

# R A P\* 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. 12, No. 2, February 1, 2008

## STI prevalence was high among newly incarcerated young women

Sexually transmitted infections disproportionately affect incarcerated women in contrast to the general female population. Two studies have shown chlamydia and gonorrhea rates among incarcerated women to be 7% and 1.8% and 3% and 0.2%, respectively. Diagnosis of STI in women who may become incarcerated may be delayed as they have limited access to health care and limited personal resources. Incarceration may provide an unique opportunity for STI health-care services and prevention education.

This study examined the demographic and behavioral characteristics in incarcerated women to determine which characteristics are associated with prevalent STIs.

### Methodology

Participants were 205 women entering jail in Rhode Island. Women were recruited near time of commitment limiting inclusion to those at risk for unplanned pregnancy.

The women were interviewed by a research assistant for demographic information and psychosocial and behavioral characteristics. Self-collected vaginal

swabs were tested for STIs, including chlamydia, gonorrhea, and trichomonas.

### Outcomes of the Study

48% were aged 24 or younger, with 23% aged 25-29 and 24% aged 30-35. One-half were white non-Hispanic, 19% black non-Hispanic, and 11% were other race/ethnicity. 42% had no high school or GED diploma with 18% having some college or college degree. 18% were homeless prior their incarceration.

Major findings include:

- Most women (87%) had been sexually active with a man in the 3 months prior the study. 16% had 6 or more partners in the last year. 58% used heroin, cocaine, and other opiates in the last 30 days.
- Sixty-eight (33%) tested positive for STIs.
- Forty-five (26%) tested positive for trichomonas, 27 (14%) were positive for chlamydia, and 21 (11%) were positive for gonorrhea.
- There was no significant difference between different age groups and STI.
- Having 6 or more sexual partners in the last year, exchanging sex for drugs/money, and homelessness

were associated with STI. After adjustment for age, race/ethnicity, education, and other covariates, none of the factors was significantly associated with STI.

- 115 (56%) reported prior STI. Of these, 83 reported gonorrhea, 46 with trichomonas, 3 with syphilis, 18 with pelvic inflammatory disease, 14 with condyloma, 3 with genital herpes, and 1 with HIV infection.

### Implications for Prevention

This study of newly incarcerated women found that STD prevalence was high, one-third testing positive for chlamydia, gonorrhea or trichomonas. Incarceration provides an unique opportunity to evaluate and treat this underserved population.

Routine screening should be considered for this population as infection was common and predictors of infection were limited.

### SOURCE:

Willers, D. M., et al. (2007). Prevalence and predictors of sexually transmitted infection among newly incarcerated females. *Sexually Transmitted Diseases*, 35, 68-72.

## Female and male condoms have similar risk for semen

Semen exposure is a surrogate outcome in studies of condom effectiveness in protecting women against STDs. This study compared the effectiveness of the male latex condom and the female polyurethane condom.

Eligible women from Birmingham, AL, were randomly assigned to begin the study with 10 male condoms and then switch to 10 female condoms

Mechanical problems were reported for 9% and 34% for the 700 returned male condoms and 678 returned female condoms, respectively. Moderate-high prostate-specific antigen levels were detected in 3.5% of male condom uses and 4.5% of female condom uses (no difference), and were more frequent with mechanical problems.

Small increases in PSA values may reflect self-sampling error or low-level semen exposure that bears no pregnancy or STI risk. Semen exposure should not be interpreted as product failure.

SOURCE: Macaluso, M., et al. (2007). Efficacy of the male latex condom and of the female polyurethane condom as barriers to semen during intercourse: A randomized clinical trial. *American Journal of Epidemiology*, 166, 88-96.

## Sexual satisfaction and function similar for circumcised men

Those opposed to penile circumcision content that circumcision impairs sexual function and reduces sexual pleasure/satisfaction. This study investigated the relationship between adult male circumcision and sexual satisfaction and function in men.

Participants were 4,456 sexually experienced males of the Rakai, Uganda male circumcision for HIV protection study; 2210 were circumcised (intervention group) and 2246 had delayed circumcision for 24 months (control group).

Less than 2% of men in both groups reported sexual dissatisfaction or sexual dysfunction. During the follow-up, there were no significant differences between the two groups in reported sexual desire, erectile function and ejaculation, and the frequency of men reporting normal function increased over time for both groups. This improvement may be attributed to health education and medical care provided during the trial.

SOURCE: Kigozi, G., et al. (2008). The effect of male circumcision on sexual satisfaction and function, results from a randomized trial of male circumcision for human immunodeficiency virus protection, Rakai, Uganda. *BJU International*, 101, 65-70.

## BV risk found less with hormonal contraceptive use

3077 women of reproductive age participated in a 1-year, longitudinal study. Data were collected over 5 health-care visits. Hormonal contraceptives (oral, injected, or implanted) were associated with decreased risk of bacterial vaginosis. The use of hormonal contraceptives was also associated with lower BV prevalence and greater BV remission, but not associated with BV incidence.

SOURCE: Riggs, M., et al. (2007). Longitudinal association between hormonal contraceptives and bacterial vaginosis in women of reproductive age. *Sexually Transmitted Diseases*, 34, 954-956.

## Persons living with HIV/AIDS increased

From 2001 through 2005, the estimated number of persons living with HIV/AIDS increased steadily in the 33 states with confidential name-based HIV infection reporting. At the end of 2005, an estimated 476,095 persons were living with HIV/AIDS in the 33 states with confidential name-based infection reporting since 2001.

SOURCE: CDC. (2007). *AIDS Surveillance Report, 2005*, Vol. 17. 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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