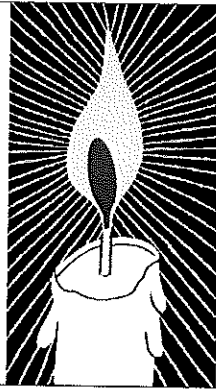


RAP* Time



RURAL CENTER *for*
AIDS/STD PREVENTION

DEPARTMENT OF APPLIED HEALTH SCIENCE

INDIANA UNIVERSITY SCHOOL OF PUBLIC
HEALTH-BLOOMINGTON

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

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Need for intimacy prevailed over STI concerns for mid-life sexual relationships

The rates of sexually transmitted infections, including HIV, is raising among adults over age 45.

Several sociocultural factors may explain the STI increase among older adults. Population changes in relationship patterns have occurred: divorce, increasing numbers of middle-age adults remaining unmarried, greater mid-life repartnering, health improvements with aging, and continued sexual activity among older adults.

Psychosocial and behavioral factors may contribute to increased STI. For example, older adults are less likely to use condoms than young people. Older adults may associate STI risk with adolescence thus undermining their STI/HIV-related knowledge.

Qualitative research is needed to increase understanding of the contexts and sexual risk-taking of middle-aged and older adults.

Methodology

Individual interviews were conducted with heterosexual men (n=13) and women (n=19), ages 45 to 65 recruited from sexual health services, culture and leisure facilities in a large Scottish city.

Interview analyses revealed two subthemes detailing key factors

experienced as influencing sexual risk-taking behavior for STIs.

Outcomes of the Study

Most participants (n=23) had experienced divorce, bereavement or separation.

Major findings include:

- The need for intimacy prevailed over concerns about transmission of STIs.
- Prior unprotected sex with a new partner, both men and women relied on factors which fostered reassurance: feeling cared for, good communication, perceptions of exclusivity, and expectations of low risk based on partner's sexual history.
- Reassurance came from indications that a new partner had few prior partners, had prior long relationships, or had recently spent time alone.
- Very few men and women used condoms for sex with a new partner or tested for STIs prior to having sex.
- Unwanted pregnancy was viewed as a major risk associated with unprotected sex.
- For several men and women, once pregnancy risk was dissipated, there was no perception of STI.

- Participants described a sense of vulnerability after loss of a long-term relationship: guilt and loss of self-esteem.
- Emotional needs prioritized resulting in unprotected sex with new partners.
- Several men and women experienced loss of confidence in exposing their aging bodies to new sexual partners.
- Some felt a sense of freedom in embarking on new mid-life sexual encounters, resulting in feeling young again.

Implications for Prevention

This study found that middle-age adults of both genders were found to prioritize intimacy over concerns of possible STI transmission and acquisition. Most were more concerned about pregnancy prevention in contrast to STI prevention.

The findings should be considered in developing interventions for at-risk older adults.

SOURCE:

Dalrymple, J., et al. (2016). Psychological factors influencing risk-taking in middle age for STIs. *Sexually Transmitted Infections*, doi:10.1136/sextrans-2016-052588.

Men sexually victimized by women had more sexual partners

Despite social perceptions to the contrary, man men have been sexually victimized: The National Crime Victimization Survey reports 9% have experience sexual assault.

This study examined whether forced sex of men by women is associated with sexual risk behaviors. Data was from 8108 men, aged 18 years or older, from the National Survey of Family Growth 2006-2010.

Six percent of men reported forced sex by a women at a mean age of 18 years. Victimized men had, on average, 3 more lifetime sexual partners than nonvictimized men. Victimized men who reported drug use had, on average, 4 more female sexual partners than nonvictimized men. Neither condom use nor number of male partners differed between victimized man and nonvictimized men.

This investigation found that men who experienced forced sex by women had elevated sexual risk behaviors.

SOURCE: Cook, M. C., et al. (2016). Sexual risk behaviors and substance use among men sexually victimized by women. *American Journal of Public Health*, 106, 1263-1269.

More frequent STI screening needed for high risk patients

A retrospective case note review of patients in Great Britain attending for HIV care in 2010 was conducted. Notes of patients attending for routine HIV care during October to December 2010 were audited and information collected including demographics, HIV parameters, sexual history, STI screening out comes.;

77% of 385 patients were men, of which 244 (82%) were men who have sex with men.

76% were offered STI screening: 85% of these accepted; 62% reported regular partners of whom 44% were also living with HIV.

In men who have sex with men, 64% reported consistent condom use for anal sex; of these, 15% had rectal STIs diagnosed.

Of all patients, 62% reported monogamous relationships; in this MSM subgroup, 12% had STIs diagnosed.

The study suggests that sexual history and safe sex education should be integral to routine care and STI screening offered annually. More frequent STI screening may be required for high-risk patients.

SOURCE: Perez, K., et al. (2016). Sexual health screening in people living with HIV--are we getting the whole story? *International Journal of STD & AIDS*, 27, 349-352.

First OI for HIV+ patients declined over time

63,541 HIV+ patients from years 2000-2010 were analyzed. The incidence of any opportunistic infection (OI) decreased over 3 periods: 3.0 cases, 2.4 cases, and 1.5 cases per 100 person-years of observation for 2000-2003, 2004-2007, and 2008-2010, respectively. The rates of most OIs generally declined over this time.

SOURCE: Buchacz, K., et al. (2016). Incidence of AIDS-defining opportunistic infections in a multi-cohort analysis of HIV-infected persons in the United States and Canada. *Journal of Infectious Diseases*, 214, 862-872.

63% of Zika cases among females

As of September 3, 2016, 2,382 confirmed and probable cases of Zika illness during January 1, 2016-July 31, 2016 were reported. Half of the cases were from four states: New York (23%), Florida (20%), California (6%), and Texas (5%). 63% reported Zika cases were female. Mean age was 39 years.

SOURCE: CDC. (2016). Zika virus diseases cases--50 states and the District of Columbia, January 1-July 31, 2016. *MMWR*, 65, 983-986.

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RCAP is located within the Department of Applied Health Science, Indiana University School of Public Health-Bloomington. The major focus of RCAP is the promotion of AIDS/STD prevention in the American rural communities, with the goal of reducing HIV/STD incidence. RCAP began operations on March 1, 1994.

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