

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
and TEXAS A&M UNIVERSITY

*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly. Vol. 5, No. 1, January 5, 2001

Teenage males engage in genital sexual activity beyond vaginal sexual intercourse

The prevalence of vaginal intercourse is closely monitored at the national level because of its attendant risks for STD transmission and unwanted pregnancy. However, little attention has been given to nonvaginal sexual activity although oral and anal intercourse expose youth to STDs.

To address this gap in information, data on various sexual practices from the 1995 National Survey of Adolescent Males (NSAM) was examined. Further, the changes in these behaviors from 1988 to 1995 were also analyzed.

Methodology

The NSAM conducted in-person interviews with nationally representative samples of males aged 15-19 living in households in the coterminous United States. The survey was conducted in both 1988 and 1995. Both rounds oversampled black and Hispanic youth.

Questions about whether the respondent had ever engaged in various genital sexual activities were asked in a self-administered questionnaire that the respondent completed at the end of the

interview. Respondents were asked to indicate yes or no regarding if they had ever engaged in the activities with a female.

Outcomes of the Study

Major findings include:

- In 1995, 55% of males aged 15-19 reported that they had ever engaged in vaginal intercourse, 53% that they had ever been masturbated by a female, 49% that they had ever received oral sex, 39% that they had ever given oral sex and 11% that they had ever engaged in anal sex.
- More than three-quarters of males who had had vaginal intercourse reported experience with masturbation or oral sex by a female. One in five males who had never had vaginal intercourse reported having been masturbated by a female, and one in seven said they had received oral sex.
- Between 1988 and 1995, the proportion of males who reported having ever been masturbated by a female increased from 40% to 53%. The overall proportions of oral sex was similar both years, although levels more than

doubled for black teenagers bringing them in line with levels of oral sex reported by white and Hispanic adolescent males in 1995.

Implications for Prevention

Evidence from the NSAM showing that a substantial share of male adolescents engage in genital sexual activity beyond vaginal sexual intercourse indicates the need to monitor a broad spectrum of sexual behaviors among adolescents. Oral and anal sex are risky behaviors for STD transmission, although masturbation is a safe behavior. However, masturbation may signal entry into situations that could be gateways to riskier behavior. Substituting masturbation for other genital sexual activities could reduce STD risk.

Measuring risk for STD infections among teenagers requires attention to all forms of genital sexual activity.

SOURCE: Gates, G. J., & Sonenstein, F. L. (2000). Heterosexual genital sexual activity among adolescent males: 1988 and 1995. *Family Planning Perspectives*, 32, 295-297, 304.

Rural male teens report more sexual risk than urban teens

Epidemiological reports indicate that HIV/STDs are common in rural as well as in urban areas. However, studies have not compared HIV/STD sexual risk behaviors of rural non-rural adolescents.

The sample was 16,144 U.S. teens attending high school and participating in the 1997 Youth Risk Behavior Survey.

Statistical differences were not found between rural adolescent females and non-rural adolescent females; however, rural adolescent males were more likely than non-rural adolescent males to report ever having sexual intercourse and not using a condom at last sexual intercourse. Rural males were also more likely than non-rural males to report using alcohol/drugs at last sexual intercourse.

HIV/STD prevention programs need to target rural and non-rural adolescents, particularly rural males.

SOURCE: Crosby, R. A., et al. (2000). Rural and non-rural adolescents' HIV/STD sexual risk behaviors: Comparison from a national sample. *The Health Education Monograph Series*, 18(1), 45-50.

AIDS rates increasing in non-metropolitan statistical areas

Although most people with AIDS reside in urban areas, there have been warnings about the spread of AIDS into rural areas. This study examined where people with AIDS in the United States live and the degree to which AIDS is present in rural areas.

AIDS cases reported to CDC in 1996 were categorized by metropolitan statistical area (MSA) size. Relative to the U.S. population, AIDS cases were disproportionately black (43 percent vs. 20 percent), male (80 percent vs. 48 percent), and from the Northeast (32 percent vs. 20 percent). In all regions, a greater proportion of AIDS cases reside in large MSAs.

Although rates will likely remain highest in cities, there has been a trend of increasing AIDS rates in non-MSAs relative to the rates in large MSAs. But, the data do not indicate that the epidemic is increasing rapidly in rural areas. Rural medical/social services of rural areas are burdened with AIDS cases.

SOURCE: Steinberg, S., & Fleming, P. (2000) The geographic distribution of AIDS in the United States: Is there a rural epidemic? *The Journal of Rural Health*, 16, 11-19.

Nearly one-fifth agreed with stigmatizing statement

A study of 7493 U.S. adults found that 18.7 percent agree with the stigmatizing statement "People who got AIDS through sex or drug use have gotten what they deserve." The response was found more often among men, whites, people aged 44 years and older, persons without a high school diploma, and those earning less than \$40,000 a year.

SOURCE: CDC. (2000). HIV-related knowledge and stigma -- United States, 2000. *MMWR*, 49, 1062-1064.

Neighborhood type affects AIDS rates

For 1988-1994, residents of the poorest and most densely populated Massachusetts neighborhoods had a markedly higher AIDS incidence than those in the least-poor and least-dense communities. Patterns of incidence for women and men in each racial/ethnic group mirrored the overall pattern.

SOURCE: Zierler, S., et al. (2000). Economic deprivation and AIDS incidence in Massachusetts. *American Journal of Public Health*, 90, 1064-1073.

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 Texas A&M University. 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
Robert J. Buchanan Ph.D.
Texas A&M University, College Station
Stephen R. Byrn, Ph.D.
Purdue University, West Lafayette
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>