

RAP* Time



RURAL CENTER *for*
AIDS/STD PREVENTION

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

*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Advances in reducing some HIV-related risk behaviors among students stalled

The HIV/AIDS epidemic has had a major impact on young people in U.S. Persons aged 15-29 years accounted for 21% of the population yet comprised 39% of all new HIV infections (14,244) in 2009.

A goal of the *National HIV/AIDS Strategy for the United States* is reducing the number persons becoming infected with HIV and reducing HIV-related health disparities.

To describe trends in the prevalence of HIV-related risk behaviors among high school students, the CDC analyzed data from the biennial national Youth Risk Behavior Survey (YRBS) for the period 1991-2011.

Methodology

The YRBS used cluster samples for the 1991-2011 surveys to obtain cross-sectional data representative of public and private school students in grades 9-12 in all 50 states and District of Columbia. Samples sizes ranged from 10,904 to 16,410 with student response rates ranging from 83% to 90%.

Students completed anonymous, self-administered questionnaires that included identically worded questions. Questions addressed sexual experience, number of

sexual intercourse partners, current sexual intercourse, condom use and injection drug use.

Outcomes of the Study

Major findings include:

- Although the percentage of students overall who had ever had sexual intercourse decreased significantly from 54% in 1991 to 47% in 2011, the prevalence of ever having had sexual intercourse did not change significantly after reaching 46% in 2001.
- Although the percentage of students who had four or more sex partners decreased significantly from 19% in 1991 to 15% in 2011, the prevalence of having four or more sex partners did not change significantly after reaching 14% in 2001.
- Condom use at the most recent sexual intercourse experience among students currently having sexual intercourse increased from 46% in 1991 to 60% in 2011. Condom use prevalence did not significantly change beginning in 2003 (63%).
- The prevalence of injection drug use among students overall did not change significantly from 1995 (2.1%) to 2011 (2.3%).
- Although the gap between white

and black student risk behavior decreased over time, black students still reported significantly higher prevalence of sexual risk behaviors than white or Hispanic students.

- A decrease in condom use occurred among black students since 1999.
- There was no significant decrease since 1991 in the number of Hispanic students who have had sexual intercourse, four or more sex partners, and current sexual activity.

Implications for Prevention

This data analysis found that previously reported progress in reducing some HIV-related risk behaviors among students stalled overall and among certain populations of students.

To achieve the goals of the *National HIV/AIDS Strategy for the United States* further improvements in reducing HIV-related risk behaviors among young persons is needed.

SOURCE:

CDC. (2012). Trends in HIV-related risk behaviors among high school students - United States, 1991-2011. *MMWR*, 61, 556-560.

Sextexting may be part of sexual risk among adolescents

Sending and receiving sexually explicit pictures and text messages via cell phone is called "sextexting". This study is the first to examine sexting among a probability sample of adolescents to determine if it is associated with physical sexual activity or sexual risk behavior.

A sample of 1839 students was collected alongside the 2011 Youth Risk Behavior Survey in Los Angeles high schools.

Fifteen percent of adolescents with cell phone access reported sextexting. Fifty-four percent reported knowing someone who had sent a sext.

Adolescents whose peers sexted were more likely to sext themselves. Nonheterosexual students were more likely to report sexting, sexual activity, and unprotected sex at last sexual episode.

Sextexting appears to be part of a cluster of risky sexual behaviors among adolescents. Clinicians and school sexual health education should discuss risk issues related to sextexting.

SOURCE: Rice, E., et al. (2012). Sexually explicit cell phone messaging associated with sexual risk among adolescents. *Pediatrics*. DOI 10.1542/peds.2012-0021.

Criminalizing non-disclosure of HIV+ does not reduce risk

Most states have enacted HIV-specific laws that regulate the sexual behavior of persons living with HIV (PLWH). Most often, these laws require PLWH to disclose their positive serostatus to prospective sexual partners.

This study explored associations between awareness of New Jersey's HIV exposure law and HIV-related attitudes, beliefs, and sexual and seropositive status disclosure behaviors of HIV-positive persons of a 2010 sample (n = 479).

Fifty-one percent knew about the HIV exposure law, but this awareness was not associated with increased sexual abstinence, condom use with most recent partner, or seropositive status disclosure. Persons who were unaware of the law experienced greater stigma and were less comfortable with positive serostatus disclosure.

Criminalizing nondisclosure of HIV seropositive status does not reduce sexual risk behavior.

SOURCE: Galletly, C. L., et. al. (2012). New Jersey's HIV exposure law and the HIV-related attitudes, beliefs, and sexual and seropositive status disclosure behaviors of persons living with HIV. *American Journal of Public Health*, September 20, 2012: e1-doi: 10.2105/AJPH.2012.300664.

Declining effectiveness of cefixime for gonorrhea treatment

Laboratory studies show declining cefixime effectiveness for gonorrhea treatment. CDC now recommends combination therapy using two antimicrobials: ceftriaxone 250 mg intramuscularly and either azithromycin 1 g orally as a single dose or doxycycline 100 orally twice daily for 7 days as most effective treatment for uncomplicated gonorrhea.

SOURCE: CDC. (2012). Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2010*: Oral cephalosporins no longer a recommendation treatment for gonococcal infections. *MMWR*, 61, 590-594.

Most HPV among females ages 20-24

CDC reports that for women, ages 14-59, the greatest prevalence of high-risk and low-risk HPV is among women ages 20-24 for years 2003-2006. For this age group, the prevalence percent for high-risk HPV was about 35% with about 43% for low-risk HPV. The next highest prevalence age group was 25-29 years.

SOURCE: CDC. (2012). Other Sexually Transmitted Diseases slide set. <http://www.cdc.gov/std>.

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

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