

# 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

Vol. 15, No. 6, June 3, 2011

## One-third of rural Appalachia male teens considered HPV vaccination important

Human papillomavirus (HPV) is the most common STI in the United States. According to the National Cancer Institute, annual HPV-related diagnoses in the U. S. includes over 4,000 cervical cancer deaths, 12,200 new cases of cervical cancer, and 1 million new cases of genital warts.

In October 2009, the Federal Drug Administration approval the HPV vaccine, Gardasil, for males ages 9 - 26 for prevention of genital warts. Studies of male acceptance of HPV vaccination have been conducted but none involving rural males have been published.

This study determined the level of importance that rural high school students attached to HPV vaccination for themselves and related correlates.

### Methodology

A convenient sample of males (N = 332) was recruited from a southeastern Kentucky high school located in an Appalachian county classified as "distressed." Recruitment occurred in an assembly format.

A self-administered questionnaire was used for data collection. The instrument assessed general

demographic information, males' perceptions of the importance of receiving the HPV vaccination, and five correlates.

### Outcomes of the Study

80% were non-minority (White) and 15% indicated minority (9% Black, 3.6% Native American, 2.7% Asian). 67% reported being sexually-active (penile-vaginal) and 53% reported more than 5 partners. 13% reported a prior STD diagnosis (12% genital warts).

Major findings include:

- 52% had no knowledge of HPV and its resulting maladies prior the survey yet one-third thought it was "extremely important" or "important" to receive HPV vaccination.
- Males who reported they would get the vaccine if it was recommended by parents, their peers, or healthcare providers were nearly seven times more likely to believe that it was important for them to receive HPV vaccination.
- Males who indicated that they would use condoms for penile-vaginal sex to protect partners against genital warts and cervical cancer were 2.5 times more likely to believe that HPV vaccination is important.

- 20% indicated that they had ever worried about having genital herpes.
- 15% reported having had a friend or family member tell them that they had genital warts or cervical cancer.
- 50% indicated no condom use for the past five sexual encounters.

### Implications for Prevention

This study found that a majority of the rural adolescents had no knowledge of HPV but a significant number considered it to be important to be vaccinated for HPV.

Findings suggest that sexual health promotion programs may benefit young rural men by emphasizing the HPV vaccine as a responsible part of a young men's health care. Educational messages showing peer, parent, and health care support for HPV vaccine may increase perceptions of HPV vaccine importance.

### SOURCE:

Collins, T., & et al. (2011). Will guys want the HPV vaccine? Correlates of acceptance for rural high school males. *The Health Education Monograph*, 28(2), 16-21.

### LGBT school victimization found related to STD/HIV risk

This study examined the association between reports of lesbian, gay, bisexual and transgender victimization and young adult psychological health and risk behavior.

Data were from a Family Acceptance Project study of 245 LGBT persons ages 21 to 25 years with equal number of Latino and non-Latino.

More than one-half of participants who experienced high levels of school victimization reported HIV risk as young adults—a rate twice that of those who experienced low victimization. Those who experienced high victimization reported twice the amount of STD diagnoses than those experiencing low victimization.

Participants experiencing victimization reported greater depression and a suicide attempt at least once than those reporting low victimization.

Reducing LGBT school-related victimization will likely result in long-term health gains.

SOURCE: Russell, S, T., et al. (2011). Lesbian, gay, bisexual, and transgendered adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health, 81*, 223-230.

### Certain MSM populations may benefit more from risk interventions

Most new HIV infections in the U.S. occur among men who have sex with men. This study analyzed data related to causal sex and MSM from the first MSM cycle of the National HIV Behavioral Surveillance system, conducted from 2003-2005.

76% percent of 11,191 sexually active MSM reported a causal sex partner (median = 3 partners). Lower number of casual partners was associated with black race, Hispanic ethnicity, and having a main partner in the past year. Factors associated with a greater partner number included gay identity, exchange sex, and injection and non-injection drug use. Being HIV-positive was related with more partners among non-blacks. Age differences in partner numbers were found only for chat room users.

Programs focusing on reducing casual sex among MSM in the U. S. should focus on white, non-Hispanic men; homosexually-identified men; men engaged in exchange sex; men with female partners; and men with recent non-injection drug use.

SOURCE: Rosenberg, E., S. et al. (2011). Number of casual male sexual partners and associated factors among men who have sex with men: Results from the National HIV Behavioral Surveillance System. *BMC Public Health, 11*, 189.

### Nearly one-third of ED patients refused rapid HIV testing

29% of 1,959 emergency department patients in an academic ED in Boston refused routine rapid HIV testing. Patients most likely to refuse were women, those with higher household income, those reporting no HIV risk behavior, those previously HIV tested, and those who do not perceive a need for testing. Refusal was also associated with early morning enrollment.

SOURCE: Pisculli, M., & L. (2011). Factors associated with refusal of rapid HIV testing in an emergency department. *AIDS and Behavior, 15*, 734-742.

### ART reduced HIV transmission by 92%

Heterosexual African adults (3381 couples) participated in a trail involving ART with both HIV seropositive and seronegative persons. Results found that ART reduced HIV transmission risk by 92%. Provision of ART to HIV-infected persons could be an effective HIV prevention plan.

SOURCE: Donnell, D., et al. (2011). Heterosexual HIV-1 transmission after initiation of antiretroviral therapy: A prospective cohort analysis. *Lancet, 375*, 2092-2098.

**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, H.S.D.*  
Indiana University, Bloomington

**Co-Directors**  
*Janet N. Arno, M.D.*  
IU School of Medicine, Indianapolis  
*Richard A. Crosby, Ph.D.*  
University of Kentucky  
*Susan L. Dreisbach, Ph.D.*  
University of Colorado, Denver  
*Mohammad R. Torabi, Ph.D.*  
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>