the importance of family environments in improving reproductive outcomes among teens.

SOURCE: Manlove, J. S., et al. (2006). The role of parent religiosity in teen's transitions to sex and contraception. *Journal of Adolescent Health*, 39, 578-587.

Being high or drunk was related to UAS among MSM

The relationship type has not always been distinguished in studies of men having unprotected anal sex (UAS). This study identified correlates of recently engaging in UAS with non-main partners among 1006 men having sex with men from gay identified venues in Atlanta, GA.

One quarter of the men reported that their most recent sex behavior with a non-main partner was UAS. Men who were seropositive were about three-fourths more likely to report UAS than their seronegative counterparts. Men who reported being high or drunk were about 56% more likely to have had UAS. White men were 54% more likely to engage in UAS. Being HIV positive and substance use were the strongest correlates of UAS.

No associations were found between UAS and discussing HIV serostatus with partners before sex, knowing partner's HIV serostatus, or talking with a counselor about HIV prevention.

Findings may be useful in constructing prevention interventions for MSM frequenting gay venues.

SOURCE: Holtgrave, D. R., et al. (2006). Correlates of unprotected anal sex with casual partners: A study of gay men living in the Southern United States. *AIDS and Behavior*, 10, 575-578.

G. vaginalis and A. vaginae found in virginal women

Forty-four virginal female patients self-collected tampon specimens. Twenty women (45%) had *G. vaginalis* and 3 (7%) detected *A. vaginae*. *G. vaginalis* was more likely to be detected among those having participated in oral sex and hand-genital contact without penetration. This study shows that nonpenetrative intimate sexual contact is associated with carriage of *G. vaginalis* in virginal women.

SOURCE: Tabrizi, S. N., et al. (2006). Prevalence of *Gardnerella vaginalis* and *Atropobium vaginae* in virginal women. *Sexually Transmitted Diseases*, 33, 663-665.

New US HIV infections cost \$36 billion

The economic cost of new infections in the United States in 2002 is projected at \$36.4 billion -- \$6.7 billion in direct medical costs and \$29.7 billion in productivity losses. Universal use of ART and more effective ART regimens decreased the overall cost of illness.

SOURCE: Hutchinson, A. B., et al. (2006). The economic burden of HIV in the United States in the era of highly active antiretroviral therapy. *Epidemiology and Social Science*, 43, 451-457.

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

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