

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Men and women STI clinic patients believed that sexual concurrency is normative

Partner concurrency -- having overlapping sexual partnerships -- facilitates the spread of STIs, including HIV. Having multiple sexual partnerships increases one's risk of acquiring STIs and the risk of infection among a person's partners and the larger sexual network.

Partner concurrency also increases the risk of HIV acquisition during the first few months after initial infection, the period in which HIV is most likely to be transmitted. Partner concurrency occurs at elevated rates among STD clinic patients.

This study explored the context of and motivations for partner concurrency among patients recruited from an urban STI clinic.

Methodology

Participants were 59 patients (31 men, 28 women) between 18 and 60 years of age (mean age, 28.5) recruited from an urban, upstate New York publically-funded STI clinic in late 2009.

Four male and four female focus groups were conducted. Participants were asked about their thoughts concerning partner concurrency for men and women such as why men and women have

multiple partners and whether a committed relationship is realistic.

Outcomes of the Study

77% of participants were African American and most had a high school education or less.

Major findings include:

- One-half reported sexual partner concurrency in the past 3 months with few reporting condom use every time they had sex.
- The most common theme was that participants thought no one was faithful and that they could not trust anyone.
- Previous relationships with non-exclusive partners made it difficult to trust their partners and be emotionally invested.
- Most participants, particularly women, were looking for exclusive partners.
- Both men (more common) and women indicated having multiple partners because their main partner did not satisfy them sexually.
- Both men and women said that some women permit their partners to have other partners because the woman is unwilling to do what the man wants sexually.
- Both men and women reported having concurrent partners when

they suspected or found out their partner had sex with someone else.

- Some men and women continued to have sex with their child's mother/father even if the person was not their primary partner.
- Men reported they had multiple partners because when growing up male relatives did.
- Some participants reported that it is natural ("in a man's nature") to have multiple partners.
- Some indicated that it was difficult to be with one women when so many are available.

Implications for Prevention

The major finding of this study was that both men and women believed that having concurrent partners was normative and that no partner can be trusted. Because concurrency can facilitate the spread of STIs, prevention programs should address the risk of concurrency and ways to reduce it.

SOURCE:

Senn, T.E., & et al. (2011). Sexual partner concurrency of urban male and female STD clinic patients: A qualitative study. *Archives of Sexual Behavior*, 40, 775-784.

Teenage sex has short and long-term consequences

This study determined if risk behaviors during adolescence had increased risk of negative reproductive health outcomes in young adulthood. Data on 5798 sexually active respondents from the National Study of Adolescent Health were analyzed.

40% reported at least three risk factors during adolescence.

Women who were exposed to greater risks had a greater chance of having had multiple sex partners in the past year, having had an STD, and having had an intended or unintended birth as opposed to no birth.

Inconsistent contraceptive use and having had multiple partners, a none exclusive partner or a non-romantic partner were associated with reporting multiple partners in the last year. Inconsistent use, sexual debut after age 16 and not discussing contraception with a partner were associated with having any birth.

Teens' sexual behaviors have both short and long-term consequences.

SOURCE: Scott, M, E., et al. (2011). Risky adolescent sexual behaviors and reproductive health in young adulthood. *Perspectives on Sexual and Reproductive Health*, 43, 110-118.

Genital warts negatively affect wellbeing of men and women

The HPV vaccine is effective against HPV types responsible for 90% of anogenital warts. This study estimated the quality of life lost to genital warts. Participants were 270 consenting patients 18 years or older in Canada. Most of the participants were women (53%), heterosexual (94%), and in a stable relationship (66%).

Being infection with genital warts was associated with higher anxiety, depression, pain and discomfort, and a lesser extent with poorer ability to engage in usual activities. Other negative outcomes included poorer quality of sleep and lower ability to concentrate on everyday matters. These results did not vary significantly according to patient age, gender, time since first episode and number of episodes.

The researchers concluded that the psychological burden of genital warts includes adverse effects on physical and emotional aspects of quality of life and is higher with disease severity. These results support community efforts for HPV vaccine both men and women.

SOURCE: Senecal, M., et al. (2011). Loss of quality of life associated with genital warts: Baseline analysis from a prospective study. *Sexually Transmitted Infections*, 87, 209-215.

First superbud strain of gonorrhea found by scientists

A gonorrhea strain was found in Kyoto, Japan that cannot be killed by recommended treatments. New and untested drugs may have to be applied in treating such a "superbug" gonorrhea. The best way to stop the emergence of resistant strains would be to treat gonorrhea with two or more types of antibiotics at the same time.

SOURCE: Ohnishi, M., et al. (2011). The new superbug *Neisseria gonorrhoeae* makes gonorrhea untreatable? First high-level ceftriaxone resistance worldwide and public health importance. *Sexually Transmitted Infections*, doi: 10.1136/sextrans-2011-050109.121.

PrEP reduced HIV risk by 63%

HIV-uninfected, sexually-active, healthy, heterosexual men and women in Botswana enrolled in a pre-exposure prophylaxis trial. PrEP reduced the risk of acquiring HIV by 63% in this population group.

SOURCE: CDC. (2011). TDF2 study of pre-exposure prophylaxis (PrEP) among men and women in Botswana: Key Facts. <http://www.cdc.gov/hiv/prep/index.htm>.

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.

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