

# 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

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## Female adolescents reporting “doing it all” had increased likelihood of STI

Sexually transmitted infections are a common morbidity among adolescents, with their sequelae being particularly problematic for females. This is due to biological factors (e.g., cervical ectopy) and social factors (e.g., sex partners having greater STI prevalence). African American female adolescents are especially likely to become infected. Those living in the Southern U. S. experience disproportionately high STI rates.

This study sought to compare African American adolescent females who engaged in vaginal sex to those who engaged in two types of sex and three types of sex on a constellation of other sexual risk behaviors (SRBs) and STIs.

### Methodology

Participants were African American females adolescents enrolled in a randomized trial of an HIV prevention program. Data were collected via A-CASI and a self-collected swab for chlamydia, trichomoniasis and gonorrhea.

Three sexual behaviors (ever had) were assessed: vaginal sex, oral sex, and anal sex. Seven other behaviors assessed dealt with having vaginal sex with an incarcerated male, a casual male partner, a

boyfriend who has other female partners, partners five years older, no condom use in past 60 days, two or more partners in past 60 days, and four or partners in lifetime.

### Outcomes of the Study

Average age was 18 years. 29% tested positive for at least one STI (18% for chlamydia, 13% for trichomoniasis, 5% for gonorrhea). 272 participants had vaginal sex only; 295 had two behaviors, and 144 had three behaviors.

Major findings include:

- About one in five reported having all three types of receptive intercourse, suggesting that the proportion of those “doing it all” among this sample of African American female adolescents was considerable.
- Those engaging in either two or three types of sex were more likely than those reporting vaginal sex only to report other sexual risk behavior. Hence, “doing it all” appeared to be a marker for other sexual risk behavior
- Having multiple partners (4 or more lifetime) was directly related to STI.
- Those engaging in all three types of penetrative sex and two behavioral risk factors were

associated with greater risk of STI compared to those having vaginal sex only.

- Together, having multiple partners in past 60 days or having a casual partner placed the participants at greater risk for STI but only in those engaging in all three types of penetrative sex.

### Implications for Prevention

This study found that among a population at heightened risk for the acquisition of STI, including HIV, “dong it all” (vaginal, oral and anal sex), may be a valid marker of engaging in other high risk sexual behaviors, thus heightening the risk for STI. A considerable proportion of the sample engaged in a constellation of sexual risk behaviors.

The identification of African American females who are “doing it all” would be valuable in targeting STI prevention education.

### SOURCE:

Salazar, L. F., et al. (2009). African-American female adolescents who engage in oral, vaginal and anal sex: “Doing It All” as a significant marker for risk of sexually transmitted infection. *AIDS and Behavior*, 13, 85-93.

## A “spectrum” of bareback sex found among Latino MSM

Greater attention has been given to condomless intercourse (“bareback sex”) among men who have sex with men. 31 Latino MSM who sought barebacking partners via the Internet were interviewed.

A “spectrum” of bareback sex was found: some of these men (mostly HIV-positive) had only condomless sex; others were willing to have sex with condoms, and others preferred to use condoms under certain circumstances. The participants approached sexual situations with a willingness or intention to bareback unless the situation triggered concerns for them.

Participants viewed condoms as interfering with sexual intimacy, but were not fatalistic about HIV. Substance abuse, except methamphetamine use, and culture did not seem to propel barebacking.

The findings highlight the heterogeneity of Latino men and the importance of viewing research findings from an acculturation perspective.

SOURCE: Balan, I. C., et al. (2009). Intentional condomless anal intercourse among Latino MSM who meet sexual partners on the Internet. *AIDS Education and Prevention*, 21, 14-24.

## Homeless female youth had greater negative sexual health

Homeless youth are considered at high risk for contracting STI/HIV. This study identified potential individual and environmental protective factors for sexual risk behavior among homeless youth including determining any gender differences. Data were collected from 192 homeless youth, ages 14-21 years old.

70% of participants reported having had unprotected vaginal or anal sex at least once in the past 3 months. Females reported a significantly lower rate of condom use and significantly more STDs than reported by males. 19% of females and 2% of males reported an STD diagnosis in prior three months.

The findings point to a more negative sexual health outcomes experienced by females relative to STDs in comparison to males. Analyses indicate that for females higher self-esteem, positive expectations for the future, having a natural mentor, being employed or in school may reduce the likelihood of unprotected sex.

SOURCE: Tevendale, H. D., et al. (2009). Individual and environmental protective factors for risky sexual behavior among homeless youth: An exploration of gender differences. *AIDS and Behavior*, 13, 154-164.

## HIV patients that missed clinic visits had higher mortality

Of 543 participants initiating outpatient care for HIV infection, 60% missed a visit with the first year. The mortality rate was 2.3 deaths per 100 person-years for patients who missed visits, compared to 1.0 deaths per 100 person-years for patients who attended all scheduled visits. Patients missing visits within the first year had more than twice the rate of long-term mortality.

SOURCE: Mugavero, M. J., et al. (2009). Missed visits and mortality among patients establishing initial outpatient HIV treatment. *Clinical Infectious Diseases*, 48, 248-256.

## Genital herpes prevalence decreased

The percentage of adults aged 20-29 years with genital herpes decreased from 17% during 1988-1994 to 10% during 2003-2006. Rates were highest among non-Hispanic blacks.

SOURCE: CDC. (2009). Percentage of adults aged 2-29 years with genital herpes infection, by race/ethnicity -- National Health and Nutrition Examination Survey, United States, 1988-1994, 1999-2002, and 2003-2006. *MMWR*, 58 (07), 173

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

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