

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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

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

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Nearly one in four high-risk women reported unprotected anal intercourse in past year

Unprotected anal intercourse occurs less frequently than unprotected vaginal intercourse for most heterosexual individuals. However, research has shown that unprotected anal intercourse has a higher probability of HIV and STD infection than does unprotected vaginal intercourse, particularly among women.

Unprotected anal intercourse presents increased risk because of greater chance of mucosal disruption and trauma of the more fragile columnar epithelium lining of the rectum versus the vagina's squamous epithelium.

This study examined the association between unprotected anal intercourse and sexually transmitted diseases (STDs) among a sample of high-risk heterosexual women.

Methodology

In 2006 and 2007, 436 women were recruited from high-risk areas in New York City as part of the National HIV Behavioral Surveillance study. High-risk areas were those with the greatest risk for heterosexual HIV infection.

Other eligibility criteria were opposite-sex vaginal or anal sex in the past year, between ages 18 and 50 years, NYC residence, and

English or Spanish comprehension. Persons with history of injection drug use or same-sex behavior were not excluded. Those women self-reporting as HIV-infected were removed.

Outcomes of the Study

Most women were Black (70%), aged 40 to 50 years (46%), in poverty (77%), or homeless (55%). Major findings include:

- 38% had any unprotected anal intercourse in past year.
- Unprotected anal intercourse was more likely among those aged 30-39 years, were homeless, were frequent drug or binge alcohol users and had an incarcerated partner.
- Unprotected anal intercourse also was more likely among those having a sex partner with whom they exchanged sex for money or drugs or who had more than five sex partners in the past year.
- Women who had unprotected anal intercourse were 2.6 times as likely as women who had only unprotected vaginal intercourse and 4.2 times as likely as women who had neither unprotected anal nor unprotected vaginal intercourse to report a recent STD diagnosis.

- No significant association was found between unprotected anal intercourse and HIV infection.
- 98% who had unprotected anal intercourse also had unprotected vaginal intercourse.
- 57% had unprotected vaginal intercourse only and 5% had neither unprotected anal nor unprotected vaginal intercourse.

Implications for Prevention

This study found that among the sample anal intercourse and unprotected anal intercourse was common and was associated with other behavioral HIV/STD risk factors. Also, unprotected anal intercourse was associated with recent STD diagnosis.

Health care providers should screen heterosexual women for unprotected anal intercourse and counsel them about the increased HIV/STD risk of this type of intercourse.

SOURCE:

Jeness, S. M., et al. (2010). Unprotected anal intercourse and sexually transmitted diseases in high-risk heterosexual women. *American Journal of Public Health*, doi: 10-2105/AJPH.2009.181883

Male partners of teen girls were more likely infected with any STI

This study compared the male sexual partners of teen girls of age 15 to 19 years, currently infected with a sexually transmitted infection versus the male partners of adult women of age 20 to 41 years, with an STI to determine risk factors in these high-risk sexual dyads related to the male partner. 514 men who were partnered with 152 teen girls and 362 adult women in the San Antonio area were interviewed.

Compared to the male partners of adult women, male partners of teen girls were more likely to be infected with any STI at a health clinic intake. Men partnered with teens were younger and had more sex partners per year sexually active, shorter relationship length, and shorter length of monogamy with the index girls. They were more likely to report that it was really important for the teen to have their baby and were slightly more likely to be the father of her children. Young age independently predicted STI infection in men.

SOURCE: Thurman, A. R., et al. (2009). The male sexual partners of adult versus teen women with sexually transmitted infections. *Sexually Transmitted Diseases*, 36, 768-774.

Most MDs would recommend HPV vaccination to males

A HPV vaccine has recently been approved for use in boys and men aged 9-26 to prevent genital warts. This study assessed U.S. physicians' attitudes regarding HPV vaccination for males. The sample was 1094 randomly selected physicians who were HPV vaccinators of women.

Most physicians would recommend HPV vaccination to males aged 11-12 (64%), 13-18 (93%), and 19-26 (93%). Physicians agreed that males should be vaccinated to prevent them from getting genital and anal warts (53% strongly, 36% somewhat) and to protect females from cervical cancer (75% strongly, 21% somewhat). They also agreed that an HPV vaccination for males would increase opportunities to discuss sexual health with adolescent male patients (59% strongly, 35% somewhat). Most did not strongly agree (15% strongly, 45% somewhat) that parents of adolescent male patients would be interested in HPV vaccination for males.

Physicians who now HPV vaccinate females supported vaccinating males to benefit both sexes.

SOURCE: Weiss, T. W., et al. (2010). Human papillomavirus vaccination of males: Attitudes and perceptions of physicians who vaccinate females. *Journal of Adolescent Health*, 47, 3-11.

Estimated rate of HIV diagnoses remained stable 2005-2008

Estimated numbers of annual HIV infection diagnoses in the 37 states increased 8%, but the rate (19.4 per 100,000) remained the same. In 2008, adolescent and adult males accounted for all HIV diagnoses; the rate was 35.9 for males and 11.5 for females. The rate increased 7% during 2005-2008 for males but no increase for females. During 2005-2008, annual HIV diagnoses for MSM increased. In 2008, MSM (54%) and persons exposed through heterosexual contact (32%) accounted for 85% of diagnoses.

SOURCE: CDC. *HIV Surveillance Report 2008* ([/hiv/topics/surveillance/resources/reports](#)); vol. 20. Published June 2010. Accessed 6/28/10.

11% of persons living with HIV are rural

At year-end 2007, CDC estimates 54,300 persons in nonmetropolitan areas are living with HIV. For all geographic areas, an estimated 599,125 persons are living with HIV. In 2008, 3,436 new HIV diagnoses occurred in non-metropolitan areas.

SOURCE: CDC. *HIV Surveillance Report 2008* ([/hiv/topics/surveillance/resources/reports](#)); vol. 20. Published June 2010. Accessed 6/28/10.

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The opinions expressed here do not necessarily represent those of the cooperating universities.

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