

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

Vol. 15, No. 2, February 4, 2011

No differences found in HIV risk behaviors among rural and urban AA men in the South

Health care and medical conditions among ethnic minorities in the United States are well documented. The disparities include poverty, low life quality, inaccessibility of medical care, higher disease morbidity and mortality, and high prevalence of degenerative and infectious diseases. Men of color represent a significant overlooked population that experiences these conditions.

Most studies of African Americans dealing with these variables have been limited to women in urban communities.

This study assessed the differences and similarities in knowledge, attitude, beliefs, myths, misconceptions and high-risk behavioral factors that influence HIV infectivity among African American men in urban and rural communities in Mississippi.

Methodology

Data were collected on 466 African American men in 2 sites (urban and rural) between 2005 and 2007. 178 participants were from the urban site, Jackson Mississippi, and 288 from the rural site, the Delta region.

A 64-item, ethnic and gender sensitive self-administered ques-

tionnaire was administered. Men were derived from fraternity groups, schools and colleges, clubhouses, drinking bars, barbershops and neighborhood health centers.

Outcomes of the Study

68% indicated heterosexual, 14% bisexual and 17 as MSM. Most were aged 18-36 years. About one-half were single and never married. Two-thirds were at or below poverty level.

Major findings include:

- Mean number of sex partners for all men was 6 in the past months with Delta having more partners.
- The use of condoms was relatively low.
- HIV-related risk behaviors did not differ between the urban and rural samples.
- Men did not particularly feel susceptible to HIV/AIDS, although the majority understand of seriousness of HIV/AIDS in their communities.
- Levels of HIV/AIDS knowledge and education were lower among urban than rural men.
- The men's negative overall beliefs, attitudes and feelings, and potential for behavioral change did not differ between the urban and rural samples.

- The overall respondents' HIV/AIDS knowledge did not translate into positive attitude or behavior.
- The men had a high level of ambivalent attitudes and feelings, mistrust, and misconceptions regarding various aspects of intervention strategies and lifestyle factors towards HIV/AIDS.

Implications for Prevention

This study found, overall, little difference between Southern urban and rural MSM in HIV-related attitudes, beliefs, myths, misconceptions and high-risk behavioral factors. However, HIV/AIDS knowledge and education were higher for the rural men.

The development of interventions should consider the differences and similarities in HIV/AIDS-related factors for both rural and urban African American men.

SOURCE:

Williams, P. B., et al. (2010). HIV/AIDS and African American men: Urban-rural differences in sexual behavior, HIV knowledge, and attitudes towards condoms. *Journal of the National Medical Association*, 102, 1139-1149.

Alcohol use among AA female teens predicted TV

Little research has been conducted on alcohol use and risky sexual behavior among African American female adolescents. This study examined high quantity alcohol use as a longitudinal predictor of risky sexual behavior and STDs among AA adolescents.

393 adolescent females, 15 to 21 years of age, were assessed with the ACASI and included 2 vaginal swab specimens for STDs. High quantity of alcohol was defined as three or more drinks in 1 setting.

High quantity of alcohol use predicted positive *Trichomonas vaginalis* (TV) test results, high sexual sensation seeking, multiple sex partners, sex while high on alcohol or drugs, and having anal sex over a 12-month follow-up period.

The results suggest that HIV/STD prevention interventions for African American adolescents should address the link between alcohol use and risky sexual behavior.

SOURCE: Seth, P., et al. (2011). Longitudinal examination of alcohol use: A predictor of risky sexual behavior and *Trichomonas vaginalis* among African-American female adolescents. *Sexually Transmitted Diseases*, 38, 96-101.

Discrepancy found between STD results and reported sex

Self-reported behavior is a fundamental component of sexual health research and clinical practice. However, the congruence of young adults' laboratory-confirmed STD results and self-reported sexual behaviors has not been determined.

Data were derived from participants of the National Longitudinal Study of Adolescent Health. 14,012 young adults completed ACASI and had tests for chlamydia, gonorrhea, and trichomonas.

The vast majority of STD-positive participants (about 90%) had concordant self-reports of recent penile/vaginal sex that matched their STD-positive status. But, more than 10% of STD-positive participants had discrepant results. That is, they had a positive STD test but reported abstaining from sex in the previous 12 months. Also, 6% of STD-positive participants reported no lifetime history of penile/vaginal sex.

The results suggest that sole reliance of young adults' self-reported penile/vaginal sex as a marker for STD acquisition risk may be imprecise.

SOURCE: DiClemente, R., J., et al. (2011). Association between sexually transmitted diseases and young adults' self-reported abstinence. *Pediatrics*, 127, 208-213.

Women partners of circumcised men had less HPV

In controlled trials, 18 men were circumcised and 341 were not. A prevalence reduction of 28% in HPV in female partners of circumcised men compared with the control group (28% vs. 39%) was found. Male circumcision reduced the incidence of HPV in women. Clearance of HPV infection in women was greater for those with circumcised male partners.

SOURCE: CDC (2011). Wawer, M. J., et al. Effect of circumcision of HIV-negative men on transmission of human papillomavirus to HIV-negative women: A randomized trial in Rakai, Uganda. *The Lancet*, 377, 209-218.

HIV/AIDS impact greater for Blacks

During 2005-2008, HIV infection was diagnosed more often among black/African American men and women of any other racial/ethnic group. The disparity is greatest among those aged 13-24 years and from heterosexual contact.

SOURCE: CDC. (2011). Disparities in diagnosis of HIV infection between blacks/African Americans and other racial/ethnic populations -- 37 states, 2005, 2008, *MMWR*, 60, 93-98.

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 Colorado, 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.

Senior Director
William L. Yarber, H.S.D.
Indiana University, Bloomington

Co-Directors
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Richard A. Crosby, Ph.D.
University of Kentucky
Susan L. Dreisbach, Ph.D.
University of Colorado, Denver
Mohammad R. Torabi, Ph.D.
Indiana University, Bloomington

Rural Center for AIDS/STD Prevention

Indiana University
801 East Seventh Street
Bloomington, Indiana
47405-3085

Phone, Fax, E-mail, web page:
Voice and TDD: (812) 855-7974
(800) 566-8644
FAX line: (812) 855-3936
aids@indiana.edu
<http://www.indiana.edu/~aids>