

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.

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Early family abuse indirectly increased STD risk among homeless and runaway youth

Many homeless and runaway youth are at risk for serious health problems. They engage in health-compromising behaviors such as substance abuse and survival sex. In fact, runaway adolescents have a higher rate of injecting drug use and prostitution than do nonrunaway youth. The majority of runaway adolescents have engaged in sexual intercourse. These behaviors are likely to increase their risk for sexually transmitted diseases.

This investigation examined factors associated with self-reported STD among homeless and runaway youth.

Methodology

The sample was 602 adolescents from the Midwest Homeless and Runaway Adolescent Project, a four-state study of runaway adolescents from Missouri, Iowa, Nebraska, and Kansas. Young people were interviewed directly on the streets, in shelters, and in drop-in centers by outreach workers who were trained youth workers and interviewers.

Outcomes of the Study

Forty percent were male and 60% were female. The majority

were either White (61%) or African American (24%). Ages ranged from 12 to 22 years with a mean of 16 years. Time away from home ranged from 1 day to over 7.5 years with a median of 61 days. Fifty-five percent came from cities of 100,000 or more, with 20% from cities of 50,000 to 100,000 population and 25% from rural communities of 50,000 or less.

Major findings include:

- Adolescents who experienced higher rates of early family abuse were more likely to be female, had spent more time on their own, had higher rates of substance abuse, had friends who sold sex, and reported an STD.
- Substance abuse was related to friends selling sex, risky sexual behaviors, and self-reported STDs.
- Friends selling sex was correlated with risky sexual behaviors and self-reported STDs.
- Risky sexual behavior was positively associated with self-reported STDs.
- Males spent more time on their own and reported higher rates of substance abuse. In contrast, young women were more likely

to have engaged in risky sexual behaviors and to have reported an STD.

Implications for Prevention

Family abuse was found to indirectly influence self-reported STDs via time on own, friends selling sex, and risky sexual behaviors; through substance use and risky sexual behaviors; and through friends selling sex and risky sexual behaviors. Early life abusive experiences set in motion a sequences of events that are associated with self-reported STDs.

Although early intervention may not mediate the effects of early abuse for these street youth, such programs may prevent the possibility of the amplification of such effects, thereby reducing young people's participation in deviant, risk behaviors and, ultimately, lowering the risk of contracting STDs.

SOURCE: Tyler, K. A., et al. (2001). Predictors of self-reported sexually transmitted diseases among homeless and runaway adolescents. *Journal of Sex Research*, 37, 369-377.

Survival time after AIDS diagnosis improved

Because of improvements in antiretroviral therapy and an increase in proportions of persons receiving treatment, declines in AIDS deaths were first observed in 1996. A retrospective cohort study using data from a population-based registry of AIDS cases and deaths reported in the United States was conducted to examine the national trends in survival times of persons with AIDS diagnosis from 1984 to 1997.

Among 394,705 persons with an AIDS-defining opportunistic disease diagnosed in 1984-1997, the median survival time improved from 11 months for 1984 diagnosis to 46 months for 1995 diagnosis. Survival time increased with each year of diagnosis from 1984 to 1997 for blacks, whites, and Hispanics. The greatest annual survival gains occurred among persons receiving an AIDS diagnosis in 1995 and 1996.

SOURCE: Lee, L. M., et al. (2001). Survival after AIDS diagnosis in adolescents and adults during the treatment era, United States, 1984-1997. *Journal of the American Medical Association*, 285, 1308-1315.

Gonorrhea associated with low SES among Black teen women

Declines in gonorrhea rates have not been observed for black populations, particularly among adolescent females and residents of the southern United States. Socioeconomic status is often used to explain race differences in STDs, yet the independent association of socioeconomic and STDs among adolescents have been understudied.

Interviews and surveys were completed by 522 sexually active black adolescent females residing in low-income urban neighborhoods. The mean age was 16.0 years. Adolescents whose parents were unemployed were more than twice as likely to report a history of gonorrhea, compared with those with employed parents. Adolescents living with two parents were less likely to report a history of gonorrhea.

This study found that gonorrhea is associated with low SES among black teen females, despite level of sexual risk behaviors. Lower SES may be a maker for risky sociosexual environments.

SOURCE: Sionean, C. (2001). Socioeconomic status and self-reported gonorrhea among African American female adolescents. *Sexually Transmitted Diseases*, 28, 236-239.

Non-B subtypes of HIV-1 found in rural Georgia

The first known cases of recombinant HIV-1 infection in a rural population in the United States, have been identified. Two rural Georgia patients were infected with non-B subtype strain of HIV-1. The origin of the strain was not known. These variants in rural Georgia may indicate an expanding diversity of HIV-1 subtypes in rural South.

SOURCE: Womack, C., et al. (2001). Identification of non-B human immunodeficiency virus type 1 subtypes in rural Georgia. *Journal of Infectious Diseases*, 183, 138-142.

Douching and endometritis Associated

Interviews were conducted with a predominately black group of 654 women with pelvic inflammatory disease. Frequent and recent douching was associated with endometritis and upper genital tract infection.

SOURCE: Ness, R. B., et al. (2001). Douching and endometritis: Results from the PID Evaluation and Clinical Health (PEACH) Study. *Sexually Transmitted Diseases*, 28, 240-245.

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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.

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