

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. Vol. 11, No. 10, October 5, 2007

Unprotected anal sex increased over time among heterosexual STI clinic attendees

Changing STD/HIV-related risk behaviors has been the focus of prevention interventions with expanded efforts coming after the first HIV/AIDS patient being identified over 25 years ago. The advent of HAART in the late 1990s added a major dimension to HIV control efforts. But, one possible outcome of HAART is behavioral disinhibition. Determining trends in sexual risk behavior can help assess the impact of prevention programming and HAART-related disinhibition.

This study examined the trends in sexual behaviors and STD prevalence over time among heterosexual STD clinic population.

Methodology

Subjects were from two randomized controlled trials evaluating counseling efficacy: Project RESPECT (1993-1995) and Project RESPECT-2 (1999-2000). The participants from RESPECT (n = 2457) and RESPECT-2 (n = 3080) were demographically similar.

Data analysis included only baseline data obtained from participants aged 15-39 years from three common STD clinics in Denver, Baltimore, and Newark. Only self-reported, heterosexual

participants were included in the data analysis.

Outcomes of the Study

Participants from both studies were similar in sex, age, and race/ethnicity. Major findings include:

- The proportion of participants reporting any unprotected anal sex was greater in RESPECT-2 than in Project RESPECT (7% vs. 18%, women; 7% vs. 17%, men)
- More participants reported a new sex partner during past 3 months in RESPECT-2 (43% vs. 61%, women; 54% vs. 72%, men).
- More RESPECT-2 women reported two or more partners (37% vs. 48%); men remained about the same.
- Fewer women in RESPECT-2 believed that their partners had other concurrent sex partners in past three months.
- Slightly greater proportion of RESPECT-2 women reported injection drug use in the past 3 months (3.1% vs. 1.5% in Project RESPECT).
- Slightly more women and men in RESPECT-2 reported using a condom at least once during vaginal sex in past three months (64% of women vs 59% in first trial; 68% of men vs. 63% in first

trial).

- More men and women in RESPECT-2 reported having had a HIV test (80% of women vs. 72% in the first trial; 73% of men vs. 67% of men in first trial).
- Consistent condom use (100%) during vaginal sex was the same for both trials (10% women; 14% men).
- The proportion of participants with chlamydia, gonorrhea or syphilis was much lower in RESPECT-2 (24% vs. 18%, women; 38% vs. 24%, men).

Implications for Prevention

This study found that many risk behaviors remained stable over time. Some risk behaviors, such as unprotected anal sex, increased substantially in the second trial. However, the proportion of participants with bacterial STD greatly decreased.

SOURCE:

Satterwhite, C. L., et al. (2007). Changes in sexual behavior and STD prevalence among heterosexual STD clinic attendees: 1993-1995 versus 1999-2000. *Sexually Transmitted Diseases*, 34, 815-819.

Teens who used condoms at sexual debut report less STI

Research has shown that early condom use among adolescents is associated with later condom use. This study compared later sexual behaviors and risk of STIs of teens who did and did not use a condom at their sexual debut.

Data was derived from the National Longitudinal Study of Adolescent Health that followed 4018 sexually active adolescents between 1994 and 2002.

Adolescents who reported condom use at their sexual debut were more likely than those who did not use condoms at their debut to report condom use at their most recent intercourse (on average 6.8 years after sexual debut), and they were only half as likely to test positive for chlamydia or gonorrhea. Reported lifetime numbers of sexual partners did not differ between the two groups.

Early establishment of condom use is associated with continuation use, benefitting them in later sexual encounters.

SOURCE: Shafiq, T. et al. (2007). Association between condom use at sexual debut and subsequent sexual trajectories: A longitudinal study using biomarkers. *American Journal of Public Health*, 97, 1090-1095.

Most HIV+ MSM believed that UAI led to their seroconversion

Serosorting -- having unprotected anal intercourse (UAI) with a partner believed to be of the same HIV status -- is used by MSM to reduce risk of HIV acquisition. This study assessed sexual behaviors and associated risk reduction strategies by MSM in their accounts of their recent seroconversion.

Among 158 men enrolled, 143 (91%) identified the high-risk event that they believed led to their HIV seroconversion: this involved UAI in 102 (71%). Among these 102 men, 21 (21%) reported that they were certain that the source partner was HIV-negative. Ten men (10%) reported insertive UAI as the highest risk behavior. Of the 21 men who reported knowing the HIV-positive partner's viral load, 9 reported that the man had an undetectable viral load (43%).

In 38% of the high-risk events involving UAI, infection occurred when the reported risk event involved serosorting, strategic positioning, or intercourse with a man whose viral load was believed to be undetectable.

SOURCE: Fengyi, J., et al. (2007). How homosexual men believe they became infected with HIV: The role of risk-reduction behaviors. *Journal of Acquired Immune Deficiency Syndromes*, 46, 245-247.

One-fourth of U.S. women, aged 14-59, have HPV

One-fourth (27%) of U.S. women, aged 14-59, are infected with at least one type of human papillomavirus, based on a 2003-2004 national survey. 15% are positive for high-risk HPV types that may lead to cervical, genital or anal cancer. 18% are positive for low-risk types. 45% is among women, aged 20-24 years. HPV was associated with age 20-24, being unmarried, having three or more lifetime sexual partners, and having any partners in past year.

SOURCE: Dunne, E. F., et al. (2007). Prevalence of HPV infection among females in the United States. *Journal of the American Medical Association*, 297, 813-819.

18% HIV/AIDS among Hispanics/Latinos

Hispanics/Latinos accounted for 18% of the 37,331 new HIV/AIDS diagnoses in 33 states in 2005. HIV/AIDS is the fourth leading cause of death in 2004. Chlamydia, syphilis, and gonorrhea rates are higher among Hispanics/Latinos than whites..

SOURCE: CDC. (2007). HIV/AIDS among Hispanics/Latinos. www.cdc.gov/hiv/resources/factsheets/hispanics.htm.

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.

Senior Director
William L. Yarber, H.S.D.
Indiana University, Bloomington

Co-Directors
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Richard A. Crosby, Ph.D.
University of Kentucky
Susan L. Driesbach, Ph.D.
University of Colorado, Denver
Mohammad R. Torabi, Ph.D.
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-7974
(800) 566-8644
FAX line: (812) 855-3936
aids@indiana.edu
<http://www.indiana.edu/~aids>