

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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Staying in a sexual relationship related to increased HIV/STI risk among women

Recent studies, particularly in sub-Saharan Africa, revealed that economically motivated heterosexual relationships and encounters, also known as “transactional sex,” increased HIV risk. Women have reported that they may have sex when they would typically refrain if financial or material gain is at stake. Transactional sex has been found related to alcohol use, which contributes to HIV risk.

Little research on these issues has been done in the U.S. This study explored links among economically motivated relationships and transactional sex for HIV/STI among unmarried African American and white women.

Methodology

The sample was women aged 20-45 years from a nationally representative telephone household survey. 1,371 women (49% of eligible) agreed to participate.

Questions addressed lifetime history of three different behaviors: staying in a relationship longer than desired, starting a new relationship, and having sex with someone who was not a regular partner (“transactional sex”) for any of three reasons: concern

about things the participant could not afford, concern about/desire for help with household-related expenses, and help with expenses for children or other dependents.

Outcomes of the Study

995 of participants were African American and 376 were white. Major findings include:

- 33% reported staying in a relationship longer than they wanted because of economic pressures (no difference by race).
- African American women were more likely than white women to report both starting a relationship (22% vs. 11%) and having transactional sex with someone who was not a regular partner (13% vs. 3%).
- Staying in relationship for economic reasons and transactional sex predicted an increased number of lifetime partners.
- A history of staying in relationships for economic reasons was associated with sexual concurrency (lifetime), anal sex (lifetime) and reduced condom use with both main and all partners during last 90 days.
- Transactional sex with a non-regular partner was associated with both lifetime and past year

concurrency, binge drinking in the past two weeks, past year marijuana use, and past year injection drug use.

- Transactional sex for women with current partners was associated with perceived partner concurrency and partner risks assessed: jail, drug use, sex with other men, and STI history.

Implications for Prevention

This study found that staying in sexual relationships for economic reasons and having transactional sex with non-regular partners is common among women in the U.S. These behaviors were associated with economic hardship, need for care for dependents and increased HIV/STD risk.

HIV/STI interventions should address economic disempowerment and HIV/STI racial disparities among women

SOURCE:

Dunkle, K. L. et al. (2010). Economically motivated relationships and transactional sex among unmarried African American and white women: Results from a U.S. national telephone survey. *Public Health Reports*, 4 (Supplement 4), 90-100.

Transgendered females less likely to use condoms

This study examined associations between partner types (main, casual, commercial) and sexual risk behaviors of sexually-active male-to-female (transgender female) youths. 120 transgendered female youths, ages 15 to 24, were interviewed in Los Angeles, CA and Chicago, IL.

Sexual risk behaviors varied by partner type. Participants were more likely to always use a condom while having insertive anal intercourse with a commercial partner than they were with a main partner. Condom use was significantly more likely to occur during receptive anal intercourse with casual and commercial partners than with a main partner.

These youth participants were less likely to use a condom with a main partner while under the influence of substances. They were also more likely to talk to a main partner about their HIV status.

Interventions should focus on risk behaviors by partner type among transgendered persons.

SOURCE: Wilson, E. C., et al. (2010). Sexual risk taking among transgendered male-to-female youths with different partner types. *American Journal of Public Health*, 100, 1500-1505.

Men who used ED drugs had higher rates of STDs

Use of prescription erectile dysfunction (ED) drugs has increased, particularly among middle-aged and older men. An increased sexual activity among the users of ED drugs may increase the risk for STDs.

This study examined the rates of STDs in men who use and do not use ED drugs. Data were from claims from 1997 to 2006 for 1,410,806 men older than age 40 years with private, employee-based insurance from 44 large companies.

Users of ED drugs had higher rates of STDs than nonusers the year prior initiating use of ED drug therapy (214 vs. 106 annually per 100,000 persons) and the year after (105 vs. 65 per 100,000 persons). The observed association between ED drug use and STDs may have more to do with the types of patients using ED drugs rather than a direct effect of ED drug availability on STD rates.

The researchers recommend that counseling about safe sexual practices and screening for STDs should accompany the filling of the ED drug prescription.

SOURCE: Jena, A. B., et al. (2010). Sexually transmitted diseases among users of erectile dysfunction drugs: Analysis of claims data. *Annals of Internal Medicine*, 153, 1-7.

HIV testing of jail detainees within 24 hours found best

The Rhode Island Department of Corrections reviewed its HIV testing program to assess outcome of delayed testing. During 2000-2007, testing found 169 new diagnoses. HIV testing was completed within 24 hours of jail admission. If testing had been delayed 7 days, 72 HIV-positive detainees (43%) would have been released without being tested. 29% of HIV+ detainees would have been released if testing had been done >48 hours after admission.

SOURCE: CDC. (2010). Routine jail-based HIV testing -- Rhode Island, 2000-2007. *MMWR*, 59, 742-745.

Congenital syphilis increased 23%

Congenital syphilis among infants aged <1 year increased 23% from 8.2 cases per 100,000 live births in 2005 to 10.1 during 2008. That increase followed a 38% increase in P&S syphilis rate among females ≥ 10 years from 2004-2007. During 2005-2008, CS rates increased primarily in the South and among infants born to Black mothers.

SOURCE: CDC. Congenital syphilis -- United States, 2003-2008. *MMWR*, 59, 413-417.

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

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