

# 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

Vol. 16, No. 11, November 2, 2012

## Younger African American adolescent females have higher STD rates

CDC indicates that one in four girls in the United States, ages 14-19 years old, has a sexually transmitted disease with 48% of African American girls having at least one of the most common STDs, such as chlamydia, gonorrhea, and HPV.

National surveillance data reveal that STDs, including HIV infection, disproportionately affects African American youth, particularly females ages 13-24 years. Age related differences in sexual behavior is a significant health concern in that younger female adolescents are more susceptible to STD acquisition due to biological factors such as cervical ectopy and maturing immune system.

This study explored age differences in factors associated with positive STD status among a sample of African-American adolescent females.

### Methodology

Data were collected via ACASI from 701 African-American adolescent females, ages 14-20 years, seeking services at reproductive health clinics in downtown Atlanta, GA.

Adolescents provided self-collected vaginal swabs assayed

using NAAT to assess the prevalence of three STDs: chlamydia, gonorrhea, and trichomoniasis.

### Outcomes of the Study

Mean age for younger group (14-17 years) was 16.1 years and 18.9 years for older group (18-20 years).

Major findings include:

- Younger adolescents were more likely to currently test positive for STD.
- Three variables were associated with STD acquisition in younger group: prior history of STD, having a casual sex partner, and having family who received high levels of government assistance.
- Older adolescents were more likely to report prior history of STD.
- For the older group, three variables were associated with STD acquisition: number of sex partners in past 6 months, prior history of STD, and higher levels of impulsivity.
- Older adolescents were more likely to have sex more frequently and not have unprotected episodes of sex in the past 6 months.
- Younger adolescents had lower partner communication self-efficacy and sexual refusal self-efficacy and less confidence in

using a condom correctly.

- Younger adolescents were more impulsive and had more external locus of control but lower levels of sexual sensation seeking.
- For all of the participants combined, 6.3% tested positive for gonorrhea, 17.1% tested positive for chlamydia and 11.7% tested positive for trichomoniasis.
- 22% tested positive for one STD, 6% for two STDs, and 0.6% for all three STDs.

### Implications for Prevention

For this sample, younger adolescents had higher rates of STDs than older adolescents but older adolescents had higher levels of STD-related risk behavior.

The study findings suggest that specific educational interventions for STD risk reduction are needed for both younger and older adolescent females.

### SOURCE:

Sales, J. M., et al. (2012). Age differences in STDs, sexual behaviors, and correlates of risky sex among sexually experienced adolescent African American females. *Journal of Pediatric Psychology*, 37, 33-42.

### Spending money from boyfriend related to risk

This study evaluated whether adolescent women who received economic benefits from their boyfriends were more likely to never use condoms. Data were from 715 African American adolescent women in urban Atlanta, GA.

A boyfriend was the primary spending money source for 24% of women. Women whose boyfriend was their primary spending money source were 50% more likely never to use condoms at 6 and 12 months and less likely to respond to an educational intervention.

Women whose boyfriend had been their primary spending money source but found another spending source were more likely to start using condoms than women who continued. Women with boyfriend owning cars more likely never used condoms.

Economic circumstances may undermine intervention effectiveness among adolescent women targeted for pregnancy and STI prevention.

SOURCE: Rosenbaum, J., et al. (2012). Cash, cars, and condoms: Economic factors in disadvantaged adolescent women's condom use. *American Journal of Adolescent Health*, 51, 233-241.

### About seven of ten MSM tried to reduce HIV risk

Increasing evidence indicates that MSM are likely to adopt protective behaviors alternative to condom use to reduce HIV transmission risk while having unprotected anal intercourse (UAI). This study examined the intentional use of HIV risk reduction practices of serosorting, strategic positioning, and withdraw during UAI with casual partners.

Data were from 410 MSM surveyed as part of the Swiss HIV behavioral surveillance system in 2007.

In past 12 months, 71% reported having UAI with a casual sex partner of different or unknown HIV-status. Of these, 47% reported practicing withdraw, 38% serosorting, and 25% strategic positioning. 71% used at least one practice, 37% only one practice, 29% two practices, and 5% three practices. 29% did not use any practice.

This study found wide use of HIV risk reduction practices among this sample of MSM.

SOURCE: Dubois-Arber, F, et. al. (2012). Risk reduction practices in men who have sex with men in Switzerland: Serosorting, strategic positioning, and withdraw during ejaculation. *Archives of Sexual Behavior*, 41, 1263-1272.

### Annual health plan chlamydia rates increased, 1997-2007

Trends in chlamydia rates for men and women, aged 15 to 44 years, enrolled in a Pacific Northwest health plan was evaluated for 1997-2007. For women, testing and diagnosis rates increased 23% and 79%, respectively. PID rates declined and ectopic pregnancy rates remained steady. For men, chlamydia and urethritis rates rose.

SOURCE: Scholes, D. (2012). Long-term trends in chlamydia trachomatis infections and related outcomes in a US managed care population. *Sexually Transmitted Diseases*, 39, 81-88.

### HIV testing highest in 25-44 year olds

CDC reports for 2002-2006 that HIV testing was highest among persons aged 25-44 years, women, Hispanics or Latinos, blacks or African Americans, persons living in the South, persons acknowledging high risk behaviors, and women who were pregnant. Most were tested in a health care clinic.

SOURCE: CDC. *HIV Testing in the United States Baseline Report 2002-2006 (Baseline Report September 2012)*. [cdc.gov/hiv/resources/reports/pdf/AHITS\\_Baseline\\_Report.pdf](http://cdc.gov/hiv/resources/reports/pdf/AHITS_Baseline_Report.pdf).

**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.

**Senior Director**  
 William L. Yarber, HSD  
 Indiana University, Bloomington  
**Co-Directors**  
 Janet N. Arno, MD  
 IU School of Medicine, Indianapolis  
 Anne M. Bowen, PhD  
 University of Wyoming  
 Richard A. Crosby, PhD  
 University of Kentucky  
 Beth Meyerson, MDi, PhD  
 Indiana University, Bloomington  
 Mohammad R. Torabi, PhD  
 Indiana University, Bloomington

### Rural Center for AIDS/STD Prevention

Indiana University  
 801 East Seventh Street  
 Bloomington, Indiana  
 47405-3085

Phone, Fax, E-mail, web page:  
 Voice and TDD: (812) 855-7974  
 (800) 566-8644  
 FAX line: (812) 855-3936  
[aids@indiana.edu](mailto:aids@indiana.edu)  
<http://www.indiana.edu/~aids>