

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,
AND UNIVERSITY OF KENTUCKY

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

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Rural residents using stimulants engaged in significant HIV-related risk behaviors

Use of stimulants such as a crack cocaine and methamphetamine have been rapidly increasing in rural areas. Research has shown that both of these drugs have been strongly linked to HIV-related risk behavior. However, the relationship between HIV risk behaviors among rural drug users and stimulant use and other variables has not been adequately addressed.

This study examined data from a sample of rural stimulant users in three diverse states to identify gender and racial/ethnic differences in HIV risk behaviors.

Methodology

Participants (N=711) were recruited for 2 years from nonmetropolitan counties in three areas: west-central Ohio ($n=249$), Arkansas delta ($n=237$), and western Kentucky ($n=225$). Participants were recruited using a sampling method called Respondent Driver Sampling.

Interviews assessed drugs, injection drugs, trading sex to obtain money or drugs, trading money or drugs to obtain sex, inconsistent condom use, multiple sex partners, and using drugs with sex. Stimulants measured were crack cocaine, powdered cocaine,

methamphetamine (meth), and multistimulants.

Outcomes of the Study

The sample was 30% African American and more male (62%), with mean age of 33 years. 56% had annual income less than \$5,000. Major findings include:

- Women (38%) reported trading sex to obtain money or drugs more often than men (21%).
- Men (42%) reported trading money or drugs to obtain sex more often than women (3%).
- Women (85%) reported inconsistent condom use in past 30 days more often than men (73%).
- Men reported injecting drugs more often than women.
- More African Americans (92%) than White (73%) reported greater frequencies for every risk behavior except using drugs with sex.
- African Americans (45%) reported they had ever traded sex for drugs or money more often than Whites (20%).
- African Americans (49%) traded money or drugs to obtain sex more often than Whites (17%).
- Whites (42%) had injected drugs in their lifetime more often than African Americans (9%).
- Whites (81%) reported inconsis-

tent condom use in past 30 days more often than African Americans (69%).

- African Americans (42%) reported having more than one sex partner in the past 30 days more often than Whites (23%).
- More women than men used crack only or meth only, whereas fewer women used powder cocaine or multistimulants.
- More Whites than African Americans used meth only or multistimulants, whereas more African Americans used crack cocaine.

Implications for Prevention

Significant gender and racial/ethnic differences in risk behaviors for HIV infection among rural stimulant users were found. Rural stimulant users engaged in HIV risk behaviors that put them at no less risk than their urban counterparts.

Education should address the differences among rural stimulant users found in this study.

SOURCE:

Wright, P. B., et al. (2007). HIV risk behaviors among rural stimulant users: Variation by gender and race/ethnicity. *AIDS Education and Prevention*, 19, 137-150.

Men having erection loss removed condoms early

Accumulating evidence suggests that condom failure is often the outcome of user error than product failure. This study identified correlates of putting condoms on after sex has begun and taking them off before sex has ended among male patients of an urban, public STD clinic.

Participants completed a questionnaire and were largely African American men, 18 to 35 years old, who had used a condom during penile-vaginal intercourse at least three times in the past three months.

Men who reported erection loss during sex were about twice as likely to remove condoms before sex ended. Men who were not highly motivated to use condoms correctly were nearly twice as likely to put a condom on after sex had begun. Men reporting difficulties with fit and feel of condoms were 2.5 times more likely to remove condoms early.

SOURCE: Yarber, W. L., et al. (2007). Correlates of putting condoms on after sex has begun and of removing them before sex ends: A study of men attending an urban public STD clinic. *American Journal of Men's Health*, doi: 10.1177/1557988307301276.

School enrollment was protective factor for high risk teen females

Studies have indicated that multiple factors may protect African-American adolescent females from the acquisition of STDs. This study determined whether school enrollment was protective against laboratory-confirmed diagnosis of STDs and against sexual risk behaviors. A cross-sectional study of 715 African-American adolescent females (15-21 years old) was conducted. STD tested were *Trichomonas vaginalis*, *Chlamydia trachomatis* and *Neisseria gonorrhoeae*.

After adjusting for age and whether the participants resided with a family member, those not enrolled were twice as likely to test positive for one of the three STDs compared with those enrolled. Also, school enrollment was protective against risk factors contributing to STD acquisition. Participants in school also reported less multiple sexual partnerships and less risky male partners.

Keeping high-risk adolescent females in school may be an important public health strategy.

SOURCE: Crosby, R. A., et al. (2007). The protective value of school enrollment against sexually transmitted disease: A study of high-risk African American adolescent females. *Sexually Transmitted Infections*, 83, 223-227.

Mycoplasma genitalium found more common than GC

Urine samples from 1714 women and 1218 men from Wave III of the National Longitudinal Study of Adolescent Health (N=14,322) were tested for *M. genitalium*. The prevalence of *M. genitalium* was 1.0% compared to 0.4, 4.2%, and 2.3% for gonococcal, chlamydial, and trichomonal infections, respectively. *M. genitalium* was 1.1% for those reporting coitus compared to 0.05% for those not. Prevalence was 11 times higher for those reporting living with a sexual partner.

SOURCE: Manhart, L. E., et al. (2007). *Mycoplasma genitalium* among young adults in the United States: An emerging sexually transmitted infection. *American Journal of Public Health*, 97, 1118-1125.

Nonmetropolitan AIDS cases reach 50,000

The cumulative reported AIDS cases for nonmetropolitan areas of the U.S. at end of 2005 was 50,040. Adults or adolescents had 49,594 cases with children having 446 cases.

SOURCE: CDC. (2007). *HIV/AIDS Surveillance Report*, 2005, Vol. 17. Rev ed. Atlanta, GA: DHHS/CDC; 2007.

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

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