

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. 7, No. 8, August 1, 2003

Rural African American youth may be at greater STD/HIV risk than non-rural youth

Adolescents are disproportionately infected with STDs, including HIV. Among adolescents, African American youth are particularly at risk. Despite widespread recognition that African American adolescents represent a priority for interventions designed to reduce the risk of STD/HIV, studies have not assessed differences in STD/HIV sexual-risk behaviors between rural and non-rural African American adolescents.

The purpose of this analysis is to examine differences in STD/HIV sexual risk behaviors and selected antecedent factors among a nationally representative sample of rural and non-rural African-American high school students in the United States.

Methodology

Data from the U.S. Centers for Disease Control and Prevention 1999 Youth Risk Behavior Survey (YRBS) were utilized in this analysis. The 1999 YRBS is a school-based survey employing a three-stage cluster design yielding a nationally representative sample of students in grades nine through twelve in private and public high schools. Only students indicating African American race/ethnicity

were included in this analysis. Five selected STD/HIV sexual-risk behaviors and three precursors to these risk behaviors were analyzed.

Outcomes of the Study

The sample was comprised of 2083 African American female high school students (359 rural and 1724 non-rural) and 1893 African American male high school students (304 rural and 1589 non-rural). Mean age for females and males were about 16 years. Each of the four high school grades were equally represented. For those reporting ever having sexual intercourse, the median age for first coitus was 13 years for males and 14 years for females.

Major findings include:

- Compared to their non-rural counterparts, rural African American adolescent females were 46% more likely to report ever having sexual intercourse, 44% more likely to initiate sex before age 15, 38% more likely to have a lifetime number of at least 3 intercourse partners, 80% more likely to have more than one sexual partner in the last three months, and 34% more likely to report they had not used a condom during the last intercourse experience.

- Compared to their non-rural counterparts, rural African American adolescent males were 65% more likely to report ever having sexual intercourse and 96% more likely to report they had not used a condom during their last intercourse experience. No other significant differences for males were found.

Implications for Prevention

Overall, the rural African American females students engaged in greater levels of sexual risk behaviors than the non-rural students. Fewer differences in sexual risk behaviors between rural and non-rural males were found. Thus, the findings indicate that rural African American high school students may experience an increased risk of STD/HIV infection in contrast to non-rural students. The findings suggest that rural African American adolescent females and males could benefit from STD/HIV behavioral intervention programs.

SOURCE: Milhausen, R., et al. (2003). Rural and non-rural African American high school students and STD/HIV sexual-risk behaviors. *American Journal of Health Behavior*, 27, 373-379.

Teens not always using condoms more likely to acquire STD

This study prospectively determined the association between African American adolescent females' condom use and their acquisition of biological confirmed chlamydia, gonorrhea, and trichomoniasis.

Sexually active adolescent females were from low-income neighborhoods of Birmingham, AL. The 390 females engaging in penile-vaginal sex between two periods constituted the sample.

51% reported 100% condom use between two assessments. The mean proportion of condom use among those not using condoms 100% of the time was 42%. At follow-up, 24% tested positive for at least one of STD.

Among those reporting 100% condom use, 18% had positive test results. 30% of those reporting less than consistent use had positive test results. Hence, the adolescents of the study who did not consistently use condoms were about twice as likely to acquire an STD.

SOURCE: Crosby, R., et al., (2003). Value of consistent condom use: A study of sexually transmitted disease prevention among African American adolescent females. *American Journal of Public Health, 93*, 901-902.

Seven percent of those with AIDS lived in nonmetropolitan areas

CDC reports that at the end of 2001, 7% of persons living with AIDS resided in nonmetropolitan areas. Since the last report of 2000 data, smaller metropolitan and nonmetropolitan areas had increases in AIDS prevalence.

At the end of 2001, 362,000 people were estimated to be living with AIDS, a 14% increase compared with end of 1999. About 45% of persons living with AIDS were exposed to HIV through male-to-male sex and 27% through injection drug use. 20% were exposed through heterosexual contact.

Nearly half of the persons living with AIDS resided in 4 states: New York (17%), California (14%), Florida (11%), and Texas (7%). Most were male (78%) and 73% were 35 years old to 55 years old. 37% were non-Hispanic white, 42% non-Hispanic black, and 20% Hispanic.

The increased prevalence of persons with HIV and AIDS reflects improved medical therapies, and presents challenges for planners and providers of medical, prevention, and social services, as well as affected individuals.

SOURCE: CDC. (2003). Characteristics of persons living with AIDS and HIV, 2001. *HIV/AIDS Surveillance Supplement Report, 9*(2).

Risky sex with no disclosure of HIV status is relatively common

From participants in the HIV Cost and Services Utilization Study, interviews were conducted with those having up to 5 recent partners. 42% of gay/bisexual men, 19% of heterosexual men, and 17% of all women reported any sex without disclosure, predominately within nonexclusive partnerships. 13% of serodiscordant partnerships involved unprotected anal or vaginal sex without disclosure.

SOURCE: Ciccarone, D. H. (2003). Sex without disclosure of positive HIV status in a US probability sample of persons receiving medical care for HIV infection. *American Journal of Public Health, 93*, 949-954.

PN services mainly affects syphilis

STD program staff were surveyed. Partner notification interviews were conducted for 89% of syphilis cases, 17% gonorrhea cases, 12% of chlamydia cases, and 52% of HIV-infected persons. Excluding syphilis, PN services affect only few persons with STD/HIV.

SOURCE: Golden, M. R. (2003). Partner notification for HIV and STD in the United States. *Sexually Transmitted Diseases, 30*, 490-496.

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>