

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
AND UNIVERSITY OF WYOMING

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

Vol. 16, No. 10, October 5, 2012

Most MSMW told their last female partner that they had male sex partners

In the United States, the most at-risk group for HIV/AIDS is men who have sex with men. The number of new HIV infections among MSM has been increasing since 2000 with about 60% of incident HIV infections in 2009 occurring among MSM.

The female partners of men who have sex with both men and women (MSMW) may be at greater risk for HIV/STIs than women who have sex only with a male partner who is sexual with women only. Results of studies of this issue have been inconsistent.

This study examined the extent to which MSMW tell their female sex partners that they have male sex partners and the association between disclosure of male partners and condom use with female partners.

Methodology

Data were from U.S. Internet-using MSMW (N = 666) recruited from a social networking Web site. U.S. men at least 18 years old who reported at least one male sex partner in the prior 12 months were eligible for the study.

Two major outcomes were assessed: (1) self-reported disclosure to last female sex partner that

participant also has sex with men, and (2) self-reported condom use during last vaginal intercourse with that female sex partner.

Outcomes of the Study

Major findings include:

- About 70% reported having told their most recent female sex partner that they also have sex with men.
- MSMW who disclosed having male sex partners were equally likely to have used a condom during their last vaginal intercourse with a female partner (42%) as men who did not disclose (47%).
- Black and Hispanic MSMW were significantly less likely to disclose their behavioral bisexuality compared to White MSMW.
- Men identifying as heterosexual were less likely to disclose.
- Those reporting an unknown HIV status had a lower odds of disclosure compared with those who reported being HIV-negative.
- Men indicating that they had discussed their HIV status before having sex with their last female partner were more likely to discuss their behavioral bisexuality to their female sex partner.

- Men reporting having unprotected anal sex with a male sex partner in the past 12 months were significantly less likely to have used a condom with their last female sex partner.
- Participants reported slightly more male partners than female partners in the prior 12 months.
- More than half reported having unprotected anal intercourse with a male partner in the prior 12 months.

Implications for Prevention

For this sample, disclosure of behavioral bisexuality to female partners was relatively high, but not associated with greater condom use with female partners.

Educational programs should continue to promote condom use among women regardless of reported or perceived sexual partners of their own sex partners.

SOURCE:

Shearer, K (2012). Do bisexual men tell their female partners about having male partners? Results from a national online HIV prevention survey in the United States. *International Journal of Sexual Health*, DOI:m 10.1080/19317611.2012.686965.

Gender abuse was predictive of HIV/STI among MTF persons

HIV infection has been diagnosed at high rates among male-to-female transgendered persons (MTFs). This study examined gender abuse and depressive symptoms as risk factors for HIV and other STIs among male-to-female transgendered persons (MTFs).

A three-year prospective study of factors associated with incident HIV, syphilis, hepatitis B, chlamydia, and gonorrhea was conducted among a sample of 230 MTFs in the New York Metropolitan Area.

Among younger MTFs (aged 19-30 years), gender abuse predicted depressive symptoms. Gender abuse combined with depression predicted both high-risk sexual behavior (unprotected receptive anal intercourse) and incident HIV/STI.

Interventions are needed for younger MTFs to reduce psychological and risk behavior impacts.

SOURCE: Nuttbrock, L., et al. (2012). Gender abuse, depressive symptoms, and HIV and other sexually transmitted infections among male-to-female transgendered persons: A three-year prospective study. *American Journal of Public Health*. doi: 10.2105/AJPH.2011.300568.

Vaginal practices common among Mozambique women

Vaginal practices have been linked to increased risk of HIV transmission. 919 women, ages 18 to 60 years, were interviewed in Tete province, Mozambique, 2007.

About 80% reported three or more current vaginal practices and nearly all reported at least three practices in their lifetime. 99% reported elongating the vaginal labia minora. A quarter had made small vaginal cuts or incisions at least once. 92% reported ever vaginal cleansing and 72% inserted substances into the vagina.

Forty-eight percent reported ingestion of substances to affect the vagina, mostly to heat, tighten, or loosen the vagina. Application of substances on the genitalia (16%) and steaming (sitting above a heat source) (15%) were less common. In preparation for sexual intercourse, women reported products were commonly applied, ingested, inserted or steamed.

HIV education messages and behavioral and medical interventions, including condom use and future microbicides, should account for vaginal practices.

SOURCE: Francis, I, et. al. (2012). Prevalence and motivations of vaginal practices in Tete Province, Mozambique. *International Journal of Sex Health*, 24, 205-217.

Provider recommendation associated with HPV vaccination

Data from the 2009 National Immunization Survey-Teen was analyzed to access if a doctor or health care provider ever recommended the HPV vaccination. 57% of female adolescents, aged 13-17 years, received a recommendation. Those females were almost 5 times as likely to receive a vaccination as those without recommendation.

SOURCE: Vlitalo, K. R. (2012). Health care provider recommendation, human papillomavirus vaccination, and race/ethnicity in the US National Immunization Survey. *American Journal of Public Health*, doi:10.2105/AJPH.2011.300600.

HIV rate 8.0 in non-metropolitan areas

CDC reports that 3,243 cases of HIV infection among adults and adolescents were diagnosed in 2010 (46 states) in nonmetropolitan areas at the rate of 8.0 per 100,000 population. The rate was 24.3 and 12.1 for $\geq 500,000$ and 50,000-499,999 populations areas, respectively.

SOURCE: CDC. (September 21, 2012). Slide set: HIV Surveillance in Urban and Non-Urban Areas.

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.

Senior Director
William L. Yarber, HSD
Indiana University, Bloomington

Co-Directors
Janet N. Arno, MD
IU School of Medicine, Indianapolis

Anne M. Bowen, PhD
University of Wyoming

Richard A. Crosby, PhD
University of Kentucky

Beth Meyerson, MDi, PhD
Indiana University, Bloomington

Mohammad R. Torabi, PhD
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-7974
(800) 566-8644
FAX line: (812) 855-3936
aids@indiana.edu
<http://www.indiana.edu/~aids>