

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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Frequency of self-reported HIV testing decreased as residence became more rural

The HIV epidemic in the United States has spread from large cities to involve more rural communities. CDC estimates that 8-9% of persons with newly diagnosed AIDS reside in non-metropolitan areas were 17% of U.S. population lives.

Rural persons infected with HIV are more likely to be diagnosed at a later stage of infection than urban counterparts, suggesting a missed opportunity for HIV testing in rural parts of the U.S. Hence, rural HIV-infected persons are more likely enter care at advanced stages of infection.

This study determined (1) self-reported HIV testing frequencies in urban compared to rural populations of the U.S. in the modern era of effective HIV therapy and (2) the types of sites where HIV testing is occurring in urban vs. rural areas.

Methodology

Secondary analysis was conducted on data from the 2005 and 2009 Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is a nationally-representative annual, telephone survey of the U.S. civilian, non-institutional population aged ≥ 18 years. Dependent

variables were self-reported lifetime and past year HIV testing. Urban vs. rural residence was determined using the metropolitan area framework and Urban Influence Codes.

Outcomes of the Study

The 2005 sample included 257,895 respondents representing the entire United States population, excluding Alaska.

Major findings include:

- Residents of the U.S. were progressively less likely to report prior HIV testing as their environment became more rural.
- Lifetime HIV testing frequencies ranged from 46% for urban persons to 32% for rural persons.
- Past-year HIV testing was 16% for urban persons and 7% for those in rural areas.
- Rural persons with a prior HIV test were less likely to report testing in an outpatient medical clinic or HIV counseling and testing site, but more likely to report testing in a hospital.
- As the residential environment became progressively more rural, respondents were older, more likely to be white, more likely to live in the South or Midwest, less likely to live in the Northwest or West, and less likely to report an

HIV risk factor

- Past year HIV testing was more common among younger persons, Blacks, Hispanics, and women.
- Past year HIV testing rates did not change substantially between 2005 and 2009 in either urban or rural areas.

Implications for Prevention

This study found that the frequency of self-reported HIV testing decreased substantially as the residential environment became progressively more rural. The odds of HIV testing in the prior year were 35% lower for individuals living in the most remote rural areas as compared to persons living in the most rural areas.

The findings demonstrate a pressing need to increase HIV testing, whether risk-based or routine, reflecting the needs of rural communities.

SOURCE:

Ohl, M. E. & Perencevich, E. (2011). Frequency of human immunodeficiency virus (HIV) testing in urban vs. rural areas of the United States: Results from a nationally-representative sample. *BMC Public Health*, 11, 681.

Increase in condom use found among teenagers

Data from the National Survey of Family Growth were analyzed to determine trends in teenage sex-related behaviors. Interviews were conducted with 4,662 teenagers (2,284 females; 2,378 males) using 2006-2010 NSFG data.

In 2006-2010, about 43% and 42% of never-married female and male teenagers, respectively, had had sexual intercourse at least once, a non-significant change since 2002. 75% and 85% of females and males, respectively, used a contraception at first sex with the condom being the most popular method.

Teenagers' contraceptive use had not changed since 2002, with few exceptions: there was an increase among males in the use of condoms alone and in the use of condoms combined with a partner's hormonal contraceptive.

Overall, no clear-cut direction of trend was found in exposure to the risk of pregnancy and STDs since 2002.

SOURCE: Martinez, G., et al. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006-2010 National Survey of Family Growth. *Vital and Health Statistics*, 23(31).

Seventeen percent of men had used female condom for anal sex

This study surveyed 111 male clients of an AIDS service organization in New York City in 2008 and 2009.

Seventeen percent reported using the female condom for anal intercourse. Of these, 89% had used it with male partners, 21% with female partners, and 11% with both. Users of the female condom for vaginal intercourse were more likely to also use it for anal intercourse.

64% reported removing the inner ring at last use and 23% used additional lubricant. 18% reported having experienced problems (slipping, leaking or breaking) with the female condom during anal intercourse (71% reported problems with the male condom). 25% reported that the female condom had a very or somewhat negative effect on pleasure during anal intercourse (31% experienced this with male condom).

This study is the first to document female condom use for heterosexual anal intercourse. Research is needed on the efficacy of the female condom for anal sex.

SOURCE: Kelvin, E. A. et al. (2011). Off-label use of the female condom for anal intercourse among men in New York City. *American Journal of Public Health*, 101, 2233-2244. doi: 10.2105/AJPH.2011.300260

Life expectancy grew 15 years for persons treated for HIV

This study estimated life expectancy for people with HIV undergoing treatment. Life expectancy increased by over 15 years during 1996-2008, but is still about 13 years less than United Kingdom population. The higher life expectancy in women is magnified in those with HIV. Early diagnosis and subsequent timely treatment with antiretroviral therapy might increase life expectancy.

SOURCE: May, M., et al. (2011). Impact of late diagnosis and treatment on life expectancy in people with HIV-1: UK Collaborative HIV Cohort (UK CHIC) Study *British Medical Journal*, doi: 10.1136/bmj.d6016.

Estimated 2010 STD burden is \$16.9 billion

From a literature review, the annual direct medical cost of sexually transmitted diseases (including HIV) is estimated to be \$16.9 billion in 2010 U.S. dollars.

SOURCE: Chesson, H. W., et al. (2011). A brief review of the estimated burden of sexually transmitted diseases in the United States: Inflation-adjusted updates of previously published cost studies. *Sexually Transmitted Diseases*, 38, 889-891.

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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