

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Young heterosexuals ever having anal intercourse more likely to have STI history

The vast majority of men who have sex with men reported ever having engaged in anal intercourse (AI). Less is known about this sexual behavior among heterosexuals. The few studies have shown the prevalence of anal intercourse among heterosexuals ranged from about 10% to 40%. Seven times more U.S. heterosexual women than MSM engage in AI. AI has been associated with increased HIV transmission within serodiscordant couples, likely due to greater efficiency of transmission and low condom use.

This study assessed individual and partnership characteristics associated with AI among young heterosexual persons attending 3 U.S. STD clinics.

Methodology

Between November 2001 and May 2004, 1220 adults ages 18 to 26 recruited from waiting rooms in public STD clinics in Seattle, New Orleans and St. Louis were interviewed and tested for STIs: *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium*, *Trichomonas vaginalis*, and genital herpes (HSV-2).

The computer-assisted self interview assessed the participant's

3 most recent romantic and sexual relationships, STI history, substance use, and involvement in the criminal justice system.

Outcomes of the Study

The study sample was 1084 individuals who reported no same-sex partners among their last 3 partners. Major findings include:

- 37% (400) reported ever practicing AI.
- Of those who reported AI, 36% (144) reported condom use during last AI, but this was reported by fewer women (26%) than men (45%).
- AI with at least one of the last 3 partners was reported by 266 (29%).
- AI with the last partner was reported by 16% of men and 23% of women.
- The proportion ever engaging in AI increased steadily with age, going from 23% among 18 year olds to 46% of 25 year olds.
- Having more lifetime partners, sex the same day as meeting a partner, and ever exchanging sex for money was significantly more common among those who had ever practiced AI.
- Ever having paid for sex was associated with ever engaging in

AI for men, while ever having received money for sex or having greater than 3 lifetime partners were associated with ever engaging in AI for women.

- Fewer who reported AI reported condom use at last vaginal sex than those who did not practice AI.
- Individuals who had ever engaged in AI were more likely to report a history of any STI.

Implications for Prevention

This study found that many young heterosexuals attending STD clinics reported anal intercourse, which was associated with other sexual risk behaviors, suggesting a confluence of risks for HIV infection. Condom use was reported by less than half of participants, and fewer women.

HIV prevention programs should address the practice of AI with young heterosexuals and encourage condom use.

SOURCE:

Gorbach, P. M., et al. (2009). Anal intercourse among young heterosexuals in three sexually transmitted disease clinics in the United States. *Sexually Transmitted Diseases*, 36, 193-197.

Partners are an important influence in reducing HIV risk

Selecting sex partners of similar HIV status (serosorting) is a risk reduction method used by many men who have sex with men, although the effectiveness of this method is potentially limited. This study examined how men perceive the protective benefits of factors related to serosorting.

Participants were 94 HIV negative seroconcordant couples, 20 HIV serodiscordant couples, and 13 HIV positive seroconcordant couples.

Participants in seroconcordant relationships were more likely to believe that serosorting reduces concerns for condom use. HIV negative participants in seroconcordant relationships viewed themselves at relatively low risk for HIV although exclusivity and HIV testing were infrequent.

The researchers concluded that relationship partners are an important source of influence and intervening with partners is needed to reduce HIV transmission risks.

SOURCE: Eaton, L. A., et al. (2009). HIV transmission risk among HIV seroconcordant and serodiscordant couples: Dyadic processes of partner selection. *AIDS and Behavior*, 13, 185-195.

Withdraw and no condom use found related to STI diagnosis

Withdraw may be appealing to youth who have sex with no condoms. This study examined coitus interruptus among low-income blacks teens, ages 14-18.

Use of withdraw was quite common (60%), especially among participants reporting one or more episodes of sex without a condom. Withdraw was also reported by youth who claimed to have used condoms on every sexual occasion.

Increased sex occasions, condom breakage, and instances of condom non-use in the past 3 months increased the odds of withdraw use. The combination of reporting one or more instances of sex without a condom and withdraw increased the odds of benign diagnosed with an STI in comparison with those reporting completely protected occasions. Half who reported always using a condom also reported using withdraw at some time during those occasions.

Because withdraw is commonly used, it is important that the risks of withdraw are addressed.

SOURCE: Sznitman, S. R., et al. (2009). Prevalence, correlates, and sexually transmitted infection risk related to coitus interruptus among African-American adolescents. *Sexually Transmitted Diseases*, 36, 218-220.

Many HIV-infected patients were also coinfecting with HSV

629 HIV-infected persons participated. HSV-1 and HSV-2 seroprevalence was 78% and 55%, respectively. Women were 2.7 times more likely to be HSV-2 seropositive. MSM had the lowest HSV-2 seroprevalence. Only 30% of HSV-2 reported history of genital herpes. A significant proportion of HIV-infected subjects attending 5 infectious disease clinics in Canada were coinfecting with HSV.

SOURCE: Romanowski, B., et al. (2009). Seroprevalence and risk factors for herpes simplex virus infection in a population of HIV-infected patients in Canada. *Sexually Transmitted Diseases*, 36, 165-169.

HIV is a leading death cause of black women

In 2005, HIV disease was the third leading cause of death for black women aged 25-44 years and the fourth leading cause of 45-54 years. Death rates for white women in these age groups were less than one-tenth those for black women.

SOURCE: CDC. (2009). QuickStats: Death rates for human immunodeficiency virus (HIV) disease among women, by race and age group -- United States, 1987-2005. *MMWR*, 58 (11), 286.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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