

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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Bisexually active men reported less unprotected anal sex than exclusive MSM

Men who have sex with men (MSM) are impacted disproportionately by the HIV/AIDS epidemic. Research often regards MSM as homogenous, but MSM include men who have sex only with men (MSM/O) and men who have sex with men and women (MSM/W). Few studies have compared HIV risk behavior between MSM/W and MSM/O. Prevalence data indicate that HIV is lower among MSM/W compared to MSM/O.

To address gaps in prior research, this study examined whether unprotected anal intercourse (UAI) with male partners, psychosocial variables, and other HIV risk-related variables differed between MSM/W and MSM/O.

Methodology

Self-reported data were collected from a racially diverse sample of 10,295 young MSM from 1999 to 2002. The sample comprised data from 13 urban areas across the US. 8801 participants reported sex with men only and 1494 reported sex with both men and women, all within the past three months.

The survey questionnaire included questions about demographics, sexual identity, HIV

testing status, self-reported HIV status, and how often they had engaged in UAI in past three months.

Outcomes of the Study

The mean age of the sample was 21 years. 28% was African American, 10% Asian/Pacific Islander, 37% Latino, 22% white, and 2% unknown/other.

Major findings include:

- MSM/W were less likely than MSM/O to report engaging in UAI (22% vs. 31%).
- MSM/W were less likely than MSM/O to report ever being tested for HIV, to be HIV-positive, to be aware of combination therapy, to be exposed to HIV prevention interventions, or to have social support.
- MSM/W and MSM/O reported comparable treatment optimism and peer condom norms.
- For all racial/ethnic groups MSM/W were less likely to report UAI with male partners than MSM/O.
- For African Americans, the prevalence of MSM/W (19%) was significantly higher, and prevalence of UAI (24%) was significantly lower, than the corresponding percentages for

other racial/ethnic groups.

- African Americans who had been tested for HIV were less likely to report UAI than those not tested. In contrast, Asian/Pacific Islanders and whites who had been tested were more likely to report UAI than those not tested, and Latinos showed little difference.
- Among MSM/O, a history of ever being tested for HIV was associated with an increased likelihood of reporting UAI and the opposite was true for MSM/W.

Implications for Prevention

This study found that MSM/W reported less unprotected anal intercourse than MSM/O. African American men were more likely to report MSM/W and less likely to report UAI.

Findings suggest that HIV prevention interventions for MSM should address the differences between MSM/W and MSM/O.

SOURCE:

Flores, S. A., et al. (2009). HIV risk among bisexually and homosexually active racially diverse young men. *Sexually Transmitted Diseases*, 36, 325-329.

Barriers elevated female sex workers sexual HIV risk

This study investigated the relationship between environmental-structural factors and condom-use negotiation with male clients among 205 female sex workers in Vancouver, British Columbia.

Several structural and environmental barriers elevated women's sexual HIV risk through being pressured by a client into unprotected vaginal intercourse (UVI). Women who moved working areas away from main streets because of local policing and those with zoning restrictions had a 3-fold increase in odds of being pressured into UVI. Those serving clients in cars or public spaces had a 2-fold increase. Borrowing a used crack pipe and client-perpetuated violence both doubled the odds of being pressured into UVI.

Environmental-structural HIV prevention efforts are needed that facilitate condom use in safer-sex work environments.

SOURCE: Shannon, K. (2009). Structural and environmental barriers to condom use negotiation with clients among female sex workers: Implications for HIV-prevention strategies and policy. *American Journal of Public Health*, 99, 659-665.

Many MSM would be willing to pay for HPV vaccine

A high prevalence of human papillomavirus (HPV) infection occurs among MSM, together with an increased risk for anal cancer linked to infection with high-risk HPV types. There are no published studies showing the efficacy of the HPV vaccine in preventing anal cancer; but, it is plausible that the vaccine would be protective.

205 MSM (mean age = 27 years) attending the Melbourne Sexual Health Centre (Australia) in 2007-2008 completed the questionnaire.

Only 30% knew that there was a vaccine available for protection against certain HPV types. When told of the increased risk of anal cancer among MSM, 47% of MSM indicated that they would be willing to pay \$A450 for the vaccine. 93% indicated that they would be willing to disclose that they were MSM to a health professional in order to obtain the vaccine for free, but not until median age of 20 years.

The researchers noted that if the HPV vaccine is targeted to MSM, the challenge will be for MSM to be vaccinated before they acquire HPV infection.

SOURCE: Simatherai, D., et al. (2009). What men who have sex with men think about the human papillomavirus vaccine. *Sexually Transmitted Infections*, 85, 148-149.

HIV survival rates increased by early antiretroviral therapy

This study found that among patients with a 351-to-500 CD4+ count, the deferral of antiretroviral therapy was associated with a 69% increase death risk, as compared to the early therapy initiation. Among patients with more than 500 CD4+ count, deferred therapy was associated with a 94% increase death risk. Findings suggest that early treatment could reduce the risk of death from AIDS.

SOURCE: Kitahata, M., M. et.al. (2009). Effect of early versus deferred antiretroviral therapy. *The New England Journal of Medicine*, 360, 1815-1826.

IDUs report high HIV risk behaviors

NHBS data of IDUs in 23 cities found that about one-third reported sharing syringes or injection equipment (32% and 33%, respectively). 82% reported vaginal sex and 63% reported unprotected vaginal sex. 47% had more than one opposite-sex partner during preceding 12 months.

SOURCE: CDC. (2009). HIV-associated behaviors among injecting-drug users -- 23 cities, United States, May 2005-February 2006. *MMWR*, 58 (13), 329-332.

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

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