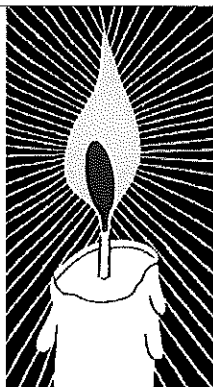


RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

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

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

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Racial/ethnic minority trans*female youths reported more condomless anal intercourse

Trans*female youths (i.e., youths whose gender identity is different from that typically associated with their male sex assigned at birth) aged 16 to 24 years are disproportionately at risk for HIV infection and other poor health/social outcomes. Research of trans*female youths revealed 1 in 5 infected with HIV before age 25 years.

In San Francisco, CA, adult transwomen (18 years or older) have the highest HIV prevalence of any population and the highest proportion of AIDS cases among youths. Much like gay racial/ethnic minority youths, trans*female youths may be more likely to face poverty, racism, and social instability.

This study examined HIV prevalence and risk behaviors of 282 trans*female youths aged 16 to 24 years of the San Francisco Bay Area, California SHINE study from 2012 to 2013 to assess differences between racial/ethnic minority and White youths.

Methodology

The sample was from direct referrals from community-based organizations, events outreach, and online outreach through social

networks. Eligible persons were self-identified as any gender other than with their assigned male sex at birth. Participants completed a behavioral survey and were offered a rapid HIV test.

Outcomes of the Study

45% self-identified as genderqueer (identify as either man or woman) or transgender (33%), 13 for whom data was available were living with HIV.

Major findings include:

- Racial/ethnic minority youth were more likely to have experienced racial discrimination than their White peers.
- Of participants, 37% reported condomless anal intercourse within past six months and 12% reported having condomless insertive anal intercourse.
- Engagement in substance abuse (16%) and injection drug use (10%) was low relative to sexual risk behavior.
- Receptive condomless anal intercourse differed by race/ethnicity: 39% racial/ethnic minorities; 25% white youths.
- Condomless anal intercourse in past six months differed by racial/ethnicity: 42% racial/ethnic minority; 29% Whites.

- The sample had high reports of trauma in the past year (60%), transphobia during their youth (80%), and experiences with bullying while growing up (63%).
- No significant differences were found between groups or in the additive impact of syndemic factors on condomless anal intercourse.

Implications for Prevention

4.8% of tran*female youths were HIV positive: an elevated risk compared with the general population but lower than adult transwomen of San Francisco. Racial/ethnic minority youth were more likely engaged in condomless anal intercourse than White youth.

Prevention efforts must address HIV-related disparities of trans*female youth, especially those among racial/ethnic minorities.

SOURCE:

Wilson, E. C., et al. (2015). Differential HIV risk for racial/ethnic minority trans*female youths and socioeconomic disparities in housing, residential stability, and education. *Journal of the American Public Health Association*, 105(S3): e41-e47.

AA youths perceived advantages of STI in health/service center

The potential for increasing self-implemented oral HIV testing (SIT) among African American youths through the dissemination of oral-HIV testing was examined. In 2012-2013, the study accessed the perceptions of alternatives to pharmacy dissemination of oral SIT from 5 focus groups of African American youths and 4 focus groups of service providers in Chicago and San Francisco.

Participants perceived advantages to delivering oral SITs through community health and services for youths (e.g. increased confidentiality, reduced stigma) over pharmacy dissemination.

The adolescents had concerns with pharmacy dissemination, such as possible loss of confidentiality and privacy, being stigmatized, and high costs. Seven of ten pharmacies had no oral SIT kits available for sale.

Results suggest that oral SIT may reduce barriers of clinic-based testing.

SOURCE: Catania, J. A, et al. (2015). Self-implemented HIV testing: Perspectives on improving dissemination among urban African Americans youths. *American Journal of Public Health, 105*: S449-S452.

Penises not required: non-sexual HPV transmission

A systematic review of the scientific literature was conducted to determine of any reports on human papillomavirus transmission (HPV) through other means than the primary method of penile penetration. 51 articles from 1946 to March 2014 that suggested evidence of non-sexual or non-penetrative HPV transmission were retrieved for review. 15 studies examined HPV transmission from medical or public settings and 36 examined HPV in humans.

HPV DNA was detected in the genital tract of female virgins with prevalence estimates from 0% to 51.1%. HPV transmission from hands to genitals or genitals to hands was reported for both sexes and heterosexual couples.

Studies commonly found HPV on surfaces in medical settings and public environments.

Further research on non-sexual and non-penetrative sexual transmission is needed to more fully understand the complexity of HPV transmission.

SOURCE: Liu, T., et al. (2015). Penises not required: A systematic review of the potential for human papillomavirus horizontal transmission that is non-sexual or does not include penile penetration. *Sexual Health, 13*, 10-21.

Male circumcision does not affect *M genitalium* in women

Mycoplasma genitalium is a STI with a prevalence among women in the general population of 1-5%. This STI has been associated with increased HIV risk. Research has shown that male circumcision reduces *M genitalium* in men, but it is not known if it reduces the infection in female partners of circumcised men. This study of female partners of males in Rakai, Uganda, found that male circumcision does not affect *M genitalium* in female partners.

SOURCE: Tobian, A., et al. (2015). Male circumcision and *Mycoplasma genitalium* infection in female partners: A randomised trial in Rakai, Uganda. *Sexually Transmitted Infections, 90*, 150-154.

Pubic "crab" lice easily treatable

Public lice are typically found attached to hair in the pubic area but can be found on hair elsewhere. Infestations are usually spread during sexual contact. Over-the-counter and prescription medical can treat pubic lice infestations.

SOURCE: CDC. (2013). Parasites - lice - pubic "crab" lice. Atlanta, GA.

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 Arizona, 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.

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