Most heterosexual dating couples had done nothing to protect themselves against STDs

Most information concerning couple sexual behavior and condom use as STD risk factors comes from separate reports of men and women. Few studies have couple data. Gaining a couple’s perspective has advantages. Most sexual behavior occurs in a close relationship. Assessing both partners avoids having only one perspective which may be biased. Lastly, having a couple’s perspective can allow examination of couple factors, such as power within the relationship.

This study determined, among adult heterosexual dating couples, if associations existed between each partner's characteristics and the couple's chance of recently having anal sex and of having done something to reduce STD risk.

Methodology
Participants were from the dating couples sample of the National Couples Survey, conducted in 2005-2006. Both partners of 335 dating heterosexual couples from an area probability sample of household residents in Baltimore; Durham, NC; St. Louis; and Seattle completed a computer-assisted self-interviewing questionnaire. Dating was defined as currently being in an unmarried, non-cohabiting sexual relationship of at least one month’s duration.

Outcomes of the Study
The mean age was 27 years and 28 years, respectively, for the female and male participants. Most couples had been in the relationship for about 3 years. Mean education for both sexes was about 13 years. Major findings include:
• 22% and 27% of women and their male partners, respectively, reported that they had anal sex in the prior four weeks. Anal sex occurred more often in couples of lower socioeconomic status.
• Six out of ten women and men reported that they had done nothing in the prior four weeks to protect themselves from STDs.
• To reduce risk, 30% had used condoms and 8% decided to engage in less risky sex.
• A couple’s sexual behaviors were often not controlled totally by either partner, but moderated by factors such as a partner’s power and perception of control over sex and contraception.
• Anal sex was negatively related to the female’s perception of AIDS severity, but only when the female has more control of sex.
• Couples in which the male had a more traditional gender role ideology had a greater probability of having anal sex.
• Increased number of lifetime sex partners reported by females was associated with less probability that the couple had decided on less risky sex.
• Higher male education and income were related to a couple’s increased chance of doing nothing to prevent STDs and deciding in less risky sex.

Implications for Prevention
This study found that most heterosexual dating couples did not do anything in past four weeks to avoid STD. About one-fourth reported anal sex. Couples in which the female partner reported that her male partner made the decisions about sex and condom use had increased anal sex. Couple-based STI prevention should account for the relationship, particularly power.

SOURCE:
Whether cigarettes alter natural history of HIV is uncertain

Even though cigarette smoking is more common among persons infected with HIV, it remains unclear whether cigarette smoking has greater health risks for those with HIV. Research literature on smoking and HIV infection was reviewed.

Little evidence was found that cigarette smoking increases the risk of acquiring HIV. Two studies observed that smoking was related to more rapid CD4 cell count declines, but most studies suggest that smoking does not accelerate progression to clinical AIDS. Increased risk of respiratory infections was the most consistent finding. Even though no effect of cigarette smoking was seen with AIDS-related mortality, findings related to all-cause mortality were inconclusive.

Given an increase in chronic non-AIDS outcomes in the post-HAART era, smoking is likely an increasing important contributor to morbidity and mortality in persons infected with HIV.


Teens believing in earlier death had higher HIV diagnosis

The relationship between adolescents' perceived risk of dying and their personal health behaviors has not been adequately assessed. This study determined the proportion of U.S. youth who anticipate a high likelihood of early mortality and relationships with health behaviors and status.

Data from 20,594 youth was analyzed three times: time 1 (1995); time 2 (1996); and time 3 (2001-2002). Data come from the National Longitudinal Study of Adolescent Health, a nationally representative sample of youth in grades 7 through 12.

At time 1, 15% reported at least a 50/50 chance that they would not live to age 35. Unsafe sex, illicit drug use, suicide attempt, fight-related injury, and police arrest predicated early death perception at time 2, time 3, or both. Teens who believed that they will die at a younger age were seven times more likely to be diagnosed with HIV/AIDS.

The researchers suggest that teens' perceived risk for early death should be included in any psychosocial assessments and interviews.


Anal HPV increased risk of HIV acquisition among MSM

HIV-negative, sexually active MSM (N = 1409) from community-based settings in Boston, Denver, New York and San Francisco were studied to determine if pre-existing HPV infection is associated with higher risk of HIV acquisition.

During 4375 person-years of follow-up, 51 men became HIV positive. Anal HPV infection increased the risk of HIV acquisition in this group of MSM.


13% of students have been tested for HIV

Nationwide, 12.9% of high school students have been tested for HIV. 22.3% of those ever having intercourse have been tested. Given that about one-half of adolescents and young adults infected with HIV are unaware of their infection, this low prevalence of HIV testing among teens represents a missed opportunity.


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

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