

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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

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

Vol. 18, No. 4, April 4, 2014

Rural men who have sex with men more likely to purchase over-the-counter HIV test

HIV testing is increasingly user-driven, yet 34% of MSM are unaware of their infection. Late diagnosis occurs across populations and access among rural populations is further delayed.

FDA approval of over-the-counter (OTC) rapid home HIV tests lead to discussion of utilization of OTC HIV test, particularly among MSM. Little is known about the perception of MSM regarding OTC HIV tests purchased at a pharmacy compared with pharmacy-based HIV testing.

This study is an initial examination of the acceptability of pharmacy-based HIV testing and OTC HIV testing by gay and bisexual men in a Midwestern state with moderate HIV incidence and a paucity of public health resources.

Methodology

An online survey of Indiana MSM aged 18-45 years was conducted between March-June 2013. The survey measured acceptability of pharmacy-based testing, pharmacist test consultation, preferences about what to do while waiting for results, likelihood of purchasing an OTC HIV test, likely frequency of OTC testing, and circumstances

where participants might use an OTC HIV test.

Outcomes of the Study

Participants were 169 MSM living in Indiana with mean age of 28.9 years. 87% were white, 6.5% black, and 4.7% Hispanic/Latino. 91% lived in metropolitan areas. 83.4% reported that they were HIV-negative. Major findings include:

- Participants accepted both OTC (67%) and pharmacist-provided (54%) HIV testing. 40% indicated that they would be likely to engage in both types of testing.
- One-quarter (27%) said that they were likely to purchase an OTC HIV test, but were unlikely or uncertain about pharmacy-based testing.
- The likelihood of purchasing an OTC HIV test was higher for men not living in an metropolitan area (93% vs 55%) and those testing more than once a year (86% vs 55%).
- The likelihood of preferring OTC HIV testing over pharmacy-based testing was higher among men who did not know their HIV status (65% vs 23%) and those who have never tested for HIV (71% vs 22%).
- More than half (58%) said they

would discuss their HIV test result with a pharmacist.

- Having a private room in the pharmacy would increase the likelihood of talking to a pharmacist for 67% of the sample.
- The likelihood of discussing HIV test results was higher among younger men (38% vs 21%) and those not living in metropolitan areas (40% vs 21%).

Implications for Prevention

This study found that rural MSM in general and men who did not know their HIV status were more likely to purchase an OTC HIV test. Further, men who did not know their HIV status also preferred an OTC HIV test to pharmacy-based testing.

Pharmacies should enhance information on the sale of OTC HIV tests, particularly in rural communities.

SOURCE:

Meyerson, B. E. et al. (2014). Preferences of gay and bisexual men for pharmacy-based HIV testing and over-the-counter HIV tests. *LGBT Health*, DOI: 10.1089/lgbt.2014.0010.

Partnership factors most important factor in condom use

This study examined the associations between inconsistent or no condom use and individual and partnership characteristics. Participants were 2144 heterosexual persons enrolled in a STI outpatient clinic in Amsterdam.

Partnership factors were more important factors of inconsistent condom use than individual factors. The strongest factors associated with inconsistent condom use in steady and casual partnerships were longer partnership duration, an increased number of sexual behaviors with a partner and practicing anal sex. Inconsistent condom use was more often reported in partnerships with concordant ethnicity and in casual partnerships in which the reported partner was older.

The study concluded that partnership factors are more important factors related to inconsistent condom use than individual characteristics.

SOURCE: Matser, A., et al. (2014). The importance of partnership factors and individual factors associated with absent or inconsistent condom use in heterosexuals: A cross-sectional study. *Sexually Transmitted Infections*, 90, 325-331.

Greater sexual risk among male teens perpetrating TDV

Teen dating violence is a threat to the physical, sexual and psychological health of female adolescents. This study investigated teen dating violence (TDV) perpetration (physical, sexual or psychological violence) and the association with STI and related sexual risk behaviors among urban male adolescents (ages 14-20 years; N=134).

45% of males reported any TDV; 42% reported sexual violence perpetration. 13% reported perpetrating physical violence against a dating/sexual partner and 115 reported psychological violence.

TDV perpetration was associated with self-reports of an STI and having sex with another person when they were supposed to be only having sex with their main partner. There was no significant association between TDV perpetration and consistent condom use.

This study suggests that greater STI risk behaviors among male adolescents perpetrating TDV may be one mechanism explaining increased STI among female teen reporting TDV victimization.

SOURCE: Reed, E., et al. (2014). Teen dating violence perpetration and relation to STI and sexual risk behaviors among adolescent males. *Sexually Transmitted Infections*, 90, 322-324.

HIV infection is associated with greater fracture risk

The association between a clinical diagnosis of HIV infection and fracture risk was studied utilizing data from the Danish National Health Service registries. HIV infection was associated with an almost 3-fold increase in fracture risk compared to uninfected patients. HIV patients were also at an almost 9-fold higher risk of hip fracture.

SOURCE: Prieto-Alhambra, D., et al. (2014). HIV infection and its association with an excess risk of clinical fractures. *Journal of Acquired Immune Deficiency Syndrome*, 66, 90-95.

USPSTF urges HBV screening

USPSTF has recommended hepatitis B testing for all persons at high risk for HBV. The focus is on asymptomatic, nonpregnant teens and adults who fall into high-risk categories.

SOURCE: LeFevre, M. L. (2014). Screening for Hepatitis B virus infection in nonpregnant adolescents and adults: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*. doi: 10.7326/M14-1018.

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 Arizona, 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 Arizona

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