

Rural youth definition of abstinence and sexual activity vague

This study examined rural adolescent perceptions of the terms abstinence and sexual activity. 311 students in grades 7-12 in a southern, rural school district completed an open-ended questionnaire.

The plurality of students (41%) identified abstinence as "not having sex." One-fifth said "not having sexual intercourse," but many of these students included sexual intercourse in a list of specific sexual activities to be avoided, such as oral sex, masturbation, or anal sex. Only 11% indicated that abstinence was "not having sex until marriage."

A plurality of students (34%) indicated that sexual activity meant having, participating, or engaging in sex, but did not use the term, sexual intercourse. Only 15% defined sexual activity as kissing, hugging, oral sex, masturbation or sexual intercourse.

The definitions given by students were not more precise than the terms they were asked to define.

SOURCE: Hawkins, M. I., et al. (2002). Meanings of abstinence and sexual activity among rural youth. *American Journal of Health Education*, 33, 140-145.

Self-esteem as predictor of first coitus differs for boys and girls

The relationship of self-esteem and initiation of coitus in early adolescents has not been adequately studied. This investigation examined the role of self-esteem in predicting sexual intercourse initiation in 188 young adolescents who had not engaged in coitus at time of enrollment in the study.

Ages ranges from 12 to 14 at Time 1 and from 14 to 16 at Time 2 (22 months after Time 1). 43% were boys, 57% were White, and 16% Black.

Boys with higher self-esteem ratings at Time 1 were more likely to initiate intercourse by Time 2. Girls with higher self-esteem at Time 1 were more likely to remain virgins than girls with lower self-esteem. Pubertal status was unrelated to initiation of coitus in this population.

Because early coitus initiation is associated with negative health outcomes for adolescents, prevention programs focusing on delaying age of first intercourse are valuable. These programs might be more effective if self-esteem is addressed, particularly attempting to increase the self-esteem of girls.

SOURCE: Spencer, J. M., et al. (2002). Self-esteem as a predictor of initiation of coitus in early adolescents. *Pediatrics*, 109, 581-584.

N-9 does not prevent HIV, cervical gonorrhea or chlamydia

CDC states that N-9 alone is not effective in preventing infection with HIV or cervical gonorrhea and chlamydia. Condoms with N-9 are not recommended because of their increased cost, short shelf life, association with urinary tract infections in young women, and lack of apparent benefit. Persons should be informed that consistent and correct latex condom use prevents transmission of HIV and reduces risk of other STDs.

SOURCE: CDC. (2002). Nonoxynol-9 spermicide contraception use -- United States, 1999. *MMWR*, 51, 389-392.

Mortality from congenital syphilis still problem

Even though fewer U.S. infants are born infected with syphilis, the rate of fetal and infant deaths associated with syphilis have not changed. Mortality with congenital syphilis remains an important health problem in the U.S. that will resurge if adult syphilis rates increase.

SOURCE: Gust, D. A., et al. (2002). Mortality associated with congenital syphilis in the United States, 1992-1998. *Pediatrics*, 109(5); e79.

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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

A JOINT PROJECT OF
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and TEXAS A&M UNIVERSITY

*Rural AIDS/STD prevention. rap (rap) v. Slang To talk freely and openly.

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Suicidal thoughts and depression common among HIV-infected rural persons

HIV infection in rural communities is becoming an increasing problem. Research conducted on urban samples indicates that persons living with HIV are more likely to contemplate and attempt suicide compared to their HIV-negative counterparts. These individuals often have a history of attempted suicide, feelings of isolation and hopelessness, and alcohol and drug use. These correlates would appear to be particularly problematic for rural HIV-infection persons who typically have less access to medical and social services.

This study determined the prevalence and predictors of suicidal thoughts among HIV-infected rural individuals.

Methodology

HIV-infected rural adults enrolled in a telephone-delivered mental health intervention completed surveys. Following this, 201 persons who met eligibility criteria were telephone interviewed. Nine states were represented among the sample: Ohio, Virginia, Pennsylvania, Wisconsin, Michigan, West Virginia, Alaska, and Montana. Interviews, conducted between July 1999 and January 2000, assessed demographic, psychosocial, and

behavioral characteristics predictive of suicidal thoughts.

Outcomes of the Study

Three-fourths of the sample were male. Average age was 39.8 years. Mean years of education was 12.8. Three-fourths were White and 19% were African American. On average, the sample had been living with HIV for 7.4 years. About one-half had been diagnosed with AIDS.

Major findings include:

- 38% had engaged in thoughts of suicide in the past week.
- The majority were at low risk for immediate suicide. However, 6% reported that they would have liked to have killed themselves or they would have killed themselves in the past week if given a chance.
- Equal proportions of men and women, White and non-White persons, and persons living with HIV versus living with AIDS, had thoughts of suicide.
- Presence of suicidal thoughts was associated with depressive symptoms, stress regarding the possibility of infecting others, and stress due to HIV-related stigma.
- Suicidal thoughts were associated with less positive reappraisal, less coping self-efficacy, and more escape-avoidant coping.

- Suicidal thoughts were associated with less family and friend support, and barriers to care due to limited personal resources.
- Suicidal thoughts were not predicted by alcohol use, drug use (marijuana, cocaine, injecting), or barriers to care due to inadequate medical and mental health care services.
- Suicidal thoughts were not predicted by age, education, number of years living with HIV, or HIV-disease severity.

Implications for Prevention

Many rural persons with HIV contemplate suicide. Interventions targeting geographically-isolated HIV-infected persons having suicidal thoughts are needed. Due to the unique life issues of HIV-positive rural persons, more innovative coping interventions may be necessary. Heightened concern for confidentiality and travel difficulties may impede traditional support strategies.

SOURCE: Heckman, T. G., et al., (2002). Thoughts of suicide among HIV-infected rural persons enrolled in a telephone-delivered mental health intervention. *Annals of Behavioral Medicine*, 24, 141-148.