

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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

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Religion had protective effects on sexual risk among rural Blacks in Rural South

HIV infection among African Americans has been an epidemic for more than two decades. The incidence of HIV and other STIs is much greater among blacks than among whites. For example, in 2010 only 12% of the population was African American yet they represented 44% of new cases with the Deep South being dramatically impacted. African American drug users are especially high risk for HIV/STI.

Religion is an important cultural and social construct in many rural, African American, and Southern communities in the U.S. Given this importance, prevention specialists have called for faith-based elements to be added to sexual risk reduction efforts for these communities.

This research investigation examined the relationship between well-defined dimensions of religion and specific sexual behaviors among African Americans living in the rural southern United States who use cocaine.

Methodology

Data were from a baseline assessments of a longitudinal sexual risk reduction intervention for African Americans who use cocaine living

in two predominately African American, rural, impoverished counties in the Arkansas Mississippi Delta region. The counties have HIV/STI infection rates nearly twice the statewide rates.

Outcomes of the Study

205 African Americans participated in the investigation. Mean age of the participants was 36 years and 46% were male. 71% reported being Baptist. 25% were partnered and 27% reported being employed. Major findings include:

- One-third of participants reported having no unprotected sex in past 30 days.
- Mean total vaginal or anal sexual encounters in past 30 days was 16.
- Mean percent of unprotected oral sex encounters in past 30 days was 6.
- One in five participants engaged in sexual transactional sex (giving or receiving sex for food, money or drugs).
- Positive religious coping was negatively associated with total vaginal/and sex and number of sexual partners.
- Public religious participation was and total oral sex were positively associated.
- Those participants who indicated

having a partner engaged in more vaginal/anal sex but with fewer partners.

- Younger participants and those individuals who had achieved less than a high school education tended to report higher numbers of oral sex encounters.

Implications for Prevention

This study found that specific dimensions of religion may have protective effects on certain types of sexual behavior.

Positive religious coping was associated with inverse associations with number of sex partners and total vaginal/anal sexual encounters. Church leadership support was inversely associated with unprotected vagina/anal sex.

A greater understanding of the influence of religion on sexual behaviors in high-risk subgroups is needed to address disproportionate HIV/STI rates in these religious, African American, Southern communities.

SOURCE:

Montgomery, B., E., E. et al. (2014). Religiosity and sexual risk behaviors among African American cocaine users in the rural South. *Journal of Rural Health*, 30, 284-291.

Swingers report high rates of STI, sexual risk and drug use

Little research has been conducted on STI and swingers; that is, heterosexuals who, as a couple, practice mate swapping or group sex, and/or visit sex clubs or couples. Swingers, by definition, are involved in concurrent sex and have been classified as an emerging high-risk group for STI.

The study is the first to assess drug use among swingers and its association with high-risk sexual behavior and STI. Participants (N=289) were swingers who visited STI clinics in South Limburg, The Netherlands.

The prevalence of chlamydia and/or gonorrhea was 13%. No other STIs were observed. 46% reported recreational drug use, including alcohol and erection-dysfunction drugs. Recreational drug use, excluding alcohol and erectile dysfunction drugs, was associated with high-risk sexual behavior in men and women. Drug use was associated with STI in female swingers, especially those who practiced group sex.

SOURCE: Spauwen, L.W. L., et al. (2015). Drug use, sexual risk behavior and sexually transmitted infections among swingers: A cross-sectional study in The Netherlands. *Sexually Transmitted Infections*, 91, 31-36.

Religiosity and acculturation protective effect in Latinas

Among United States Latinas, rates of sexually transmitted infections are more than double of the rates of their peers. Findings of acculturation and religiosity as determinants of sexual health have been inconsistent. This study examined how intrinsic and extrinsic religiosity and acculturation predicted risky sexual behavior.

The sample was 1,168 self-identified Latinas from the National Longitudinal Survey of Adolescent Health.

Findings revealed that Latinas with lower levels of acculturation and higher levels of intrinsic religiosity are less likely to engage in risky sexual behavior. Extrinsic religiosity functioned as a risk factor, thereby increasing the likelihood of persons engaging in risky sexual behavior.

This study suggests that religious organizations are strong positive influences on sexual health for Latinas for numerous reasons. Community partnerships with these faith communities could reduce sexual risk behavior.

SOURCE: Smith, S, J., et. al. (2015). Risky sexual behavior among young adult Latinas: Are acculturation and religiosity protective? *Journal of Sex Research*, 52, 43-54.

Drug to drug interactions high for HIV infected patients

Clinically significant drug interactions (CSDI) were studied among 268 hospital patients in Murcia, Spain. 292 potential drug interactions were identified, of which 102 (35%) were CSDIs, of which 53% involved antiretroviral drugs. Treatment with more than five drugs was associated with CSDIs. This investigation suggests that the prevalence of clinically relevant drug-drug interactions is high for HIV-infected patients and could represent a major health problem.

SOURCE: Iniesta-Navalon, C., et. al. (2015). Identification of potential clinically significant drug interactions in HIV-infected patients. *HIV Medicine*, 16, 273-279.

HIV screening recommended

In April 2013, the U.S. Preventive Services Task Force recommended that clinicians screen adolescents and adults 15 to 65 years for HIV infection. Younger adolescents and older adults at increased risk also should be screened as well as pregnant women, including those in labor whose HIV status is not known.

SOURCE: CDC. (2015). HIV testing. Atlanta, GA

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.

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