

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.

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No evidence found that drinking alcohol before sex decreases condom use

Conventional wisdom has said that there is an association between alcohol and sexual behavior. That is, drinking alcohol alters what people would do sexually from their behaviors when not drinking. Any link between alcohol use and sexual risk behavior has greater importance in light of the serious STI/HIV problem in the US. Prior assumptions are that using alcohol during sexual activity increases the probability of risky sexual behavior.

This study used daily reports to examine the association of drinking to condom use in two samples of young adults from a university campus and an STD clinic.

Methodology

Recruitment letters were sent to 6,580 undergraduate students aged 18-23 randomly selected at a large university in the Pacific Northwest. 178 students entered the study from 191 students who met the criteria out of the 1125 students who responded to the letter. 193 clients from several public health clinics treating people with STDs entered the study.

Participants were randomly assigned to either a written daily diary group or a telephone inter-

view group. Daily data were collected were collected for 8 weeks (56 consecutive days).

Outcomes of the Study

73% were White, with 8%, 7%, and 5% being Asian American/Pacific Islander, African American, and Hispanic, respectively. Number of sexual intercourse episodes reported for the 8 weeks ranged from 1 to 85 per participant, with a mean of 13.2. Major findings include:

- No evidence was found that drinking prior sex decreased condom use. Participants either used condoms or they didn't, regardless of alcohol use.
- Of all intercourse episodes reported, 40% were condom-protected; 24% were preceded by alcohol use; 83% took place with a steady partners; and 17% took place with a casual partner.
- Drinking was not related to condom use for men or women. Similar results were found when condom use was predicted from number of drinks consumed.
- Condom use was more likely with casual partners and first-time partners, and was less likely when other contraceptive methods were used at the time of sexual intercourse.

- Although drinking was unrelated to condom use with steady partners, women who drank alcohol prior to sex with casual partners were more likely than non-drinking women to use condoms.
- 9% and 8% of the university female and male participants, respectively, reported ever been diagnosed with an STD. 46% and 17% of the STD clinic female and male participants, respectively, reported ever been diagnosed with an STD.

Implications for Prevention

This study found no support to the persistent notion that alcohol causes people to engage in sexual risk that they would not do when sober. That is, people followed their usual pattern of condom use, regardless of alcohol use.

Study findings imply that STD/HIV risk prevention education should focus on factors that influence condom use beyond any alcohol use.

SOURCE:

Leigh, B. C. et al. (2008). Drinking and condom use: Results from an event-based daily diary. *AIDS Behavior*, 12, 104-112.

Rural HIV prevention success was related to structural traits

This study examined 3 state-level structural factors that impact the implementation of HIV prevention for MSM in 13 rural states.

Overall, HIV prevention in the rural states was rated an average grade, with only two states being evaluated as above average. HIV prevention success appeared to be related to structural characteristics.

The seven more successful states had both a wider variety and more MSM interventions. Overall, funding, degree of epidemic, and “ruralness” were not related with success. Successful states had less religious and Evangelical Protestant adherents and more “gay community” infrastructure. They also spent a greater proportion of funds contracting community-based organizations and on MSM-targeted programming.

Key demographic, social and economic factors distinguished success in rural MSM HIV prevention.

SOURCE: Rosser, B. R. S., & Horvath, K. J. (2008). Predictors of success in implementing HIV prevention in rural America: A state-level structural factor analysis of HIV prevention targeting men who have sex with men. *AIDS Behavior*, 12, 159-168.

Early childhood circumcision did not reduce STI risk

The purpose of this investigation was to determine the impact of penile circumcision in early childhood on the acquisition of sexually transmitted infections by age 32. Subjects were from Denedin, New Zealand.

Of the 499 men, 201 (40.3%) had been circumcised by age 3 years; they differed little in socioeconomic and sexual behavior characteristics. Overall, up to age 32 years, the incidence rates for all sexually transmitted infections were not significantly different: 23.4 and 24.4 per 1000 person-years for the uncircumcised and circumcised men, respectively. This finding was not affected by adjusting for any of the socioeconomic or sexual behavior characteristics.

The researchers concluded that the research findings are consistent with recent population-based cross-sectional studies in developed countries, which found that early childhood circumcision does not remarkably reduce the risk of the common sexually transmitted infections in the general population of such countries.

SOURCE: Dickson, N. P, et al. (2008). Circumcision and risk of sexually transmitted infections in a birth cohort. *Journal of Pediatrics*, 152, 383-387.

Consistent condom use was associated with reduced BV risk

This study followed 871 women at high risk for STI for a median of 3 years. Vaginal swabs were obtained. Consistent condom use (10 out of 10 sexual encounters) was associated with a decreased frequency of bacterial vaginosis and associated vaginal microflora. The decreased risk for BV for consistent condom users was 45% compared to women not using the condom consistently.

SOURCE: Hutchinson, K. B., et al. (2007). Condom use and its association with bacterial vaginosis and bacterial vaginosis-associated vaginal microflora. *Epidemiology*, 18, 702-708.

19 million new STDs estimated annually

The CDC estimates about 19 million new STD infections occur each year, almost half of them among young people ages 15 to 24. Besides physical and psychological outcomes, direct medical costs associated with STDs in the United States are estimated at up to \$14.7 billion annually in 2006 dollars.

SOURCE: CDC. (2008). Trends in reportable sexually transmitted diseases in the United States, 2006. www.cdc.gov/std/stats/trends2006.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.

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