

Contextual factors related to early sexual initiation in girls

Early initiation of sexual intercourse is related to increased risk for HIV infection. This study examined variables related to sexual initiation and developmental changes as factors to why adolescent girls have coitus. Participants were girls recruited from an adolescent medicine clinic.

Girls with expressive families who had a moral-religious emphasis and who provided more direct parental monitoring had coitus at an older age. Younger girls were less likely to report attraction or love, and more likely to report peers having sex, curiosity, a grown-up feeling, and partner pressure as a reason for intercourse initiation. Older girls were more likely to report love, physical attraction, too excited to stop, drunk or high partner, and feeling romantic as reasons for having intercourse.

Prevention programs should include a focus on familial characteristics and susceptibility to peer norms.

SOURCE: Rosenthal, S. L., et al. (2001). Sexual initiation: Predictors and developmental trends. *Sexually Transmitted Diseases*, 28, 527-532.

Most MSM visiting sex venues did not engage in sexual risk behavior

An association between HIV acquisition and bathhouses was identified early in the AIDS epidemic; hence, researchers have given considerable attention to sex venues and risky behaviors.

Using data from a probability sample of men who have sex with men in four cities (n=2881), this study examined differences in risk behaviors among MSM who went to gay bathhouses, public cruising areas, or both.

About half reported going to a sex venue; younger, men of color and less-educated were more likely to visit a sex venue. Of men going to sex venues, 75% went to public cruising areas and 61% to baths.

Men who used party drugs and had unprotected anal sex with non-primary sex partners were more likely to go to sex venues than men who did not. Among attendees, MSM who went to public cruising areas only were least likely, and those who went to both public cruising areas and bathhouses were most likely to report risky sex in public settings.

SOURCE: Binson, D., et al. (2001). Differential HIV risk in bathhouses and public cruising areas. *American Journal of Public Health*, 91, 1482-1486.

Older non-whites more often had HIV diagnosis when they are ill

Persons older than 50 years, particularly non-Whites, were more likely than those younger to be diagnosed with HIV once they develop illness. Later diagnosis and possible more rapid disease progression among older non-White are serious public health concerns. Improvements in testing HIV-infected persons are needed.

SOURCE: Zingmond, D. S., et al. (2001). Circumstances at HIV diagnosis and progression of disease in older HIV-infected Americans. *American Journal of Public Health*, 91, 1117-1120.

Blacks more likely to get HIV testing

Data from the 1999 National Health Interview Survey of 30,801 adults found that minority populations are being tested for HIV at higher rates. Of all who reported ever been tested (30.9%), 45.5% were Black, 33.1% were Hispanics and 28.5% were whites.

SOURCE: CDC. (2001). HIV testing among ethnic/minorities - United States, 1999, *MMWR* 50, 1054-1058.

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

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RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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*Rural AIDS/STD prevention. rap (rap) v. Slang To talk freely and openly. Vol. 5, No. 12, December 7, 2001

Most United States adults, ages 18 to 49, do not engage in HIV-related risk behaviors

The impact of the AIDS epidemic on the general U.S. population has not been adequately studied. Determining actual patterns of HIV-related risk and protective behavior is needed.

In the second half of the 1990's both the incidence of and mortality due to AIDS decreased, most likely due to new treatments. Because of the number of persons living with AIDS has increased, AIDS incidence and AIDS prevalence no longer accurately reflect trends in the epidemic.

This study determined HIV-related behavior and perceptions among the general U.S. population of adults aged 18 to 49.

Methodology

The sample was comprised of 35,484 adults from 25 states who participated in the Behavioral Risk Factor Surveillance System random telephone survey in 1997.

Data was collected on number of sex partners in past 12 months, condom use at last intercourse (if so, reason for use), HIV risk status, perceived condom effectiveness for pre-

venting HIV, and treatment for an STD in past five years.

Outcomes of the Study

The median response rate was 61.7% and the demographic profile of the sample for the 25 states closely matched that of all states in 1997.

Major findings include:

- Most did not engage in behaviors that placed them at increased risk for HIV infection.
- Most (77.1%) of the respondents reported just one sexual partner in the past year. Only 2.1% reported four or more sexual partners.
- Twenty-six percent reported using a condom at last intercourse. Slightly over half reported that the condom was used to prevent both disease and pregnancy; less than one in ten used a condom solely to prevent disease.
- Ninety percent said that a condom was very or somewhat effective for preventing HIV.
- Less than 3% of respondents reported that they had been treated for an STD in the past five years.
- Less than one in ten respondents believed that their

chances of acquiring HIV were medium or high.

- Males, younger persons, and Blacks were more likely to report two or more partners, but were more likely to report using a condom at last coitus.
- Those who were single, separated, divorced or widowed were more likely than those married or living together to report two or more sexual partners in past year.
- Those reporting increased perceived risk for HIV were more likely to be tested for HIV voluntarily.

Implications for Prevention

Most U.S. adults in this survey did not engage in HIV-related risk behaviors, and those that did were more likely to report protective behavior. Ongoing behavioral surveillance of the general populations can direct effective prevention efforts.

SOURCE: Holtzman, D., et al. (2001). HIV-related behaviors and perceptions among adults in 25 states: 1997 Behavioral Risk Factor Surveillance System. *American Journal of Public Health, 9*, 1882-1888.