

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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Men who pay for sex are at higher risk of acquiring sexually transmitted infections

Men who pay for sex (MPS) may be at higher risk for sexually transmitted infections than men who do not pay for sex. Actually, MPS are considered “a bridging population” for STIs. Their sexual partners are often individuals who are at high STI risk, whose risk is conferred to the unpaid partners of MPS, and with whom condom use is less frequent.

Initial results of a sampling of the British population found that 4% of men aged 16-44 years self-reported paying for sex in the past 5 years. The role of this population in the transmission and acquisition of STI/HIV depends on the prevalence of paid partners and on the number of paid and unpaid partners. As STI/HIV prevalence varies globally, it is important to know where men pay for sex

This study examined the extent, characteristics, and their role of men who pay for sex in STI transmission.

Methodology

Data was analyzed from 6,293 men residing in Britain who completed the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), a stratified probability sample survey under-

taken between September 2010 and August 2012.

Computer-assisted personal interviewing and computer-assisted interviews were utilized.

Outcomes of the Study

Ages of the participating men were 16-74 years.

Major findings include:

- 11% of all men reported ever paying for sex.
- Among MSP, 18% of their lifetime sexual partners were paid.
- 4% had paid for sex in the past 5 years.
- Sexual partners of MPS constitute 15% of all reported partners and MPS report 16% of all reported partners in the past 5 years.
- Paying for sex in the past 5 years was strongly associated with reporting larger numbers of sexual partners. MPS reported twice as many lifetime partners as the male population average (means of 32 vs. 14).
- Men aged 16-24 years and 64-74 were least likely to report paying for sex.
- Compared with men who lived with a partner, men with no current steady partner were more likely to pay for sex in past 5 years.

- Men in managerial or professional occupation were more likely to have paid for sex.
- MPS were more likely to report STI diagnosis in past five years and to have lower sexual function in past five years.
- Paying for sex in the past 5 years was strongly associated with reporting new foreign partners outside the United Kingdom and STI diagnosis.
- Among men ever paying for sex, 63% reported paying for sex outside of UK, most often in Europe or Asia.

Implications for Prevention

This study found that British men who pay for sex remain at greater risk of STI acquisition and transmission than men who do not pay for sex. They also report high numbers of sex partners but the minority are paid partners.

SOURCE:

Jones, K., G. et al. (2015). The prevalence of, and factors associated with, paying for sex among men resident in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Sexually Transmitted Infections*, 91, 116-123.

Street outreach encourages first HIV test ever

A street-based program conducted for three years offered free, rapid HIV testing in several cities in Spain. 7,552 used the program: one-third each were men who have sex with men and men who were exclusively heterosexual and women.

47% of participants had never had an HIV test. HIV infection prevalence in this group was 0.6% overall, 0.1% for both heterosexual men and women, and 3% for men who have sex with men. 22% of first time testers said that they had not been concerned about testing before, and 34% of those with a positive result said that if they had not been tested that day, they probably would not have gone for a HIV test within the next 12 months.

About half of those who had not ever been tested before were at high risk for infection because they had injected drugs, engaged in sex work, or recently had unprotected sex with a casual partner.

SOURCE: Fernandez-Balbuena, S., (2014). Highly visible street-based HIV rapid testing: Is it an attractive option for a previously untested population? A cross-sectional study. *Sexually Transmitted Infection*, 90: 112-118.

Among IDU greater adherence to PreEP related to low HIV risk

Adherence to preexposure prophylaxis (PreEP) is required for it to be effective. This study assessed the impact of PreEP adherence on the risk of new HIV infection.

A total of 2413 people from The Bangkok Tenofavir Study who inject drugs were enrolled and contributed 9665 person-years of follow-up, 2005-2012.

The risk of HIV infection decreased with adherence improvement, from 49% overall to 84% for those with at least 97.5% adherence. Men participants were less adherent than women and participants 20-29 years old and 30-39 years old were less adherent than the older participants.

Other factors associated with poor adherence included incarceration and injecting methamphetamine.

In this HIV PrEP trial among people who inject drugs, improved adherence to daily Tenofavir was associated with lower risk of HIV infection. Findings suggest that HIV PrEP can provide a high level of protection from HIV infection.

SOURCE: Martin, M, et. al. (2015). The impact of adherence to preexposure prophylaxis on the risk of HIV infection among people who inject drugs.. *AIDS*, 29, 819-824.

Too few HIV+ persons have achieved viral suppression

In the U. S., HIV-infected persons who are retained in care and have achieved viral suppression are 94% less likely to transmit HIV than HIV+ undiagnosed persons. National HIV Surveillance System data showed that those who are infected but undiagnosed were linked to 30% of new infections and those who were diagnosed but not in treatment were linked to 61%. The quarter of infected persons who reached viral suppression accounted for only 2.5% of HIV transmissions.

SOURCE: Skarbinski, J., et. al. (2015). Human immunodeficiency virus transmission at each step of the care continuum in the United States. *JAMA Internal Medicine*, 175, 588-599.

HIV high among incarcerated persons

More than 2 million people in the U.S. are incarcerated in federal, state, and local correction facilities. In 2010, the rate of diagnosed HIV infection among inmates in state and local prisons was more than five times greater than the rate of persons not incarcerated.

SOURCE: CDC. (2015). HIV among incarcerated populations. 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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