

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 11, No. 8, August 3, 2007

Rural MSM experiencing stigma report greater sexual risk behavior

Most research concerning sexual risk behavior of men who have sex with men (MSM) have been urban samples. Few studies have focused on MSM from rural communities despite an increase of HIV/AIDS in many rural areas. One focus of studies of MSM is the impact of stigma related to homosexuality and HIV/AIDS on risk behavior. Stigma refers to prejudice, mistreatment, and discrimination, often resulting in self-hatred and reducing the social status of the stigmatized person.

This study explored the effects of stigma on sexual risk behavior of MSM residing in rural areas.

Methodology

A convenient sample of 414 MSM from rural Pennsylvania obtained through political, health service, and social organizations completed an anonymous self-administered questionnaire.

Participants were required to be at least 18 years of age. The questionnaire assessed three major variables: sexual risk behavior, mental health status, and stigma. Risk behavior includes risk for HIV infection and sensation seeking (preference for exciting and novel sex). Self-esteem and

internalized homophobia were measured by standardized scales. Three types of stigma were assessed: men's perceived attitudes toward homosexuality and HIV/AIDS of their families, health care providers and their rural communities.

Outcomes of the Study

The majority of the sample (89%) identified as White/non-Hispanic. Most (78%) had advanced education beyond high school. 9% indicated no sexual partner, 39% one partner, and 52% multiple sex partners.

Major findings include:

- 57% reported receptive anal sex and 43% of these men did not use a condom all or part of time. Half of the men were classified as either moderate or high risk.
- 40% reported moderate to high sensation seeking behavior.
- Most men viewed themselves positively and indicated positive feelings about their sexual orientation.
- Men reported that their families and health care providers were the most tolerant with people in their communities being least tolerant.
- High sexual sensation seeking was associated with riskier sexual behavior.

- Men with high sexual sensation seeking had lower self-esteem, lower internalized homophobia, and perceived their community as less tolerant than low sensation seekers.
- Men who perceived their communities as intolerant also were more likely to perceive their families and health care providers as intolerant.
- Men who were "out" were more likely to report increased sexual sensation seeking.

Implications for Prevention

The researchers concluded that the stigma experienced by the rural MSM of the study was linked to sexual risk taking indirectly through their self-esteem and internalized homophobia. These men may have used risky sexual behavior to cope with the stress attributed to stigma.

Rural HIV prevention specialists should address the impact of stigma among MSM in their interventions.

SOURCE:

Preston, D. B., et al. (2007). The relationship of stigma to the sexual risk behavior of rural men who have sex with men. *AIDS Education and Prevention*, 19, 218-230.

Adolescent females using oral contraceptives had less STI

Youth adopting other methods of contraception may no longer use condoms for protection. This study determined the association between oral contraception and condom use and STI diagnosis.

African-American adolescent females, ages 15-21, participated. Data was collected by computer interview and self-collected vaginal swab. Only those adolescents (n = 566) reporting penile-vaginal sex during the recall period (60 days) were included.

For those using oral contraception, 51% reported one or more episodes of unprotected vaginal intercourse compared to 61% of those not using oral contraception. 21% of those using oral contraception tested positive for STI, compared to 30% of those not using oral contraception.

Youth using oral contraception had less UVS and were less likely to test positive for STI. The findings suggest that use of oral contraception does not preclude safer sex to prevent STIs.

SOURCE: Crosby, R. A., et al. (2007). Oral contraceptive use may not preclude condom use: A study of non-pregnant African-American adolescent females. *Sexually Transmitted Infections* 83, 216-218.

Circumcision found not related to HSV-2 infection

Recent studies have supported the link between male circumcision and lower HIV risk. This study examined the prevalence of circumcision in the U. S. and the association between circumcision and herpes simplex virus Type 2 infection.

From the 1999 to 2004 National Health and Nutrition Examination Surveys of 6174 men, the prevalence of circumcision was 79% (88% non-Hispanic whites, 73% in non-Hispanic blacks, 42% in Mexican Americans, and 50% in others). For men born from 1940 through 1979, the prevalence of circumcision increased. The prevalence of circumcision decreased significantly in those born in the 1980s (84%) compared to those born in the 1970s (91%).

No differences in selected sexual behaviors (e.g. age of sexual initiation, number of lifetime sexual partners) between those circumcised and those not. Further, circumcision was not associated with a greater prevalence of HSV-2 infection.

SOURCE: Xu, F., et al. (2007). Prevalence of circumcision and herpes simplex virus type 2 infection in men in the United States: The National Health and Nutrition Examination Survey (NHANES), 1999-2004. *Sexually Transmitted Diseases* 34, 479-484.

Vaginal microbicide well tolerated by HIV positive men

Since men will be exposed to a vaginal microbicide during sexual intercourse, a promising microbicide, cellulose sulfate (CS), was tested for safety in 36 HIV-positive men. No new or worsening of existing genital findings were observed. CS applied to the penis was well tolerated in this sample; mild symptoms were explained by the preservative benzyl alcohol present in the CS gel.

SOURCE: Jespers, V., et al. (2007). Safety trial of the vaginal microbicide cellulose sulfate gel in HIV-positive men. *Sexually Transmitted Diseases*, 34, 519-522.

7% of AIDS cases found in rural areas

For 2005, the rate of AIDS cases in nonmetropolitan areas was 6.4% with 7% of the AIDS cases being in rural areas. Male-to-male sexual contact was the highest transmission mode (about 60%) in rural areas, with about 20% for IDU and heterosexual contact.

SOURCE: CDC. (2007). *HIV/AIDS Surveillance in Urban and Nonurban Areas (through 2005)*. www.cdc.gov/hiv/topics/surveillance/resources/slides/urban-nonurban.pdf.

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, University of Colorado, and University of Kentucky. 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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