

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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HIV/AIDS risk and protective behaviors did not differ for rural and non-rural residents

The spread of HIV to rural areas of the U. S. is a threat to public health. STDs such as chlamydia and gonorrhea are common in rural America. Little is known about the prevalence of sexual risk taking behaviors among rural Americans in contrast to urban residents. Few studies of this comparison have been published since the 1990s.

The purpose of this study was to determine if single, young, rural and non-rural residents differed significantly in selected HIV/STD risk and protective behaviors.

Methodology

Data for the study are from the 2002 National Survey of Family Growth (NSFG), a national probability sample of men and women, ages 15 years to 44 years, using in-person interviews and A-CASI.

For this analysis, a sub-sample of the NSFG dataset was selected. Participants included single men (n=1500) and women (n=1888), aged 18 to 29, who reported having had penile-vaginal intercourse at least once in their lifetime. Three indicators of risk and protective HIV/STD behaviors were included: number of penile-vaginal sex partners, condom use,

and being tested or counseled for HIV/STD.

Outcomes of the Study

Major findings include:

- Number of lifetime sex partners for men and women did not differ by residence. Non-rural and rural men reported an average of 8.8 and 7.2 female sex partners, respectively, in their lifetimes. Non-rural and rural women reported an average of 5.9 and 5.6 male sex partners, respectively, in their lifetimes.
- Number of sex partners in the past twelve months did not differ by residence for men and women. Non-rural and rural men reported an average of 1.7 and 1.4 female sex partners, respectively, in the past twelve months. Non-rural and rural women reported an average of 1.5 and 1.6 male sex partners, respectively, in the past twelve months.
- Residence was not significant for men and women for unprotected sex. Non-rural and rural men reported having sex without a condom an average 4.9 and 6.2 times in the prior four weeks. 46% and 47% of rural and non-rural men reported not using a condom their last coitus. Non-

rural and rural women reported having sex without a condom an average of 6.8 and 6.5 times in prior four weeks. 51% and 47% of non-rural and rural women reported not using condoms their last coitus.

- Residence was not significant for men and women for ever having an HIV test and discussing correct condom use with a health provider at last HIV test.
- Rural men were less likely to report discussing STDs with health provider after HIV test.

Implications for Prevention

Findings from this nationally representative sample suggest that HIV/STD risk and protective behaviors of single, young adult rural Americans generally mirror those of their urban counterparts. Rural prevention specialists should continue promoting HIV/STD prevention behaviors.

SOURCE:

Yarber, W. L., et al. (2008). Do rural and non-rural single, young adults differ in their risk and protective HIV/STD behaviors: Results from a national survey. *The Health Education Monograph*, 25(2), 7-12.

Sex partners known and trusted were evaluated as safe

Stereotypical beliefs about a person (e.g. visual and inferred personal traits) and relationship type are often used to evaluate a partner's STD/HIV risk. This study determined the extent to which partner safety beliefs were used to evaluate partner safety.

Participants (n=317) recruited from an STD clinic completed a self-report questionnaire.

Findings suggest that the clients of this STD clinic used partner attributes and relationship characteristics (family, trust, and assumed knowledge of a partner's sexual history) as an index for evaluating partner safety. This reliance was associated with a decreased perception of personal STD/HIV risk. Most persons are confident of their assessment of their partner's character, yet their assessments of their partners risk STD has been shown by research to be inaccurate when compared to their partner's self-reported risk. Also, when trust has been "established" in a relationship, people assume their partner is safe even when there is evidence of risk behavior.

SOURCE: Masaro, C. L., et al. (2008). Perceptions of sexual partner safety. *Sexually Transmitted Diseases*, 35, 566-571.

Rural residents diagnosed with AIDS increased 202%

CDC data indicate about 5-7% of all AIDS cases in the U.S. are diagnosed in rural areas. This study compared the number of AIDS cases diagnosed in rural areas to those observed in metropolitan statistical areas and forecasted future number of diagnoses, and estimated costs between 1996 and 2006.

Between 1993 and 2003, AIDS cases in rural areas of the U.S. increased by 202%, compared to only 147% increase in large U.S. cities. Through the year 2010, 56,756 people will have been residents of rural areas when they were diagnosed with AIDS. The estimated annual cost of HIV/AIDS-related medical care for persons living with HIV in rural areas has increased to about \$500 million in recent years.

Given these findings, innovative interventions are needed in rural areas to facilitate adjustment efforts of this group and to reduce the unsafe sex between rural HIV-positive and seronegative partners. Given the uniqueness of rural areas, it is unlikely that interventions that have been effective in urban areas will easily generalize to rural areas.

SOURCE: Heckman, T G., et al. (2008). Modeling AIDS cases in non-metropolitan areas of the United States, 1993-2010. *The Health Education Monograph*, 20(2), 1-6.

HIV among MSM, ages 13-24, increased 12% annually

New HIV diagnoses recorded between 2001 and 2006 among MSM ages 13 to 24 increased by 12.4% annually. Data from 33 states found that of the 214,379 HIV diagnoses recorded during the study period, 46% were among MSM. Although the rate of new diagnoses increased for MSM, it declined in all other categories, including injection drug use and high-risk heterosexual contact.

SOURCE: CDC. (2008). Trends in HIV/AIDS diagnoses among men who have sex with men -- 33 states, 2001-2006. *MMWR*, 57, 681-685.

10% of college students had chlamydia

Screening of 789 students from ten Southern colleges found that chlamydia prevalence was 9.7%. Students under age 20 years were 66% more likely to be infected than older students. Younger female students were 92% more likely infected than the older ones.

SOURCE: James, A. B., et al. (2008). Chlamydia prevalence among college students: Reproductive and public health implications. *Sexually Transmitted Diseases*, 35, 529-532.

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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