

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,  
AND UNIVERSITY OF KENTUCKY

\*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 12, No. 9, September 5, 2008

## Contextual conditions among U. S. young adults were associated with STI infection

Sexually transmitted infections are a serious health problem among young adults. For example, nearly half of the 19 million new cases of STI each year occur among young people, ages 15 to 24 years. Interventions designed to decrease STI prevalence in this age group have been mixed. Antecedent factors of risk behavior may not be susceptible to interventions. These factors may be driving individual risk behaviors and disease acquisition among particular subpopulations.

This study determined the associations of ecosocial and psychosocial factors among young adults with having a prevalent STI, recent STI diagnosis, and sexual risk behaviors.

### Methodology

Young adults aged 18 to 27 years in the National Longitudinal Study of Adolescent Health (n = 14322) provided ecosocial, psychosocial, behavioral, and STI-history data. Testing was conducted for five STI: chlamydia, gonorrhea, trichomonas, and HPV, and *Mycoplasma genitalium*.

Ecosocial variables were low income, housing insecurity, history of abuse, and exposure to vio-

lence. Psychosocial themes included alcohol/drug use and mental health.

### Outcomes of the Study

Overall STI prevalence was 6.4%: chlamydia (4.2%), trichomonas (2.3%), *M genitalium* (1.0%), and gonorrhea (.04%). HPV was detected in 26.9% of tested women. Major findings include:

- Prevalent STI was associated with housing insecurity, exposure to crime, and having been arrested.
- Housing insecurity was the only condition that was significantly associated with both prevalent and recent STI diagnosis.
- Recent STI diagnosis was associated with childhood sexual abuse, gang participation, frequent alcohol use, and depression.
- Housing insecurity and having ever been arrested were associated with more lifetime partners, younger age of sexual debut, having ever been paid for sex, and decreased odds of correct and consistent condom use.
- Low income, childhood sexual abuse, having ever been a victim of or a witness to a crime, gang participation, recent drug use, and depression diagnosis were associated with a higher lifetime number of sexual partners and

younger age of sexual debut.

- As the number of contextual conditions increased, STI prevalence similarly increased.
- As age of sexual debut increased, STI prevalence decreased.
- Reporting childhood sexual abuse was strongly associated with receiving money for sex.

### Implications for Prevention

This study found that the contextual conditions were associated with prevalent and recent STI. Most contextual conditions predicted more lifetime partners and earlier sexual debut. Hence, the contextual conditions, particularly housing insecurity and having been arrested, enhanced STI risk by increasing sexual risk behavior and likelihood of exposure to infection.

Upstream conditions such as housing and safety should be targets of future intervention.

### SOURCE:

Buffardi, A. L., et al. (2008). Moving upstream: Ecosocial and psychosocial correlates of sexually transmitted infections among young adults in the United States. *American Journal of Public Health*, 98, 1128-1136.

## Abstinent teens reported increasing negative outcomes

This study examined social and emotional outcomes among adolescents refraining from sexual activity (oral or vaginal sex).

Adolescents (N = 612; 58% female) were from two California high schools and were assessed four times at six month intervals.

The percentage of abstaining teens reporting only positive consequences (e.g. they felt responsible, friends were proud) dramatically decreased over time and the percentage that reported negative consequences (e.g. they felt left out, partners became angry) steadily increased. Girls were more likely to report both positive and negative consequences of abstinence. Sexually experienced teens, in contrast to inexperienced teens, were more likely to report both positive and negative outcomes of abstinence.

Sexuality education programs should address how teens can deal with negative outcomes of refraining from sexual activity.

SOURCE: Brady, S. S., & Halpem-Feisher, B. L. (2008). Social and emotional consequences of refraining from sexual activity among sexually experienced and inexperienced youths in California. *American Journal of Public Health, 98*, 162-168.

## Adults who grew up in a rural area reported no greater STD risk

Growing up in a rural area has been considered a protective effect on STD risk behavior as an adult. This study compared selected HIV/STD-related risk variables (sexual behavior, condom use, STD diagnosis, and condom beliefs) between adults who grew up in a rural area and those who grew up in a non-rural area.

Participants, recruited through an electronic mailing list, completed a web-based questionnaire. The sample comprised of 123 rural men and women and 1,131 non-rural men and women.

No significant differences were found for any of the variables between those who grew up in a rural area compared to those who grew up in a non-rural area, although both groups reported HIV/STD risk behavior.

This brief report found that selected HIV/STD-related risk factors of persons raised in a rural area were similar to those raised in a non-rural area. Hence, prevention efforts appear justified in rural as well as urban areas.

SOURCE: Yarber, W. L., et al. (2008). Is growing up in a rural area associated with less HIV/STD-related risk? A brief report from an Internet sample. *The Health Education Monograph, 25*, 34-37.

## HIV would increase if discordant couples do not use condoms

Using mathematical modeling, new cases of HIV would increase by four times over 10 years if discordant couples discontinued condom use. A HIV-negative man would have a 0.22% annual risk of contracting HIV from a HIV-positive female partner.; a 0.43% annual risk for a HIV- female with a HIV+ male partner; 4.3% annual risk for HIV- male from a HIV+ male partner.

SOURCE: Wilson, D. P., et al. (2008). Relation between HIV viral load and infectiousness: A model-based analysis. *Lancet, 372*, 314-320.

## Death rate for HIV disease decreased

The death rate (per 100,000 pop.) for HIV disease decreased 31% per for year for the white population and 26% for the black population through 1998, with less decrease through 2006. The age-adjusted death rate for black males, white males and white females declined 7%, 6,% and 13%; the rate did not change for black females.

SOURCE: CDC. (2008). QuickStats: Age-adjusted death rates for human immunodeficiency virus (HIV), by race and sex -- United States, 1987-2006. *MMWR, 57*, 830.

**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, University of Colorado, and University of Kentucky. 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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