

# 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

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## Rural women were less likely to return for free HPV vaccination follow-up doses

The human papillomavirus (HPV) vaccination has been approved for use in females ages 9 to 26 years. A “catch-up vaccination” for females 13-26 years of age has also been recommended. Most research on HPV vaccination and the behavioral acceptance has focused on younger girls. An important research question concerns the actual uptake of the vaccine by older girls/young women.

The challenges of uptake of HPV vaccine booster doses 2 and 3 may be different than the uptake of the initial doses. One possible important factor related to uptake of subsequent doses is whether the women live in rural areas versus urban residence.

This study contrasted rates of HPV vaccine uptake between young women recruited from 2 rural locations and 1 urban location.

### Methodology

Young women attending rural clinics (n = 246), young women attending a rural community college (n = 251) and young women attending an urban university health clinic (n = 209) were recruited in Kentucky. After completing a brief questionnaire,

women received as free voucher for all doses of the HPV vaccination.

### Outcomes of the Study

Major findings include:

- Rural clinic women were about 7 times more likely than urban clinic women to not return for at least one follow-up dose.
- Rural college-recruited women were also less likely to return for subsequent doses.
- Dose 1 uptake was greatest among women recruited in the urban clinic (51%), followed by women recruited in the rural clinic (45%) and those recruited from the rural college (9%).
- Dose 2 uptake was also greatest among women from the urban clinic (40%), followed by women from the rural clinic (14%) and the rural college (3%).
- Dose 3 uptake was also greatest among women from the urban clinic (28%), with uptake rates from the rural clinic women (5%) and rural college women (2%) being low.
- Recruitment location was significantly associated with return for at least one follow-up dose when contrasting the rural college women (41%) to urban clinic women (79%) and when contrast-

ing the rural clinic women (31%) to the urban clinic women (79%).

- Return for subsequent doses was more likely for women without a rural upbringing (60% of those receiving dose 1 returned for one or both booster doses) compared to women reporting a rural upbringing (42% receiving dose 1 returned for one or both booster doses).

### Implications for Prevention

This study found that rural women were less likely to return for booster doses indicating that recruitment location was a major factor in lack of uptaking the booster doses.

Despite being free, the researchers concluded that uptake of booster doses by rural women was problematic. This barrier might be resolved by providing the HPV doses at easy-to-access locations in rural communities, such as large grocery stores and area events.

### SOURCE:

Crosby, R. A., et al. (2011). Uptake of free HPV vaccination among young women: A comparison of rural versus urban rates. *Journal of Rural Health*, 27, 380-384.

### HIV conspiracy beliefs related to lower condom use

The highest rates of HIV and AIDS diagnoses is among African American men, predominately black men who have sex with men. This study examined HIV-specific medical mistrust as one cultural factor, such as conspiracy beliefs (e. g., “AIDS was produced in a government laboratory”) which may indicate suspicion of HIV treatment and prevention.

Over a 6-month time-period, endorsement of HIV conspiracy beliefs and condom use were measured among 181 HIV-positive African American males.

Results indicated that greater belief in HIV conspiracies was associated with a higher likelihood of reporting unprotected intercourse across all times. An average of 54% of participants who endorsed conspiracies reported unprotected intercourse versus 39% who did not endorse conspiracies.

Prevention interventions should address medical mistrust among African American men.

SOURCE: Bogart, L. M., et al. (2011). Longitudinal association of HIV conspiracy beliefs with sexual risk among black males living with HIV. *AIDS Behavior*, 15, 1180-1186.

### HPV vaccine uptake and risky sexual behavior not related

Vaccines to prevent HPV and associated cancers are recommended as for young women. This study explored sexual behavior and demographic correlates of HPV vaccine initiation from a nationally representative survey of adolescent and young adult women.

A total of 1243 girls/women aged 15-24 years responded to questions about receiving HPV vaccine in the National Survey of Family Growth.

HPV vaccination was not associated with being sexually active or number of sex partners. Among sexually active adolescents aged 15-19 years, those who received HPV vaccine were more likely to always wear a condom.

HPV vaccine initiation was higher among those aged 15-19 years than those aged 20-24 years (30% vs. 16%). HPV vaccine initiation was greater for those having insurance.

The research found that those receiving HPV vaccination were no more likely to be sexually active or have more partners than those not vaccinated.

SOURCE: Liddon, N. C. et al. (2011). Human papillomavirus vaccine and sexual behavior among adolescent and young women. *American Journal of Preventive Medicine*, 142, 44-52.

### Rate of new HIV diagnoses in 2009 in rural areas was 8.9

CDC reports that the rate of new HIV diagnoses in nonmetropolitan areas in 2009 was 8.9 as compared to 26.7 for areas  $\geq 500,000$  and 13.6 for 50,000-499,999 population. 50% of new diagnoses in rural areas were white with 36% black/African American and 10% Hispanic/Latino. Over two-thirds of the HIV transmissions were via male-to-male sexual contact.

SOURCE: CDC. (2011). Slide set: HIV surveillance in urban and nonurban areas. <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/urban-nonurban/index.htm>.

### Positivity of HIV tests was 1.3%

In 2005, CDC reports that 59 health departments reported 2,142,242 HIV tests: positivity was 1.3%. Highest newly identified HIV positivity was among men who have sex with men (3.9%), persons aged 40-49 years (1.6%) and males (1.3% vs. 0.5% for females). Highest new positive tests were among blacks (1.2%) followed by Hispanics (0.9%).

SOURCE: CDC. (2010). *HIV counseling and testing at CDC-funded sites, United States, Puerto Rico, and the U. S. Virgin Islands*. USDHHS.

**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.

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