

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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Sex purchasing was a common HIV/STI risk behavior of men attending health centers

Heterosexual commercial sex involving male clients and female prostitutes have contributed to the HIV epidemic in developing countries. Most research of this topic has focused on female sex workers, revealing extensive sexual risk and high rates of HIV/STI. However, little research has centered on male clients. Male clients are a critical bridge population in which infection may be spread to both commercial and non-commercial partners.

This study assessed (1) the past-year prevalence of sex purchasing, (2) demographics and sexual risk correlates of sex purchasing, and (3) associations of sex purchasing with self-reported HIV/STI diagnosis and symptoms.

Methodology

The study involved the analysis of a community-based survey of men aged 18-35 years attending health centers. Data was collected in 2005 and 2006 via an anonymous, self-report, questionnaire administered at three urban community health centers in Boston serving primarily low-income and minority populations.

Past-year history of commercial sex purchasing was assessed via a

single item "Have you given drugs, money or a place to stay in exchange for sex with a girl or woman in the past year?"

Outcomes of the Study

Of 1711 men who indicated ever having sexual intercourse, 1515 (89%) reported sexual activity in the past year and provided a history of commercial sex purchasing. Major findings include:

- About 1 in 12 (8.7%) participants traded drugs, money or a place to stay in exchange for sex with a female partner in the past year.
- The oldest participants (12.6% of men aged 29-35) were most likely to report engagement in sex purchasing.
- Considering racial/ethnic differences, non-Hispanic Black men had the highest prevalence of sex purchasing (11.2%).
- Immigrant men were less likely than non-immigrant men to report commercial sex purchasing.
- Men with recent history of multiple sex partnering (6 or more partners in past year), unwilling to use a condom, and having concurrent sexual partnering in the past year were more likely to purchase sex in the past year.

- HIV/STI diagnosis in the past year was reported by 16.8% of men with a past-year sex purchasing history, compared to 2.9% of men not reporting this behavior.
- Recent STI symptoms were reported by 31.8% of men who had purchased sex compared to 9.3% of non-purchasing men.

Implications for Prevention

Sex purchasing was a common form of HIV/STD risk behavior of these men (1 in 12) who attended urban health clinics. These men were twice more likely to be HIV/STD infected, thus representing a risk to the sexual health of both commercial and non-commercial sex partners.

Attention to men's sex purchasing has not been adequately addressed. The findings of this study indicate that interventions should target male clients of prostituted women.

SOURCE:

Decker, M. R., et al. (2008). Sex purchasing and associations with HIV/sexually transmitted infections among a clinic-based sample of US men. *Journal of Acquired Immune Deficiency Syndromes*, 48, 355-359.

Only one-quarter favored requiring HPV vaccination

This study assessed public opinion in Indiana about requiring middle school students to be vaccinated for HPV. Adults (N = 504) completed a brief telephone interview in December 2005, prior the FDA approval of the vaccination.

About one-quarter (24.8%) favored requiring vaccination for both girls and boys. Over one-third opposed, with the remaining unsure relative for girls (35.5%) and boys (35.4%). After controlling for education and ethnicity, it was observed that participants believing that vaccination would encourage sex were nearly 3 times more likely to oppose required HPV vaccination in middle schools.

The findings suggest that many adults in Indiana were opposed to, or uncertain about, requiring middle school students to be vaccinated for HPV. The belief that being vaccinated would prompt adolescents to engage in sex was strongly associated with opposition.

SOURCE: Milhausen, R. R., et al. (2008). Public opinion in Indiana regarding the vaccination of middle school students for HPV. *The Health Education Monograph*, 25(2), 21-27.

Candidiasis found associated with more female sex partners

Vulvovaginal candidiasis (VVC) affects up to 75% of women in their lifetime. This study determined whether VVC (Gram stain and/or culture of vaginal preparations) is associated with sexual activity between women. 708 new patients attending 2 sexual health clinics for lesbians and bisexual women in London, UK, participated.

VVC (either symptomatic or asymptomatic) was common in this sample of women who have sex with women (18.4%). VVC was found to be significantly associated with larger number of female sexual partners in the previous year, but not with specific sexual behaviors, numbers of male sexual partners, use of lubricants, or vaginal douching.

The study concluded that the increasing odds of candidiasis with greater numbers of female partners raises the possibility that *Candida* species could be sexually transmitted between women. The sexual transmission of candida species between women is biologically plausible as it may be present in the reserves in the vagina, mouth and rectum.

SOURCE: Bailey, J. V., et al. (2008). Vulvovaginal candidiasis in women who have sex with women. *Sexually Transmitted Diseases*, 35, 533-536.

Male circumcision not related to women's Ct, GC, or Tv risk

Of a population of women from Uganda, Zimbabwe and Thailand, 19% reported a circumcised primary partner, 71% uncircumcised, and 10% indicated being unsure. Women with circumcised partners had similar risk of chlamydia (Ct), gonorrhea (GC), or trichomonias (Tv) as women with uncircumcised partners.

SOURCE: Turner, A. N., et al. (2008). Male circumcision and women's risk of incident chlamydial, gonococcal, and trichomonal infections. *Sexually Transmitted Diseases*, 35, 689-695.

HIV death rate not higher in first 5 yrs

Mortality rates among HIV-infected persons have become much closer to general mortality rates since HAART. In industrialized countries, the death rates of HIV-infected persons for first five years is similar to the general population, although death rates are higher as duration of HIV infection lengthens.

SOURCE: Bhaskaran, K., et al. (2008). Changes in the risk of death after HIV seroconversion compared to mortality in the general population. *Journal of the American Medical Association*, 300, 51-59

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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