

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, UNIVERSITY OF KENTUCKY,
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*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly

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Safety and side effects concerns for teen HPV vaccination increased among parents

The National Immunization Survey of Teens (NIS-Teen) found that immunization rates are increasing among adolescents but remain below the national Healthy People 2020 goal of 90%. For years 2008 to 2010 the percentage of females ages 13-17 years who were fully vaccinated with 3 doses of HPV vaccine was much lower than for other vaccines but increased from 18% to 32%.

Several research studies report that health care provider recommendation increased parental acceptance of vaccinations. Further, parental attitudes and beliefs impacted whether or not their children will be given vaccines. Why parents do not have their children vaccinated has not been studied.

This objective of this study was to determine the reasons parents choose for not vaccinating their adolescents with specific vaccines and how these reasons have changed over time.

Methodology

Data from the public-use files of the NIS-Teen from 2008 through 2010 was examined. The surveys are validated, stratified, random digit-dialing telephone surveys of

households with adolescents 13 to 17 years of age.

Among several questions asked to parents was their stated reason why their teenager did not receive the full range of vaccines, including HPV vaccines, that are recommended for adolescents.

Outcomes of the Study

Major findings include:

- A dramatic increase over the three years in parental safety concerns about HPV vaccination occurred with an increase from 5% to 16% of parents despite high HPV prevalence among teens and possible severe medical outcomes of HPV infection.
- 14% to 16% of parents across the three years studied indicated that HPV vaccination is “not needed or necessary.”
- 11% to 14% of parents over the three years gave the main answer “not sexually active” for no HPV vaccination, illustrating mistaken perception that the vaccine is related to and needed only if their teen is currently sexually active.
- 11% to 9% of parents across the three years indicated that the HPV vaccination was not recommended by a health care provider.
- Even though parents reported

that health care providers increasing recommended all vaccines including HPV, the intent not to vaccinate for HPV increased from 40% in 2008 to 44% in 2010.

- 16% of parents in 2008 and 2009 and 10% in 2010 indicated “lack of knowledge.”
- 6% to 4% parents across the three years indicated “not appropriate age.”

Implications for Prevention

This analysis found that despite health care providers recommending adolescent vaccines, parents over the three years studied increasingly intended not to vaccinate female teens with HPV vaccinations. The parental concern about the safety of the HPV vaccination grew each of the three years.

Health care providers should consider differing approaches in addressing specific and growing parental concerns about the safety of the HPV vaccination.

SOURCE:

Darden, P. M., et al. (2013). Reasons for not vaccinating adolescents: National immunization survey of teens, 2008-2010. *Pediatrics*, 131, 645-651.

Penile length and circumference associated with UIAI

Little research has been conducted to assess condom fit and feel among men who have sex with men. This study determined associations between penis size (self-measured length and circumference) and condom use attitudes and experiences.

Data were from a 2010 community-based survey of self-identified gay and bisexual men in New York City ($n=463$).

51% reported penile length as 6-8 inches long and 32% reported penile circumference as 4-6 inches around.

Men who had engaged in unprotected insertive anal intercourse (UIAI) reported higher values for both penile length and circumference; these men were also more likely to report that the average/typical condom was "too tight." Most had measured their length and circumference, suggesting that penile measurement may be common among gay and bisexual men.

Study findings highlight the need for condoms to be available in variety of sizes.

SOURCE: Grov, C., et al. (2013). Self-reported penis size and experiences with condoms among gay and bisexual men. *Archives of Sexual Behavior*, 42, 313-322.

Most gay male couples established a "sexual agreement"

Little research has been conducted to collect dyadic data nationally from gay male couples to assess what sexual behaviors they permit to occur by agreement type and when specific behaviors occur in their relationship.

Data were from 361 male couples collected electronically using paid Facebook ads.

Findings showed that couples discussed their HIV status before having unprotected anal intercourse (UAI) but established their agreement sometime after having UAI.

207 couples (70%) indicated that they had a sexual agreement with their man partner, but only 58% concurred about explicitly discussing their agreement. Relative to adhering to the agreement, 6% of the 207 couples reported that both men had broken the agreement, 40% had one partner break the agreement and 54% had both men who adhered to it.

Helping gay male couples establish a sexual agreement prior UAI could protect them for HIV and STIs.

SOURCE: Mitchell, J. W. (2013). Characteristics and allowed behaviors of gay male couples' sexual agreements. *Journal of Sex Research*, DOI: 10.1080/00224499.2012.727915.

Uncircumcised men report more condom use and confidence

Data from 316 men from two US STI clinics revealed that uncircumcised men were less likely to report unprotected vaginal sex, infrequent condom use or lack of confidence to use condoms. Interventions should focus on building men's confidence to use condoms, especially for circumcised men.

SOURCE: Crosby, R., & Charnigo, R. J. (2013, March 20). A comparison of condom use perceptions and behaviors between circumcised and intact men attending sexually transmitted disease clinics in the United States. *International Journal of STD & AIDS*. doi: 10.1177/0956462612472444

AI/NA have poorer AIDS survivor rates

In 2010, American Indians and Alaska Natives accounted for less than 1% of the estimated 47,500 new HIV infections in the U.S. In 2010, HIV infection was the ninth leading cause of death among AI/NA men and women aged 25 to 34.

SOURCE: CDC. (2013, March) HIV/AIDS among American Indians and Alaska Natives. <http://www.cdc.gov/hiv/resources/factsheets/aian.htm>.

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, MDiB, 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
<http://www.indiana.edu/~aids>