

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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Ill-fitting condoms may decrease sexual pleasure in men and their female partners

Some men report problems with condom fit. Little research has been conducted on the impact of ill-fitting condoms on breakage and slippage during penile-vaginal intercourse (PVI). The effect of ill-fitting condoms on penile erection and the experience of PVI by both male and female partners has not previously been investigated.

Condom breakage and slippage constitute condom failure. Reduced sexual pleasure from condom use may result in avoidance or discontinuation of use. Studies assessing ill-fitting condoms and these issues are warranted.

This study identified associations between men's self-reports of ill-fitting condoms and selected condom use problems, using an event-specific analysis.

Methodology

A convenient sample of 436 men were recruited via newspaper advertisements and a blog on the website of a condom sales company. Men completed a questionnaire on The Kinsey Institute website.

Inclusion criteria were male, at least 18 years old, and used condoms for PVI in the past 18 months. All assessments focused on

the last condom use event for PVI. Men reporting either the condom was too long or short or too wide or narrow were classified as having ill-fitting condoms.

Outcomes of the Study

Mean age was 30 years. Most identified as White (84%). 74% lived in the USA.

Major findings include:

- 44.7% of the men reported ill-fitting condoms; 55.3 did not.
- 11 of 12 ill-fitting condom outcomes were associated with ill-fitting condoms.
- Men reporting ill-fitting condoms, compared to those reporting OK condom fit, were more likely to report breakage (9.2% vs 3.3%) and slippage (12.3% vs 5.0%)
- Men reporting ill-fitting condoms, compared to those reporting OK condom fit, were more likely to report difficulty reaching orgasm for themselves (36.4% vs 19.1%) and for their female partners (18.5% vs 9.5%).
- Men reporting ill-fitting condoms, compared to those reporting OK condom fit, were more likely to report reduced sexual pleasure for themselves (61.5% vs 39.8%) and their female

partners (29.2% vs 20.7%).

- Men reporting ill-fitting condoms were more likely to report that condoms interfered with erections (25.6% vs 14.1%) and caused erection loss (33.8% vs 18.7%).
- Men reporting ill-fitting condoms were more likely to report removing condoms before sex ended (17.4% vs 9.1%)

Implications for Prevention

This study, the first using event-specific analysis to examine ill-fitting condoms, found that men who report ill-fitting condoms may experience more condom breakage and slippage, and may remove condoms early. Ill-fitting condoms may hinder sexual arousal/pleasure and orgasm in both men and their female partners.

Promoting the improved fit of condoms may benefit both men and their women partners.

SOURCE:

Crosby, R., Yarber, W., Graham, C., & Sanders, S. (2010). Does it fit okay? Problems with condom use as a function of self-reported poor fit. *Sexually Transmitted Infections*, 86, 36-38.

Telephone intervention reduced risk in HIV+ rural persons

This pilot study compared two brief telephone-administered interventions designed to reduce continued sexual risk behaviors in HIV-infected rural persons.

Participants were 79 HIV-infected rural persons who reported one or more occasions of unprotected anal, vaginal, or oral sex in the past two months. They were randomly assigned to either a 2-session, motivational interviewing plus skill building intervention or a 2-session, skills-building only comparison intervention. A questionnaire was completed at pre-intervention and at 2-month follow-up.

Analyses found that the telephone plus skill-building participants reported greater risk-reduction motivation and greater increases in condom-protected vaginal and oral intercourse at follow-up compared to the skill-building only participants.

This brief telephone intervention may reduce risky sexual behaviors in rural HIV+ persons.

SOURCE: Cosio, D., et al. (2010). Telephone-administered motivational interviewing to reduce risky behavior in HIV-infected rural persons: A pilot randomized clinical trial. *Sexually Transmitted Diseases*, 37, 140-146.

Casual sex found no more emotionally damaging

Public policy and discourse suggests that sex outside of a committed relationship has emotionally damaging impact on young people. This study examined types of sexual partnerships among young adults, and compared the prevalence of casual partnerships across demographic and personal characteristics.

In 2003-2004, a diverse sample of 1,311 sexually active young adults (mean age: 20.5 years) in Minnesota completed a survey. One-fifth reported that their most recent sex partner was a casual partner (i.e., casual acquaintance or close but nonexclusive partner). Men reported more casual partners than women (29% vs 14%). Psychological well-being scores were generally consistent across sex partner types, and no associations between partner type and well-being were found.

Young adults who have casual sexual encounters appear to have no more harmful psychological outcomes than those having sex in more committed relationships.

SOURCE: Eisenberg, M. E., et al. (2009). Casual sex and psychological health among young adults: Is having "friends with benefits" emotionally damaging? *Perspectives on Sexual and Reproductive Health*, 41, 231-237.

Acyclovir therapy did not reduce HIV-1 transmission

HSV-2 sore outbreaks could supposedly result in HIV transmission. Frequent genital herpes recurrences increase HIV in the blood and genitals. HIV is shed through genital herpes ulcers, resulting in HIV being transmitted more efficiently. This study found that acyclovir reduced HSV-2 genital ulcers by 73 percent. There was no difference in HIV transmission between acyclovir (N=41) and placebo (N=43) groups.

SOURCE: Celum, C., et al. (2010). Acyclovir and transmission of HIV-1 from persons infected with HIV-1 and HSV-2. *The New England Journal of Medicine*, 362, 1427-1439.

Annual perinatal HIV/AIDS declined 90%

Because of routine HIV screening of pregnant women and effective interventions, perinatally acquired HIV/AIDS declined about 90% since early 1990's. For 2004-2007, 69% of diagnoses was among blacks or African-Americans.

SOURCE: CDC. (2010). Racial/ethnic disparities among children with diagnoses of perinatal HIV infection -- 34 states, 2004-2007. *MMWR*, 59, 97-101.

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

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