

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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‘Mostly heterosexual’ women reported more sexual risk than heterosexual women

An estimated 6% to 10% of adolescent girls and young women report attractions to both genders but may not describe themselves as bisexual. This is much larger than the approximate 1% to 2% of female youth who describe themselves as lesbian or bisexual.

Research has found that adolescent girls that describe themselves as “mostly heterosexual” are at higher risk for several risky health behaviors including tobacco use, binge drinking, sexual risk, and eating disorders compared to those identifying as heterosexual.

This study compared patterns of sexual risk indicators between “mostly heterosexual” and heterosexual young women in a representative, multi-ethnic sample.

Methodology

Subjects were 391 young women, aged 18 years to 24 years, who participated in a primarily Latina and Black cohort of “mostly heterosexual” and heterosexual women in the Project on Human Development in Chicago Neighborhoods.

An in-person interview and self-report questionnaire assessed sexual orientation, sexual risk indicators (e.g. age of first intercourse, age at

first pregnancy, ever had an STI), and sexual abuse victimization.

Outcomes of the Study

“Mostly heterosexuals” were 42% of young women who reported having partners of both genders. Others with both gender partners described themselves as “100% heterosexual” (30%); “bisexual” (15%); “mostly homosexual” (9%); and “100% homosexual” (3%).

Major findings include:

- “Mostly heterosexual” women were more likely than were heterosexual women to report having been the victim of childhood sexual abuse (45% vs 15%).
- “Mostly heterosexual” young women had an almost 4 times greater hazard of experiencing childhood sexual abuse than did heterosexual young women.
- Most of “mostly heterosexual” and heterosexual women reported ever having sexual intercourse (91% vs 88%), but “mostly heterosexual” women reported an earlier mean age of first coitus (age 15.2 vs 16.3 years).
- The “mostly heterosexual” group was marginally more likely to report pregnancy before age 18 than was the heterosexual group (47% vs 29%, respectively).

- “Mostly heterosexual” women were more likely than heterosexual women to report having ever been diagnosed with an STI (43% vs 15%).
- “Mostly heterosexual” women reported a greater number of sexual partners in their lifetimes compared with heterosexual women.

Implications for Prevention

This study added to the evidence that “mostly heterosexual” women experience greater health risk than heterosexual women, particularly for having childhood sexual abuse.

“Mostly heterosexual” young women may be especially vulnerable to illnesses associated with pelvic inflammatory disease, HIV, HPV, and cervical cancer. This subpopulation of young women need support from community agencies.

SOURCE:

Austin, S. B., et al. (2008). Sexual violence victimization history and sexual risk indicators in a community-based urban cohort of “mostly heterosexual” and heterosexual young women. *American Journal of Public Health*, 98, 1015-1020.

Comprehensive programs positively affect youth sexuality

Based on specific criteria, the author searched for and reviewed 56 research studies that assessed the impact of abstinence (8 studies) and comprehensive (48 studies) sex and STD/HIV education programs.

The analysis revealed that most abstinence programs did not delay initiation of sex and only 3 of 9 had significant positive effects on any sexual behavior. However, about two-thirds of comprehensive programs showed strong evidence that they positively affected young people's sexual behavior, including both delaying the initiation of sex and increasing condom and contraceptive use among important groups of youth.

Based on the review, the author concluded that abstinence programs have little evidence to warrant widespread replication; conversely, strong evidence suggests that some comprehensive programs should be disseminated widely.

SOURCE: Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research & Social Policy*, 5(3), 18-27.

Sexual risk-taking behavior found among older people

This study examined the distribution of selected STIs in older people, age 45 years or older, attending genitourinary medical (GUM) clinics in West Midlands, United Kingdom. Data were analyzed from 1996-2003 for chlamydia, genital herpes, genital warts, gonorrhea, and syphilis.

Between 1996 and 2003 older people accounted for 3.7% and 4.3%, respectively, of all GUM attendances. The rate of STIs in older people more than doubled in 2003 compared to 1996. Rates for all five STIs were significantly higher in 2003 than in 1996. A significantly increasing trend over time was seen overall and for each of the selected diagnoses. Overall, males and those aged 55-59 years of age were significantly more likely to be affected.

The results reveal that sexual risk-taking behavior is not confined to young people but also occurs in older people. Hence, STD prevention programs are needed for all age groups.

SOURCE: Bodley-Tickell, A. T., et al. (2008). Trends in sexually transmitted infections (other than HIV) in older people: Analysis of data from an enhanced surveillance system. *Sexually Transmitted Infections*, 84, 312-317.

HIV existed among human populations for 100 years

Research lead by Michael Worobey of the University of Arizona estimates the origin of HIV at 1908; prior estimates were around 1930. The research is based on lymph node tissue from an HIV-positive woman who died in the Democratic Republic of Congo in 1960. The strain was compared to modern HIV strains. The researcher noted that the spread of HIV increased from urbanization during the colonial era.

SOURCE: Sharp, P. M., & Hahn, B. H. (2008). Prehistory of HIV-1. *Nature*, 455, 605-606.

1.1 million adults and teens living with HIV

Using newer methods, the CDC now estimates that 1.1 million adults and adolescents (447.8 per 100,000) were living with HIV in the U.S. in 2006. Most living with HIV were nonwhite (65.4%), with nearly one-half (48.1%) being MSM. Reduced mortality from HAART is the major factor for this prevalence. More than 56,000 new HIV infections are estimated to occur annually.

SOURCE: CDC. (2008). HIV prevalence estimates -- United States, 2006. *MMWR*, 57(39), 1073-1076.

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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