

R A P* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY, PURDUE UNIVERSITY,
and UNIVERSITY OF COLORADO

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

Vol. 9, No. 8, August 5, 2005

Youth in one-parent households with more assets had fewer sexual risk behaviors

The proportion of youth living in one-parent households in the U.S. has increased in the past three decades. Research has shown that youth living in one-parent households participate in more sexual activity and related risk behaviors than those in two-parent households. One approach to adolescent development is to increase protective factors -- or youth assets -- as a strategy to combat adverse situations such as divorce. Assets can help youth avoid potentially harmful behaviors.

This study examined relationships between youth assets and sexual risk behaviors to family structure, with an emphasis on assets that were significant in one-parent and two-parent households.

Methodology

Data were collected via in-home interviews in 1999-2000 from 1,350 parent-teenager pairs residing in households in inner-city areas of two Midwestern cities of about 500,000 population.

Youth assets measured were: nonparental adult role models, peer role models, family communication, use of time (groups/sports), use of time (religion), community involvement, aspira-

tions for the future, responsible choices, and good health practices (exercise/nutrition). Sexual risk assessed was: ever had intercourse, currently sexually active, delayed first intercourse, and use of birth control at last intercourse.

Outcomes of the Study

Mean age for youth was 15.4 with 52% being female. 49% were non-Hispanic white, 23% non-Hispanic black, 19% Hispanic, and 10% non-Hispanic Native American. 52% lived in a one-parent home, of which 79% was mother only.

Major findings include:

- 55% and 70% of youth of one-parent households and two-parent households respectively, reported never having intercourse.
- Youth living in one-parent households who had the aspirations asset were more likely to never have had intercourse than those without this asset.
- Youth's odds of never having had intercourse increased about 30-40% with the addition of any one asset.
- About one-half of youth from both family structures reported currently having intercourse, with no cumulative effect of assets impacting current intercourse.

- 15% and 30% of youth from one-parent households and two-parent households, respectively, delayed intercourse until 17 or older.
- For youth of one-parent households, the odds of delayed first intercourse increased 80% with each new asset.
- About 6 of every 10 youth from both family structures reported using birth control at last sex.
- Youth's total number of assets predicted three of the four behaviors for one-parent households, but predicted only sex inexperience in two-parent households.

Implications for Prevention

Youth in one-parent households were more likely than their peers of two-parent households to engage in risky sexual behaviors. Having more assets decreased risky behaviors among youth in one-parent households.

SOURCE:

Oman, R. F., et al. (2005). Youth assets and sexual risk behavior: The importance of assets for youth residing in one-parent households. *Perspectives on Sexual and Reproductive Health*, 37, 25-31.

Topical penile microbicide found safe, potentially effective

Use of a topical microbicide wipe for penile cleaning before and after sex might be effective in preventing STIs. However, evaluation of this simple method has not been done.

Two studies were conducted in Malawi to determine the safety, acceptability and potential efficacy of a benzalkonium chloride topical penile microbicide wipe.

Both uncircumcised and circumcised HIV-positive and HIV-negative men were enrolled.

Acceptability concerns did not increase with dose escalation, and adherence to use of the wipe ranged from 89%-95%. Gram stain and culture tests showed significant reductions in frequency of several organisms after use of the wipe, including STI-associated bacteria.

The penile wipe evaluated in this study was safe, acceptable, and decreased the frequency of penile colonization with microorganisms. The clinical relevance remains to be determined in larger clinical trials.

SOURCE: Taha, T. E., et al. (2005). Safety, acceptability, and potential efficacy of a topical penile microbicide wipe. *Journal of Acquired Immune Deficiency Syndromes*, 39, 347-353.

Error in presumed partner HIV status may be risk factor for MSM

This study analyzed data from men who have sex with men of the HIV Network for Prevention Trials Vaccine Preparedness Study of 3257 MSM in 6 US cities, 1995 to 1997.

Risk factors for HIV seroconversion were (1) increased number of reported HIV-negative male sex partners, (2) nitrite inhalant use, (3) unprotected receptive anal sex with an HIV unknown serostatus partner or HIV-positive partner, (4) protected receptive anal sex with HIV-positive partner, (5) lack of circumcision, and (6) receptive oral sex to ejaculation with an HIV-positive partner.

More than one-quarter of new infections arose from men having HIV-"negative" partners, suggesting an error in presumed partner serostatus. Lack of circumcision doubled the risk of HIV acquisition.

Prevention efforts should focus on reductions in sex partners and episodes of unprotected anal sex, regular HIV testing, and reduction of substance use.

SOURCE: Buchbinder, S. P., et al. (2005). Sexual risk, nitrate inhalant use, and lack of circumcision associated with HIV seroconversion in men who have sex with men in the United States. *Journal of Acquired Immune Deficiency Syndromes*, 39, 82-89.

Geographic clustering is risk factor for HIV transmission

A sample of 595 persons at risk for HIV and their partners were studied to determine the impact of social and geographic distance in HIV risk. 52% of all dyads were separated by 4 km or less. The closest pairs were persons who shared needles and had sexual contact. The proximity of persons connected within a network, but not necessarily known to each other, suggests that partner selection in the group is important in maintenance of HIV endemicity.

SOURCE: Rothenberg, R., et al. (2005). Social and geographic distance in HIV risk. *Sexually Transmitted Diseases*, 32, 506-512.

Circumcision not protective for HSV-2

Study members were born in 1972-1973 and circumcision status was sought at age 3. HSV-2 antibody testing was done at age 26. The prevalence of HSV-2 antibodies was 7.3% and 7.4% in uncircumcised and circumcised men, respectively.

SOURCE: Dickson, N., et al. (2005). Herpes simplex virus type 2 status at age 26 is not related to early circumcision in a birth cohort. *Sexually Transmitted Diseases*, 32, 517-519.

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, Purdue University and the University of Colorado. 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
James G. Anderson, Ph.D.
Purdue University, West Lafayette
Janet N. Arno, M.D.
IU School of Medicine, Indianapolis
Stephen R. Byrn Ph.D.
Purdue University, West Lafayette
Susan I. Driesback, 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) 855-1718
(800) 566-8644
FAX line: (812) 855-3717
aids@indiana.edu
<http://www.indiana.edu/~aids>