

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
and UNIVERSITY OF COLORADO

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 7, No. 11, November 7, 2003

Relatively large segment of U.S. remains at risk for transmitting or acquiring HIV

The HIV/AIDS epidemic in the United States has shifted to have increasing impact on minorities, women, and persons infected via heterosexual behavior. The behaviors underlying HIV transmission and prevention have also changed as measured by ongoing large-scale surveys.

This study estimated 1987-2002 trends in preventive behaviors closely linked to HIV from several large health surveys providing the most recent data.

Methodology

Three behaviors closely related to prevention of HIV transmission were targeted: condom use, dual use of condoms with other contraceptive methods, and HIV testing. Data from 5 different probability-based surveys that have at least 2 points of measurement were selected. The National Health Interview Survey is an annual, household-based health survey of about 30,000 adults. The National Survey of Family Growth, conducted every 5-7 years, collects reproductive health information from women. The Youth Risk Behavior Survey (YRBS) is a nationally-representative, biannual school-based survey of the health

behaviors of 9-12th graders. The General Social Survey (GSS) is a national household-based probability sample of U.S. adults. The Pregnancy Risk Assessment Monitoring System is a state-based survey of women recently giving birth.

Outcomes of the Study

Major findings include:

- Condom use increased throughout the period for adolescents, but there is no evidence of overall increased condom use for adults after the mid-1990s.
- After 2000, adult condom use with primary partners was low even among those at highest risk. 38.6% of those at risk used condoms with their regular partners, compared to 21.9% for persons with no increased risk.
- GSS data indicate a statistically significant trend toward greater condom use with nonregular partners, but not regular partners or for all partners.
- Dual use of condoms with other contraceptive methods was reported by a small and increasing percentage of adolescents and adults.
- While dual users represent a small percentage of all adolescents, the percentage of adolescent pill

users who are also condoms users has increased dramatically. Dual users accounted for 29% of all pill users in the 2001 YRBS.

- By 2001, a high percentage of adults reported having been tested at least once, and reproductive-age and pregnant women were tested at a greater rate than others.
- 1 in 4 pregnant women had never been tested for HIV.

Implications for Prevention

This review indicates that even following considerable increase in HIV preventive behaviors, it is still possible to identify a relatively large segment of the U.S. population at risk for acquiring or transmitting HIV. Prevention programs directed to high-risk groups should work toward increasing safe-sex behavior with main partners and HIV testing among the never-tested, particularly reproductive-age women.

SOURCE: Anderson, J. E., et al. (2003). Changes in HIV-related preventive behavior in the US population: Data from national surveys, 1987-2002. *Journal of Acquired Immune Deficiency Syndromes*, 34, 195-201.

High risk persons underestimate their risk for HIV infection

Persons whose behaviors place them at high risk for HIV infection could be increasing their risk, especially with the availability of improved treatments for HIV. This study investigated whether risk behaviors, perceptions of personal risk for HIV infection, and attitudes toward HIV testing among high-risk persons in Oregon changed between 1996 and 1998. The groups included MSM, heterosexual adults, and injecting drug users.

Proportions of participants reporting specific risk behaviors remained relatively constant at 1996 and 1998. Personal risk of HIV infection was perceived as low as 54% and 61% by two groups.

Persons at high risk may underestimate their risk for HIV infection while engaging in risky behaviors. The prevalence of risk behaviors in the populations studied in this project should be considered baseline against which to measure future prevention efforts.

SOURCE: Adams, A. L., et al. (2003). HIV infection risk, behaviors, and attitudes about testing: Are perceptions changing? *Sexually Transmitted Diseases* 30, 764-768.

Non-exclusivity in adolescent girls is common

Sexual non-exclusivity or frequent partner switches place persons at risk for HIV/STD. The purpose of this study was to determine the frequency of non-exclusive romantic relationships in girls (12-15 years of age), the variables associated with non-exclusive relationships, and the variables associated with having sexual intercourse in a non-exclusive relationship.

72 of the 160 girls reported non-exclusive relationships, and of these, 23 girls had intercourse outside of the relationship. Younger age, belief that the boyfriend had an outside relationship, and less parental indirect monitoring was associated with the girl having an outside relationship.

A long time being sexually experienced and less direct parental monitoring was associated with having intercourse in the outside relationship.

Non-exclusivity is common in adolescent girls, but does not always include sexual intercourse. Healthcare providers and prevention specialists should address non-exclusivity with adolescents.

SOURCE: Short, M. B., et al. (2003). Non-exclusivity in adolescent girls' romantic relationships. *Sexually Transmitted Diseases*, 30, 752-755.

Diagnosis of HIV/AIDS increased for MSM, 1999-2002

Diagnosis of HIV/AIDS increased each year during 1999-2002 among MSM and, to a lesser extent, among heterosexuals. Diagnosis decreased among injection drug users, MSM who were also IDUs, and among children. In 2002, MSM (44%) and persons exposed via heterosexual contact (35%) accounted for 79% of all new diagnosis of HIV/AIDS. Increases occurred among whites, Hispanics, and Asians/Pacific Islanders and remained stable among blacks. Diagnosis increased 7% among men and remained stable among women.

SOURCE: Centers for Disease Control and Prevention. (2003). HIV/AIDS Surveillance Report. *MMWR*, 14, 1-40.

Retesting during pregnancy saves lives

In high-risk areas, a second HIV test would detect 192 infections in women, prevent about 37 infant infections, and save 655 infant life-years per 1000,000 women tested. Net savings would be \$5.2 million.

SOURCE: Sansom, S. L., et al. (2003). Human immunodeficiency virus retesting during pregnancy: Costs and effectiveness in preventing perinatal transmission. *Obstetrics & Gynecology*, 102, 782-790.

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, Purdue University and the University of Colorado. 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
James G. Anderson, Ph.D.
Purdue University, West Lafayette
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Stephen R. Byrn Ph.D.
Purdue University, West Lafayette
Susan I. Driesback, 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) 855-1718
(800) 566-8644
FAX line: (812) 855-3717
aids@indiana.edu
<http://www.indiana.edu/~aids>