

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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Adolescent females acquire STIs soon after sexual initiation and with few sex partners

Most young women initiate sexual activity with another person during their adolescent years, accompanied with the risk of acquiring an STI. The course of many of these STI is benign even without treatment; however, some may lead to long-term sequelae such as infertility and cervical cancer. Further, STIs increase HIV acquisition risk.

Studies of STI among adolescent females have shown varying prevalences of several STIs, but these data are not nationally representative. Further, there has not been an in-depth analysis of STI data of adolescent females.

This study was conducted to estimate the prevalence of the most common STIs among a representative sample of adolescent females in the United States.

Methodology

Data were analyzed from females, aged 14 to 19, who participated in the National Health and Nutrition Examination Survey 2003-2004, which utilized a multistage probability sampling design to sample the US population randomly.

“Sex” was defined as vaginal, oral or anal sex. Participants were tested for gonorrhea, chlamydia, trichomonas, genital herpes type 2,

and human papillomavirus (any of 23 high-risk types or type 6 or 11).

Outcomes of the Study

The sample for this analysis was 838 females, aged 14 to 19.

Major findings include:

- Prevalence of any of the 5 STIs was 24.1% among all the women and 37.7% for those sexually experienced.
- The most prevalent STIs were HPV infection (18.3%) and chlamydia (3.9%) for all participants. For those sexually experienced, HPV prevalence was 29.5% and 7.1% for chlamydia.
- Prevalence of any STI was 25.6% among those whose age was the same or 1 year greater than their age at sexual initiation and 19.7% among those reporting only 1 lifetime sex partner.
- Even for those whose age was the same as at sexual initiation (i.e. less than one year of sexual experience with a partner/s), prevalence of any STI was 19.2%.
- Participants who reported only 1 lifetime sex partner had 19.7% prevalence of any of the 5 STIs; prevalence increased to 53.5% among those reporting 3 or more lifetime sex partners.
- Prevalence of any of the 5 STIs

was similar among non-Hispanic white (19.4%) and Mexican American (18.0%) participants, but higher among non-Hispanic black participants (43.9%) versus non-Hispanic white participants.

- Non-Hispanic black participants had nearly 4 times the odds of having any of the STIs compared with non-Hispanic whites.

Implications for Prevention

This analysis found a high burden of STIs among US female adolescents -- nearly one in four had been infected with HPV, gonorrhea, chlamydia, trichomonas or HSV-2. These STIs appear to have been acquired rapidly after sexual initiation and with few sex partners.

Using this data, the researchers predicted that at least 3 million females, aged 14 to 19, have at least one of these infections.

These findings highlight the need for primary and secondary prevention including early, skill-based sexuality education.

SOURCE:

Forhan, S. E., et al. (2009). Prevalence of sexually transmitted infections among female adolescents aged 14 to 19 in the United States. *Pediatrics*, 124, 1505-1512.

Task Force recommends comprehensive risk reduction

A task force of 19 independent scientists appointed by the director of CDC has concluded that comprehensive risk-reduction (CRR) can benefit public health. Their recommendation was based on the review of nearly 150 studies that used a CRR strategy and had adequate methodological quality.

The task force recommended group-based CRR to adolescents to prevent HIV/STIs and pregnancy. This is based on evidence on effectiveness in reducing self-reported risk behaviors, including (1) engagement in any sexual activity, (2) frequency of sexual activity, (3) number of partners, (4) frequency of unprotected sex, (5) increased self-reported use of protection, and (6) reducing self-reported or clinically-documented STIs. See the report for the task force's definition of a CRR intervention.

SOURCE: Guide to Community Prevention Services. Prevention of HIV/AIDS, other STIs and Pregnancy: Group-based comprehensive risk reduction interventions for adolescents. www.thecommunityguide.org/hiv/riskreduction.html (riskreduction.html). Last updated: 11/05/09.

Familismo was related to sexual behavior of Latino 8th grade girls

Latino youth are disproportionately affected by HIV/AIDS. The leading cause of HIV infection is sexual behavior. This study examined the relationship among acculturation, *familismo*, and HIV-related adolescent sexual risk behavior.

A random sample of 702 Latino (Mexican, Puerto Rican, Dominican) eighth-grade students and their mothers were recruited from New York City. Latino *familismo* values closeness and interconnectiveness between immediate and extended family members and refers to the responsibility that family members feel toward each other.

Acculturation was unrelated to sexual behavior, but teen *familismo* was related to girls' but not boys' sexual behavior. The most important *familismo* facet was subjugation to the family, which was negatively related to girls' sexual behavior.

The results indicate that parents can influence their teen's embracement of *familismo* but they need help in developing effective strategies in communicating clear behavioral expectations for their child.

SOURCE: Guilamo-Ramos, V., et al. (2009). Familial and cultural influences on sexual risk behaviors among Mexican, Puerto Rican, and Dominican youth. *AIDS Education and Prevention*, 21(Suppl B), 61-79.

21% of men who had sex with women found HPV seropositive

490 men from two cities who had sex with women in the past year were enrolled in a HPV study. Seroprevalence to HPV 6 was 12.1%, HPV 6/11 was 9.7%, and to HPV 18 was 5.4%. Seroprevalence to HPV 6/11, 16, and/or 18 was 21% and highest among 35 to 40 year olds (48%). Predictors of seropositivity to HPV 6/11, 16, and/or 18 were older age, greater number of female sex partners in past 3 months and current smoking.

SOURCE: Dunne, E. F., et al. (2009). HPV 6/11, 16, 18 seroprevalence in men in two US cities. *Sexually Transmitted Diseases*, 36, 671-674

HIV infection among IDUs down 80%

Since the late 1980s, HIV incidence among IDUs has decreased by nearly 80%. However, IDUs still represent a substantial proportion of new HIV cases. Recent evidence suggests many IDUs continue to engage in high-risk behavior: 32% shared needles and 63% had unprotected sex in past 12 months.

SOURCE: CDC. (2009). HIV infection among injection-drug users -- 34 states, 2004-2007. *MMWR*, 58(46), 1291-1295.

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

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