

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. 9, September 2, 2011

Bisexual identity among young adult females predicted greater odds of bacterial STDs

STD infection is greater among young adults (ages 18-26) than older adults. Some indicators suggest that STD rates may be increasing among sexual minority youth. Findings of prior research on sexual risk behaviors among sexual minority subgroups raise concerns about elevated risks.

Research has been conducted on sexual risk of young MSM but largely focused on HIV/AIDS. Little research has focused on other STDs. Literature on sexual health issues of lesbian and bisexual women is rare. Further research is needed on how sexual minority young adults perceive sexual risk as related to actual prevalence of negative consequences

This study determined how self-reported identity, romantic attractions and sexual relationships are associated with infection with bacterial STDs and perceived risk for bacterial STDs.

Methodology

Study participants were 10,986 young adults who participated in Wave 3 of the National Longitudinal Study of Adolescent Health (2001-2002). Data from the 1,154 respondents who had current or

recent bacterial STDs were examined further to determine whether they had underestimated their risk.

Outcomes of the Study

Mean age of respondents was 22 years. 3% reported same-sex behaviors in past five years. 89%, 10%, and 1% self-identified as heterosexual, bisexual or homosexual, respectively.

Major findings include:

- Bisexual females had significantly higher odds of having a bacterial STD than heterosexual females.
- Females attracted to both sexes had higher odds of having a bacterial STD than females attracted to only males.
- No measure of sexual minority status predicted bacterial STDs for males.
- Only 13% of the sample believed they had a chance of having a bacterial STD.
- Among respondents with current or recent bacterial STDs, 71% perceived they had a low chance of having one.
- Sexual minority status measures predicted perceived risk of bacterial STDs for both females and males.
- Females having had sexual behavior with both sexes had

higher odds of believing they were at risk of bacterial STDs than females having sex only with males.

- Bisexual males had higher odds than heterosexual males of believing they had a chance of having an STD.
- Males reporting no sex with another person had low odds of considering themselves at risk for bacterial STD.

Implications for Prevention

This study found that bisexual identity and attraction to both sexes predicted greater odds of bacterial STDs for females, but not for males. Among both males and females, bisexual persons and those attracted to both sexes had greater odds of believing they had a chance of having a bacterial STD.

Health care providers should educate sexual minority young adults, especially females, about sexual risk for STD and prevention behaviors.

SOURCE:

Kaestle, C. E. & Waller, M. W. (2011). Bacterial STDs and perceived risk among minority young adults. *Perspectives on Sexual and Reproductive Health*, 43, 158-163.

Incarceration associated with STI or HIV infection

Inmates experience a disproportionate burden of STIs and HIV. This study examined the link between incarceration and STI, including HIV, from a social network perspective.

Social network data from a study in Brooklyn, NY (n = 343) was used to measure associations between incarceration and five STIs and sex with an infected partner.

Forty percent of respondents had a history of incarceration and more than half had a recent sex partner who had been incarcerated. STI and HIV infection was highly prevalent and disproportionately affected former inmates and their partners. Personal incarceration for a cumulative duration of less than 2 years and of 1 year or longer was associated with infection with an STI or HIV.

Findings highlight the need for STI/HIV treatment and prevention for inmates.

SOURCE: Khan, M. R., et al. (2011). Incarceration, sex with STI- or HIV-infected partner, and infection with an STI or HIV in Bushwick, Brooklyn, NY: A social network perspective. *American Journal of Public Health*, 101, 1101-1117.

Few teen girls completed HPV vaccine series on time or at all

This study determined the adherences to the immunization schedule for the human papillomavirus quadrivalent vaccine and factors associated with completion of the 3-dose series.

The sample included all 9- to 26-year-old female patients who initiated vaccination within 2 years after HPV vaccine availability from medical facilities in Cincinnati, Ohio.

Less than 3% of the HPV shots were received earlier than recommended. More than 50% were late. Completion rates were 14% by 7 months and 28% by 12 months.

Predictors of completion included white versus black race, use of contraception that required intramuscular injections every 3 months and private versus public insurance. Age and clinic type were not predictors of completion.

Adherence to recommended intervals and completion of the vaccine series were low. Lower completion rates among blacks raises concern that disparities in vaccine completion exacerbate existing disparities in cervical cancer rates.

SOURCE: Widdice, L. E. et al. (2011). Adherence to the HPV vaccine dosing intervals and factors associated with completion of 3 doses. *Pediatrics*, 127, 77-84.

Intravaginal practices increased risk of HIV infection

13 studies of 14,874 sub-Saharan African women, 791 who ended up HIV-positive, found that women who cleaned, tightened or dried their vaginas using soap, cloth or paper were at greater risk for contracting HIV. Women using cloth were 1.5 times more susceptible to HIV and 1.25 times more susceptible if they used soap. Researchers theorized that vulnerability to HIV increased when vaginal mucous and acidity were compromised or when inflammation or other harm occurred.

SOURCE: Low, N., et al. (2011). Intravaginal practices, bacterial vaginosis, and HIV infection in women: Individual participant data meta-analysis. *PLoS Medicine*, doi: 10.1371/journal.pmd.1000416.

Syphilis up for black and Hispanic MSM

During 2005-2008, syphilis rates among black MSM and Hispanic MSM were, respectively, 8.0 times and 2.4 times the increase rate among white MSM.

SOURCE: Su, J. R. (2011). Primary and secondary syphilis among black and Hispanic men who have sex with men: Case report data from 27 states. *Annals of Internal Medicine*, 155, 145-151

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
Beth Meyerson, MDiB, PhD
 Indiana University, Bloomington
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