

# What's in the News?

## Teens, Sex, and HIV/STDs

May – August 2011



*The following are postings from the CDC HIV/STD/TB Prevention News Update related to adolescents, HIV and other STDs, and prevention education. The CDC National Center for HIV, STD and TB Prevention provides the above information without conducting any additional research or investigation into the facts and statements made in the articles being summarized, and therefore readers are expressly cautioned against relying on the validity or invalidity of any statements made in these summaries. Contact the sources of the articles abstracted above for full texts of the articles. To join the Prevention News listserv, send a blank e-mail to: [prevention-news-subscribe@cdcnpin.org](mailto:prevention-news-subscribe@cdcnpin.org)*

*For more information on HIV and Sex Education in Michigan, contact Laurie Bechhofer, HIV/STD Education Consultant, Michigan Department of Education, [bechhoferl@michigan.gov](mailto:bechhoferl@michigan.gov).*

### **MICHIGAN: "Saugatuck Sex Education Video Vetoed: Film Centers on Accepting Alternative Lifestyles" Grand Rapids Press (06.21.11)**

The Saugatuck school board has voted to reject a sex education video that focuses on LGBT teens in middle schools.

"Coming Out: What Every Teen (Gay and Straight) Needs to Know" was recommended by a sex education advisory board composed of teachers, parents, students, and a pastor as part of an eighth-grade unit on student harassment and bullying. Saugatuck Public Schools held two hearings on the proposed video and made it available for parents and others in the community to review for an extended five-week period.

On June 20, the board voted 5-2 against adding the 23-minute video to the sex education curriculum. The decision means the district will maintain its existing curriculum.

"We were kind of sold on this being about harassment and bullying. There isn't a lot of it in that particular video," said Jason Myers, school board trustee.

Trustee Steve Hutchins noted the area's

demographics include a significant gay population. "I felt it was not a perfect video, but it would allow the curriculum to provide an opportunity to address this issue" of violence, he said.

Most speakers at the June 6 hearing backed the video, but the board received 36 e-mails objecting to it, chiefly on moral or religious grounds. "The feeling was that those people did not have children in the school district, and [school officials] did not know them as members of the community," said Joan Lamb, the board's secretary.

### **CONNECTICUT: "Policy Change Decried; Officials: STD Educational Program Will Suffer from New Rules" Hartford Courant (05.05.11):: Jesse Leavenworth**

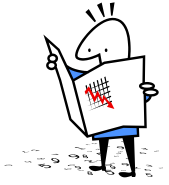
Parental consent for an STD education course for 10th-grade Manchester High School students has changed, and some city officials say the policy shift means the course will reach fewer students.

Launched last spring, the pilot course is taught by the town Health Department in collaboration with the state Department of Public Health. It includes information about STDs, including graphic slides; free STD testing for all high school students; abstinence; and individual counseling. The course has already been presented for the current school year.

Earlier this year, a presentation about the program before the city Board of Directors (BOD) characterized it as an opt-out course. The opt-out policy was changed to an opt-in approach, requiring the consent of parents for their child to participate, confirmed Manchester Health Director Maryann Cherniak Lexius.

School leaders fielded concerns about the program, and "we agreed to the recommended change that required a proactive decision on the part of the parent(s)/guardian, and required signed permission for attendance to the educational portion of the program," Cherniak Lexius wrote in a May 2 letter to BOD.

At a May 3 meeting, BOD member Cheri Pelletier said she is disappointed the policy was changed



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from that originally presented. School Board Chair Chris Pattacini said parents voiced concern about not knowing the pilot's content, and he spoke with school administrators about tightening the consent policy.

BOD Member Mart Tweedle said the opt-in approach will result in those kids at greatest risk not participating in the course. Fewer students attended the course this year, though it is not clear the policy is to blame, said Cherniak Lexius.

Cherniak Lexius said she will ask for the pilot to be incorporated into the regular high school curriculum.

### **NEW YORK: "School Panel to Discuss Distributing Condoms" Rochester Democrat and Chronicle (07.23.11):: Tiffany Lankes**

To help prevent HIV and STD transmission among local students, the City School District (CSD) board policy committee will consider whether to allow community groups to distribute condoms on high school campuses.

The committee is set to meet Tuesday, July 26, at the school district's central office at 131 W. Broad Street. Although the 5:30 p.m. meeting is open to public attendance, it will be closed to public participation.

The school board has been urged to act on this issue by the Monroe County Department of Public Health and the Metro Council for Teen Potential in response to published data documenting alarming pregnancy and STD rates among Rochester youth. One survey found sexual activity was reported by 58 percent of CSD students in grades 9-12, including 21 percent with at least four partners. And, according to health officials, youths under age 25 comprised nearly 50 percent of area HIV cases reported in 2010.

A forum on STD/HIV interventions in March drew over 100 attendees. Supporters say the statistics justify allowing condom distribution to encourage protected sex. Opponents insist abstinence is the only fool-proof safe sex practice, and that condom distribution engenders promiscuity.

Before any condom distribution could begin in the schools, the committee's proposal would have to be approved by the school board.

### **NEW YORK: "Sex Education Again a Must in City Schools" New York Times (08.10.11):: Fernanda Santos; Anna M. Phillips**

By the second semester of this school year, public middle and high schools in New York City are required to begin sex education classes. The new policy, announced Tuesday, is part of Mayor Michael R. Bloomberg administration's three-year, \$130 million initiative to improve the lives of young minority men. City statistics show black and Latino teens are much more likely to have unplanned pregnancies and STDs than their white peers.

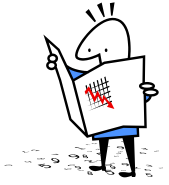
Since 1987, the state has mandated an HIV/AIDS curriculum that must be taught in at least five class sessions per year in every school, from kindergarten to 12th grade. Sex education classes, however, have not been required in the city for almost two decades.

The new city policy requires a semester of sex education in sixth or seventh grade, and again in ninth or 10th grade. Suggested curricula include "HealthSmart" and "Reducing the Risk," both of which have been recommended since 2007. A city survey of principals found 64 percent reported use of HealthSmart in middle schools.

City high schools have been distributing condoms for more than 20 years. In the new classes, teachers will describe how to use them, and why.

Toward the goal of delaying sexual activity, students will be taught about anatomy, puberty, pregnancy, and the risks of unprotected sex. Lessons also will provide information about reducing the risks of STDs, pregnancy and dropping out of school. Parents will retain the right to exempt their children from the lessons on birth control.

It will be left to the schools to decide how to design the lessons, which will be co-educational and integrated into existing health education classes. The city's Department of Education will



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offer training sessions before the academic year begins on Sept. 8.

### **UTAH: "State Education Board OKs Rule Guiding Districts on Puberty Education" Salt Lake Tribune(05.05.11)::Lisa Schencker**

Utah education officials have granted initial endorsement of a regulation that could become the state's first to standardize puberty instruction for fifth- and sixth-graders.

Although schools generally teach fifth- and sixth-graders about maturation, State Associate Superintendent Brenda Hales said some have complained that a few schools cross the line from maturation instruction to sex education. The regulation would delineate maturation instruction and resources as "instruction and materials used to provide fifth-or sixth-grade students with age-appropriate, accurate information regarding the physical and emotional changes associated with puberty, to assist in protecting students from abuse and to promote hygiene and good-health practices."

In addition, Hales said the rule calls for opt-in approval from parents and the evaluation and authorization of all lecturers, visiting speakers and materials by local curriculum committees.

"This just puts in a safety line for everyone and puts responsibility on local boards for ensuring they know what's going on in schools, in terms of maturation," said Hales. "When you start hearing about more than one [school crossing the line], you go, 'OK, we need to help.'"

Officials have indicated they will defer clarification on what is deemed "age appropriate" to school districts. State board member Craig Coleman urged parents to share their concerns with their local school boards.

"It gives everybody a chance, no matter what view they hold ... to take it to their elected officials and have them make that decision," said Hales. "This is such a sensitive decision that it needs to be made by folks on a local level based on what they want."

Prior to the ruling being ratified, the state board must vote again next month.

### **TENNESSEE: "'Don't Say Gay' Bill Clears State Senate" The Tennessean (Nashville) (05.21.11):: Chas Sisk**

The Senate voted 20-10 on Friday in favor of a bill that prohibits discussion of homosexuality in elementary and middle school classes. Its opponents, who have dubbed the measure the "Don't Say Gay" bill, say it confuses state law, which already bans all sex education until high school.

"We have been steadfast in our desire to say that we should not have age-inappropriate material in K through eight," said Sen. Andy Berke (D-Chattanooga). "What we're doing here is passing something just to pass it." In the state House, companion legislation did not advance out of committee; supporters have no plans to bring it up again until next year.

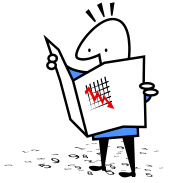
But Sen. Stacey Campfield (R-Knoxville), who has pushed the measure for several years, believes it is needed to ensure that homosexuality is not discussed until high school. The bill attracted nationwide attention and drew student protestors to the Capitol, including 13 youths who were on hand Friday.

The vote to approve SB 49 came after it was amended to ban discussion of gays and lesbians only in prepared materials and instruction - meaning teachers would be able to respond to questions about homosexuality without facing punishment.

"Teachers could respond to that, but they couldn't be offering materials," Campfield said. "They couldn't say, 'Today, we're going to teach about homosexuality, lesbianism.' That can't be part of the course work."

### **ILLINOIS: "Senate Approves Teaching 'Age Appropriate' Sex Education" Associated Press (05.26.11):: Deanna Bellandi**

The Illinois Senate voted 30-28 on May 25 to approve a bill that would require sex education courses in grades six through 12 to cover not only abstinence, but also contraception as a



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means of avoiding pregnancy and STDs.

The bill calls for materials to be "age appropriate" and "medically accurate." Parents could ask that their children be exempted from the lessons. HB 3027 now goes before the House.

"There's been some suggestion that perhaps this isn't needed, that there's not a problem," said Heather Steans (D-Chicago), the bill's sponsor. Steans noted, however, that many Illinois high school students are having unsafe sex.

Some Republicans objected that the measure is not needed, defending an abstinence-only approach and local school board control over the information covered. "Basically, this just comes down to who do you want to have control over the curriculum that's in your school?" said Sen. Shane Cultra (R-Onarga).

Some parents may be too shy to broach sexual health issues with their children, said Sen. Iris Martinez (D-Chicago). "We want to teach our kids abstinence but I think that the reality is that's not what's happening in our schools today."

"The truth is, your community is not just like my community," replied Sen. Kyle McCarter (R-Lebanon). "And that's why I think it's important that the people you elect to your school board be responsible to determine what curriculum is taught, just like I'm responsible for electing a school board to take care of the kids in my neighborhoods."

Comprehensive sex education is as important as math, English, and science in preparing youths for their future, said Sen. Linda Holmes (D-Aurora). "By the way, if those same children contract [an STD], they may not have a future," she said. Unintended pregnancy is not conducive to a college career, she added.

## **MASSACHUSETTS: "State Updates Sex Education Website Called Inappropriate" Associated Press (06.13.11)**

The Department of Public Health has revised and relaunched [www.Mariatalks.com](http://www.Mariatalks.com) in response to criticism that the website, which targets teens, used crude language and downplayed the risks of

abortion. Department spokesperson Julia Hurley said the changes were made after officials met with legislators and others who had expressed concern about the content. The site now suggests that teens considering abortion discuss the matter with their parents. While Massachusetts Citizens for Life praised that change, it maintains the site still contains "lewd material." AIDS Action Committee receives \$100,000 in state funding to operate the site

## **CANADA: "Parents Urged to Step Up Role in Helping Kids to Practice Sexual Abstinence" Telegraph-Journal (New Brunswick) (05.07.11):: Charlene MacKenzie**

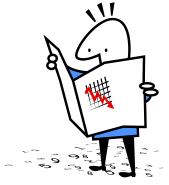
An abstinence-based sex education curriculum that has worked in several of New York's roughest urban areas may prove successful for Miramichi, in New Brunswick, according to the noted Bronx educational expert Dr. Nanci Coppola.

Coppola, executive director of Program Reach, Inc., and the Healthy Respect program offered in numerous New York schools, recently addressed New Brunswick data, the interpersonal trials teens confront, and her expertise in working through these issues with families and schools, at the Carrefour Beausoleil Center.

Coppola maintained her program is not religious, but is based on medical, scientific, and public health information. It teaches students how to "build healthy relationships, increase self-esteem, set goals, and develop the skills to set appropriate boundaries" to achieve those goals, she said. It also encourages parents to "instill their own beliefs and values" in their children.

Instruction on avoiding hazardous activities like early sexual activity, drinking, smoking, using drugs, and fighting should begin at about age nine, Coppola said. Numerous social scientists point to that age as a time when children are more receptive to their relatives and friends than outside influences, she said.

Coppola also stressed that positive interactions between fathers and daughters at that age are critical to developing self-esteem. "Daughters are



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less likely to engage in sexual behavior if their need for love and belonging is fulfilled," she said.

Coppola contended that engendering self-assurance and good judgment in avoiding risky behaviors are rooted in telling "our youth that we believe in them," concepts taught around ages 10-15. She rejected assuming that youths will have sex anyway and focusing on reducing risks. "When we think that way we are selling the kids short," said Coppola.

**UNITED STATES: "49 Percent of 12th-Grade Students Reported Being Sexually Active: Time to Have 'The Talk?'" Indianapolis Star (06.12.11):Shari Rudavsky**

Parents should begin talking about sexual health matters with their children from an early age, especially when they ask questions, experts say.

About 49 percent of 12th-graders are sexually active, according to the National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP), citing the 2009 Youth Risk Behavior Survey. However, the 2002 National Survey of Family Growth found 33 percent of female teens received no instruction about contraception before they first had sex.

"Parents should disabuse themselves of this notion that it is a one-time talk," said Bill Albert, chief program officer for NCPTUP. "It is and should be an 18-year conversation."

The conversations should be tailored to the child's age, graduating from discussions about anatomy to middle-school topics about acting respectfully toward peers, said Leslie Montgomery, director of education at Planned Parenthood of Indiana.

"If your child does come to you and asks a question, the most important thing at that point is to avoid having that shocked expression on your face, and answer in a matter-of-fact tone," Montgomery said.

Parents' influence over children's decisions about sex is greater than that of the youths' peers, Albert said. Children can accept, "Please delay

having sex; but if you do have sex, use contraception," he said.

Parents who believe teens should save sex for marriage should share and foster those values early, noting that contraception reduces - not eliminates - risks, said Valerie Huber, executive director of the National Abstinence Education Association.

"What they need to do is give their young person enough tools to be safe," said Dr. J. Dennis Fortenberry, pediatrics professor at Indiana University School of Medicine and an adolescent-medicine specialist.

"We need to treat sex as something different than drugs, alcohol, and other risk behaviors," said Dr. Margaret Blythe, adolescent-medicine specialist at Riley Hospital for Children in Indiana. "It is a part of our lives, and it should be a healthy part."

**CANADA: "Internet More Useful than Parents in Sex Education, Some Teens Report" Canadian Press (06.16.11):: Anne-Marie Tobin**

About 40 percent of teens recently surveyed rated the Internet more useful than parents for sexual health information, and nearly one-quarter ranked it above their high school sex education classes.

The teens, who were polled last year at a pediatric emergency department in southwestern Ontario, averaged 79 percent for correct answers to questions about STD prevention. On the topic of contraception, however, their answers were correct only 43 percent of the time. The 200 youths ages 14-17 surveyed came from rural and urban areas, private, public, religious, and secular schools, and all reported having completed secondary school sex education requirements.

Almost 40 percent overestimated the efficacy of male condoms for contraception when used alone, and 27 percent mistakenly linked mutual masturbation, oral sex, and anal sex to conception. Roughly 60 percent did not know Canada's legal age of consent - 16 - and only



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about 30 percent correctly identified as sexual assault all four scenarios describing such attacks.

"I think we have to be careful about what conclusions we draw," said Dr. Maya Kumar, who conducted the survey with University of Western Ontario colleagues. "At this point, all we can say is that a fairly good cross-section of Ontario students who've completed the minimum [sexual health] requirements that the Ontario government feels is necessary have shown that they have some fairly serious deficiencies in knowledge."

"Teenagers are relying on the Internet as a source of sexual information, and now we have a responsibility to make sure that the information they get is accurate and of good quality," Kumar said.

Ontario's Education Minister, Leona Dombrowsky, welcomes the research, said spokesperson Mike Feenstra.

Kumar hopes similar studies will be conducted to assess the strengths and weaknesses of sex education across Canada.

### **UNITED STATES: "iCondom App Promotes Safer Sex" MSNBC.com (08.09.11):: Rosa Golijan**

A new app helps iPhone users find nearby places where condoms are available. The app's "crowd-sourced" information includes details on store hours as well as locations where free condoms are offered. The app's developers encourage users to add more information to keep the resource current. The app is the result of a partnership between MTV's "Staying Alive" campaign and iCondom. It can be downloaded for free from the Apple App Store; visit <http://itunes.apple.com/gb/app/icondom-your-condom-dispenser/id397179684?mt=8>.

### **WASHINGTON: "Facebook Message Warns Teen About STD Infection"**

**MyFoxSpokane.com (08.18.11):: Amy Allen**  
A Spokane mother is upset about a Facebook message from the Spokane Health District to her daughter, who has been diagnosed with an STD. "She's very upset, she feels violated," said the

teen's mom. "It was really important that she contact them about something that was going on with her own health," paraphrased the woman, who worries someone may have gotten her daughter's password, read the message and guessed it involved an STD. A growing number of health departments are using social media to reach patients when traditional contact efforts are unsuccessful. "We do not come out and say, 'You've got [an STD],' " said Tacoma-Pierce County Health Director Dr. Anthony Chen. "We're very discreet about it." "Our job is to detect it and get people treated and contact people who might not know they have the disease," Chen said. "Our job is to protect the public's health and stop the spread of these diseases."

### **CANADA: "New Facebook Game by Canada's Gynecologists Teaches About Sex Education" Canadian Press (06.24.11)**

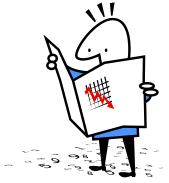
Sex Quest is an educational game designed to help Canadians learn about STDs, healthy relationships and contraception.

Though inspired by the age of chivalry, the Facebook game was designed to appeal to modern young people. Sex Quest - introduced June 24 by the Society of Obstetricians and Gynecologists of Canada - allows users to work their way through social ranks, from peasant to prince or princess, by correctly answering sex trivia questions.

"Sex Quest is a trivia game about a topic that is anything but trivial," said Dr. Amanda Black of Ottawa General Hospital. "Sex can and should be a positive experience. So should learning about healthy sexuality."

"Sexual health education in Canada is clearly not a priority," Black noted. "There is a lack of consistency in terms of content to be covered and of teaching materials available to educate tweens, teens, and young adults."

At the June annual meeting of the Canadian Pediatric Society, Dr. Maya Kumar presented findings of a survey of 200 teens in southwestern Ontario. Nearly 40 percent of teens who answered a questionnaire overestimated the efficacy of male condoms as a primary birth



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control method, while about 60 percent could not identify Canada's age of sexual consent, which is 16. Some 40 percent of youths said the Internet is more helpful in providing information about sex than parents, and nearly one-quarter ranked it higher than their high school sex education classes.

**AUSTRALIA: "Determining the Impact of Text Messaging for Sexual Health Promotion to Young People" Sexually Transmitted Diseases Vol. 38; No. 4: P. 247-252 (04..11):: Judy Gold and others**

Young people are the greatest users of new technology, including the Internet and mobile phones, and they are also at greatest risk of STIs. The current study evaluated the impact of text messaging as a vehicle to deliver sexual health promotion to youths.

Participants - individuals ages 16 to 29, who were recruited at a music festival in Melbourne in January 2008 - were asked to complete a short survey and provide their cell phone numbers. Every two weeks for four months, participants received short messaging service (SMS) texts relating to sexual health. They then completed an online follow-up survey. The data collected were weighted to account for those lost to follow-up. Changes in survey responses were compared using McNemar's test.

In all, 1,771 sexually active individuals with valid mobile phone numbers at baseline were included in the analysis. During the broadcast period, 18 percent (319) withdrew from receiving the texts. Forty percent (587) completed the follow-up survey. Of these, 80 percent found the texts entertaining; 68 percent rated them as informative; and 73 percent showed the texts to others.

"Weighted analyses found a significant increase in knowledge ( $P < 0.01$ ) and STI testing ( $P < 0.05$ ) over time in both males and females," the authors wrote. The findings indicate that the text messaging approach appears "to be a feasible, popular and effective method of sexual health promotion to young people with a relatively low withdrawal rate, positive feedback, and an observed improvement in sexual health

knowledge and STI testing."

**UNITED STATES: "Online Social Networking Technologies, HIV Knowledge, and Sexual Risk and Testing Behaviors Among Homeless Youth" AIDS and Behavior Vol. 15: P. 253-260(02..11):: Sean D. Young; Eric Rice**

The authors noted that HIV and other sexually transmitted infections "disproportionately affect homeless youth," with estimates of HIV prevalence in this population ranging from 2 percent to 11 percent, a risk two to 10 times higher than among other US adolescents. Technologies like the Internet and online social networks "may play an important role in facilitating or inhibiting sexual risk behaviors, especially among homeless youth," according to the researchers, who added that more than 96 percent of these young people access the Internet frequently. The current study assesses the associations between online social networking and sexual health behaviors among 201 homeless youth accessing services at a Los Angeles agency.

The authors used multivariate models (regression and logistic) to assess whether use of online social networking technologies (and the topics discussed therein) affected HIV knowledge, sexual risk behaviors, and STI testing.

They reported that one set of results suggests that using online social networks to seek sexual partners (versus not doing so) "is associated with increased sexual risk behaviors." The data suggest that using these networks to talk about safe sex is associated with an increased likelihood of having met a recent sex partner online, and that having online sex partners and using social networks to talk about drugs and partying "is associated with increased exchange sex."

The results also showed, however, that using social networks is associated with increased knowledge and HIV/STI prevention among these young people. Use of online social media to discuss love and safe sex was associated with increased knowledge about HIV, and with decreased exchange sex. "Merely being a



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member of an online social network is associated with increased likelihood of having previously tested for STIs," the authors reported.

"As online social network usage continues to increase, users will develop innovative and easier ways to find sex partners online. In order to prevent the spread of HIV and other STIs, it is important to understand the role that online social networking technologies play in the lives of people who face disproportionate risk," the authors concluded.

"The current findings suggest that use of online social networks can be associated with both increases and decreases in sexual risk behavior. These findings suggest that it is imperative that health care providers and organizations use online social networks for sexual health communication in order to decrease sexual risk behaviors and increase HIV/STI testing. Little research has been done in this area, making it important for researchers to begin studying how this new technology impacts sexual health."

### **MICHIGAN: "Young Activists Seek More Aid for Homeless "**

**Detroit News (07.16.11):: Holly Fournier**

The 2011 Youth Action Institute (YAI) drew 25 youth from all around the country to Detroit for a training sponsored by the Campaign to End AIDS. On July 15, participants demonstrated outside downtown Detroit's Coleman A. Young Municipal Center for additional appropriations for homeless youth.

Being homeless, says Detroit delegate Alfredo Smith, can result in risky sexual behaviors that lead to HIV infection. State records validate Smith's assertion, showing homeless students in Michigan tripled to 22,673 between 2008 and 2010, and that 5,400 Michigan residents were reportedly diagnosed as HIV-positive before turning 30.

To support the trend of new diagnoses decreasing from 1,500 in 1992 to 760 last year, Smith aims to "open conversation" in his community about sex and HIV.

Another Detroit delegate, Brandon Hughes,

laments that homelessness funding "is not increasing as the numbers of homeless youth are increasing."

Repeat YAI attendee George Montgomery turned his HIV diagnosis in 2007, his freshman year in college, into a passion for youth HIV/AIDS advocacy. Montgomery attended his first institute in 2008 as a delegate from his hometown of Charlotte, N.C. "It sparked something in me," he said. "I didn't realize how much [HIV/AIDS] tore families apart. It tears communities apart."

Participants in the institute, chosen based on submission of advocacy projects they view as essential to their communities, and receive training during the weeklong annual event to bolster those efforts. YAI organizer Christine Campbell likens the institute to a "boot camp for activists."

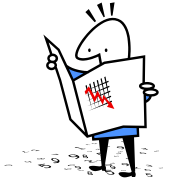
"There's not really one word to describe how amazing this feels," said Montgomery. "It's one of those awe-moments."

### **UNITED STATES: "Obese Teens Engage in Risky Behaviors Too - but in Sometimes Riskier Ways" Los Angeles Times (04.25.11):: Marissa Cevallos**

A new analysis of federal data by psychologists at the Cincinnati Children's Hospital Medical Center shows extremely obese teens are just as likely to engage in high-risk behaviors as their normal-weight peers.

Lead author Meg Zeller, an associate professor of pediatrics at the hospital, and colleagues used data from CDC's 2007 Youth Risk Behavior Survey to compare the risky behavior of 410 extremely obese teens (body-mass index in the 99th percentile) with that of normal-weight teens (body-mass index within the 5th and 84th percentiles).

Extremely obese boys and girls had similar behaviors compared to their peers in terms of alcohol and drug use or having suicidal tendencies. Obese girls were less likely to have had sex than healthy-weight girls, though they were more likely to report drug or alcohol use before having sex, the study found. Obese and



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healthy-weight boys were as likely to have had sex before age 13, have had multiple partners or have used drugs or alcohol prior to sex.

Obese girls and boys were more likely to smoke cigarettes compared to their normal-weight peers. Obese boys were more likely to have started smoking before age 13, and obese girls were more likely to have tried cigarettes, be a current smoker, and to use smokeless tobacco.

"Given what we do know about what their day-to-day life is like, extreme obesity in particular being highly stigmatized, we expected that these teens would be more socially isolated and more peripheral in a peer group, and therefore less likely to be exposed to high-risk scenarios that a typical teen is exposed to," said Zeller.

"Risk-Taking Behaviors of Adolescents with Extreme Obesity: Normative or Not?" was published in the journal *Pediatrics* (2011; doi:10.1542/peds.2010-2742).

**UNITED STATES: "Racial and Ethnic Disparities in Sexual Risk Behaviors and STDs During Young Men's Transition to Adulthood" Perspectives on Sexual & Reproductive Health Vol. 43; No. 1; doi:10.1363/4305111 (03..11):: Jacinda K. Dariotis; Frangiscos Sifakis; Joseph H. Pleck; Nan M. Astone; Freya L. Sonenstein**

The authors of the current study set out to investigate "the extent to which racial and ethnic differences in STDs among youth are related to differences in socioeconomic characteristics and risky sexual behaviors."

Using data from three waves of the National Survey of Adolescent Males (1988, 1990-91, and 1995), the researchers examined the STD history of 1,880 young men and their patterns and trajectories of sexual risk during adolescence and early adulthood. To test whether racial and ethnic differences in STDs are due to lower socioeconomic status and higher levels of risky sexual behavior among minority groups, multinomial and logistic regression analyses were conducted.

At each wave and across waves, young black men reported the highest rates of sexual risk and STDs. Compared to white men, black and Latino men had higher odds of maintaining high sexual risk and increasing sexual risk over time (odds ratios, 1.7-1.9). Multivariate analyses controlling for socioeconomic characteristics found black men more likely than white men to have a history of STDs (3.2-5.0). The disparities persisted in analyses controlling for level of risky sexual behavior.

"Race and ethnicity continue to differentiate young black and Latino men from their white peers in terms of STDs," the authors concluded. "Prevention programs that target different racial and ethnic subgroups of adolescent men and address both individual- and contextual-level factors are needed to curb STD incidence."

**UNITED STATES: "CDC Study: Gay, Bisexual Teens Do Riskier Things" Associated Press (06.06.11):: Mike Stobbe**

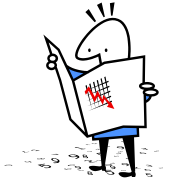
The largest federal survey of sexual orientation and risk behavior in teens shows gay and bisexual youths are more likely to engage in activities that place their health at risk - like alcohol use, sex or drug use - than their heterosexual peers.

The CDC report on results from the Youth Risk Behavior Surveillance System (2001-09) included data from large population-based samples of public school students in grades nine through 12; eligible sites were those that asked questions about sexual identity, sex of partner, or both.

The survey results, which vary by site, indicated: \*20 percent to 48 percent of sexual minority youths said they currently smoked cigarettes, compared with 8 percent to 18 percent of heterosexual students.

\*21 percent to 32 percent of bisexual students reported an attempted suicide in the previous year, compared with 15 percent to 34 percent of gay and lesbian youths, and 4 percent to 10 percent of heterosexual youths.

"Many risk behaviors are related to how people feel about themselves and the environment they're in," noted Laura Kann, of CDC's Division



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of Adolescent and School Health, who presented the findings at the first-ever Department of Education summit for gay, lesbian and bisexual youth in Washington.

The study, "Sexual Identity, Sex of Sexual Contacts, and Health Risk Behaviors Among Students in Grades 9-12 - Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009," was published as an early release in CDC's Morbidity and Mortality Weekly Report (2011;60:1-133). To view the document, visit [http://www.cdc.gov/mmwr/preview/mmwrhtml/s60e0606a1.htm?s\\_cid=ss60e0606a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/s60e0606a1.htm?s_cid=ss60e0606a1_w).

## **GLOBAL: "I Had Polio. I Also Have Sex"** **New York Times (06.19.11):: Winstone Zulu**

"I spoke at an AIDS conference not long ago, and after the talk, someone asked me how I had contracted HIV. 'Well,' I replied, 'sexually.' Staring at my crutches, which I have used since I got polio as a child, she exclaimed, 'But how?'"

"The assumption that all disabilities ... somehow also affect the ability and desire to have sex is common. ... People with disabilities are rarely exposed to sex education and are almost never considered in need of information about HIV and treatment for it.

"As a result, although people with disabilities are just as likely to be sexually active as people without, our HIV infection rate is up to three times higher. ...

"People with disabilities are often among the poorest of the poor, and can't afford health care services. But even those with access to health care often experience discrimination and loss of privacy in health centers. ... The lack of confidentiality is a big deterrent to testing and treatment.

"Worst of all, when drugs and services must be rationed, our lives are sometimes valued less than others. I have heard of cases where people with disabilities are given a lower priority for lifesaving antiretrovirals.

"Last week world leaders met at the United Nations to discuss efforts to fight HIV. Despite

pledges for universal access to prevention, treatment and care, some people - children and heterosexuals - always get more attention in these meetings than others - sex workers, drug users, gays, and lesbians and people with disabilities.

"We must no longer be overlooked because of false assumptions about our sexuality. People with disabilities can and do have sex. I know from my own experience. We need to be a part of the fight against HIV, too."

The author is an adviser to AIDS-Free World and the coordinator of Health Triangle Zambia.

## **UNITED STATES: "Boys Who Masturbate Likelier to Have Safe Sex?"** **Reuters (08.01.11)**

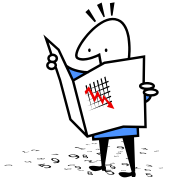
Eighty-six percent of teenage boys who reported wearing a condom in their last sexual encounter said they masturbated during the past year, as opposed to only 44 percent of boys who did not masturbate, a new study finds.

The study surveyed 820 youths ages 14 to 17 to assess masturbation prevalence, frequency, and association with partnered sexual behaviors.

The survey notes kids who masturbate reported being more sexually active. When age and partner status were factored in, sexually active boys who masturbated were approximately eight times as likely to have used a condom during their last sexual experience. No similar correlation with condom use was recognized in female subjects.

Although a correlation between masturbation and condom use is not definitive, "the association of any behavior with increased condom use deserves further investigation, given the rates of unintended pregnancies and [STDs] in adolescents," asserts the report. The almost 410,000 births to US girls ages 15 to 19 in 2009 resulted in public costs of \$9.1 billion.

Indiana University's Dr. Cynthia Robbins and colleagues noted that fewer than half of female subjects (48.1 percent) reported masturbating, unlike their male counterparts (73.8 percent).



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The researchers concluded masturbation is an important component of sexuality, yet they observed that discussing it remains taboo in the United States, even for many doctors.

"Health care providers should recognize that many teens masturbate and discuss masturbation with patients because masturbation is integral to normal sexual development," the authors concluded. Trojan condom manufacturer Church & Dwight Co. supported the research.

The study, "Prevalence, Frequency, and Associations of Masturbation with Partnered Sexual Behaviors Among US Adolescents," was published in the Archives of Pediatrics & Adolescent Medicine (2011; doi:10.1011/archpediatrics.2011.142).

### **AUSTRALIA: "Oral Sex Expected of Generation Y: Survey" The Age (Melbourne) (06.27.11):: Michelle Griffin**

Surveys of sexual health attitudes show oral sex is increasingly common among Generation Y women.

Family Planning New South Wales (FPNSW) finds half of 250 surveyed females ages 16-25 reported having sometimes been pressured to give oral sex; many said young men "expect" it. "Most people I know that have oral sex only do it because everyone else does, and if you don't, you're frigid," said one 16-year-old girl.

Overall, 82 percent said they found oral sex "enjoyable and rewarding," with the most common reason for having it that "it feels good." A quarter of the females saw oral sex as a less intimate alternative to penetrative sex, for which they said "they weren't ready." Fourteen percent said they considered oral sex safer than other acts.

Contrary to popular belief, the survey found young women do not get information from movies, TV or pornography: 48 percent reported talking to their friends about oral sex, and 32 percent learned about oral sex from magazines. The results were reported in the journal Youth Studies Australia.

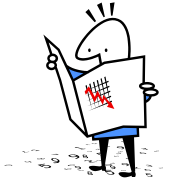
The FPNSW findings are similar to those of the national survey of high school students by La Trobe University's Australian Research Center in Sex, Health and Society. In 2008, 57 percent of respondents in that survey reported having had oral sex by their senior year.

### **UNITED STATES: "Coercive Forms of Sexual Risk and Associated Violence Perpetrated by Male Partners of Female Adolescents" Perspectives on Sexual & Reproductive Health Vol. 43; No. 1: doi:10.1363/4306011 (03..11):: Jay G. Silverman; Heather L. McCauley; Michele R. Decker; Elizabeth Miller; Elizabeth Reed; Anita Raj**

While partner violence is associated with STD infection among female adolescents, "the mechanisms underlying this association remain unclear," the authors wrote. "Sexually coercive and deceptive behaviors of male partners that increase female STD risk may be factors in this relationship."

The current study concerned 356 females ages 14-20 who attended adolescent health clinics in Greater Boston between April and December 2006. The subjects were assessed for physical and sexual violence perpetrated by male partners and for exposure to sexual risk factors. Adjusted logistic regression models were employed to study the associations between intimate partner violence and standard sexual risk behaviors (e.g., multiple partnerships) and coercive or deceptive sexual risk factors (e.g., coerced condom nonuse).

Intimate partner violence was reported by more than two-fifths of the sample. In adjusted analyses, young women reporting intimate partner violence were more likely than others to report standard sexual risk behaviors: multiple partners, anal sex, and unprotected anal sex (odds ratio, 1.7-2.2). These participants also were more likely to report coercive or deceptive sexual risk factors: partner infidelity, fear of asking that a condom be used, negative consequences of requesting condom use, and coerced nonuse of condoms (2.9-5.3).



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"The high prevalence of intimate partner violence against young women attending adolescent clinics strongly indicates the need to target this population for abuse-related interventions," the authors concluded. "This need is underlined by the observed association between partner violence and sexual risk involving coercion or deception by male partners. Clinic-based STD and pregnancy prevention efforts should include assessment of sexual risk factors that are beyond the control of young women, particularly for those experiencing abuse."

### **UNITED STATES: "More Teens Getting HPV Vaccines, but Not Enough, CDC Reports"**

**Los Angeles Times (08.26.11):: Eryn Brown**

In a new report using data from its National Immunization Survey-Teen, CDC found coverage with routine adolescent vaccines is rising, but "the increase in [human papillomavirus] coverage among adolescent females is lagging, with only one-third having received the full three-dose series."

The proportion of female teens who had received at least one dose of HPV vaccine grew from 44.3 percent to 48.7 percent from 2009 to 2010, while the proportion who had received all three doses rose from 26.7 percent to 32 percent. The survey collected information on more than 19,000 youths ages 13 to 17.

"As in previous years, coverage with =1 dose of HPV was higher among older compared with younger adolescent females," the authors wrote. "Among females with adequate time to complete the series, 30.4 percent had not done so. HPV completion rates were lower among certain populations (i.e., blacks, Hispanics and those living below poverty) known to have higher cervical cancer rates."

"Although HPV vaccination is only universally recommended for females aged nine through 26 years, 2009 [Advisory Committee on Immunization Practices] guidance states that HPV vaccination may be administered to males aged nine through 26 years. Only 1.4 percent of males aged 13 through 17 years received the vaccine in 2010," according to the report, which also detailed increased uptake of the vaccines

MenACWY (meningococcal conjugate) and Tdap (tetanus, diphtheria, acellular pertussis).

"Although adolescent vaccination is increasing, additional strategies are needed to meet 'Healthy People 2020' vaccination objectives for adolescents, particularly for HPV vaccination, because the increase in HPV coverage significantly lags behind other adolescent vaccines," the authors wrote. "A new 2012 Healthcare Effectiveness Data and Information Set measure requiring health plans to track the number of females who receive three HPV doses by age 13 years is expected to lead to increased HPV vaccination rates."

"Stronger provider recommendations for HPV vaccination, implementing reminder-recall systems, eliminating missed opportunities, and educating parents of adolescents regarding the risk for HPV infection and the benefits of vaccination, are needed to effectively protect adolescent girls against cervical cancer," the team concluded.

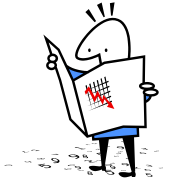
The report, "National and State Vaccination Coverage among Adolescents Aged 13 through 17 Years - United States, 2010," was published in CDC's Morbidity and Mortality Weekly Report (2011; 60(33):1117-1123).

### **UNITED STATES: "A Vaccine May Shield Boys Too" New York Times (07.19.11):: Roni Caryn Rabin**

Merck & Co. is increasing efforts to market its human papillomavirus vaccine Gardasil to boys. A new ad for the vaccine notes, "Boys can be affected by HPV disease too," and urges parents to protect "both your son and daughter."

So far, only one in four teenage girls under age 18 have completed the three-shot vaccine series, which protects against HPV strains linked to 70 percent of cervical cancers.

In late 2009, Gardasil was approved for males ages nine to 26; the vaccine's direct health benefit was reducing the risk of genital warts. But just two in 1,000 men are diagnosed with genital warts each year.



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"It seems like a lot of effort for little return," said Dr. Glen Stream, president-elect of the American Association of Family Physicians.

Recent research, however, shows that some of the strains targeted by Gardasil — HPV types 16 and 18 — are linked to anal cancer, penile cancer and head and neck cancers. Merck has submitted data to a CDC advisory panel in the hope of a national recommendation making HPV vaccination routine for males.

A Merck trial of several hundred men who have sex with men found that three years after vaccination, three of 194 (1.54 percent) who received Gardasil developed high-grade precancerous abnormalities, compared with 13 of 208 (6.25 percent) who received placebo shots. MSM will benefit more from the vaccine's protective effect, because their risk of anal cancer is higher than that of heterosexual men; women are even more likely to develop the cancer.

But singling out MSM as a campaign target is questionable. Gardasil is most effective when given prior to the start of sexual activity. Most young men do not realize they are gay "until after they've been sexually active, usually with multiple partners, and then it's much less beneficial to vaccinate them," said Dr. Debbie Saslow, director for breast and gynecological cancers at the American Cancer Society.

No clinical trials are underway to assess Gardasil's effect on oral cancers, which are strongly affected by alcohol use and smoking.

### **MICHIGAN: "Syphilis Cases Increasing in Kalamazoo County"**

**Grand Rapids Press (05.17.11):: Alex Nixon, Kalamazoo Gazette**

Though the number of syphilis cases in Kalamazoo County remains small, officials there documented a 700 percent increase in the STD between 2007 and 2010. "Between 2001 and 2007, there were an average of 0.6 cases reported per year in Kalamazoo County," health department officials said in an April report. "Since 2008, the number of cases reported has increased each year, to a high of seven cases in

2010." Several other counties with urban centers - including Wayne, Oakland, Genesee, Ingham, Saginaw, and Kent - also are seeing more cases, said Linda Vail Buzas, director of the Kalamazoo County Health and Community Services Department. She said the state is working to quell the increase by screening high-risk groups, including people with multiple sex partners and men who have sex with men. A rise in syphilis also is seen at the state level. The Michigan Department of Community Health says cases have more than doubled, from 105 in 2005 to 224 in 2009.

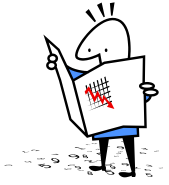
### **UNITED STATES: "Hepatitis C Infections Rise Among Young" Boston Globe (05.06.11):: Chelsea Conaboy**

Massachusetts is experiencing a rise in hepatitis C virus (HCV) infections among young people that state Epidemiologist Dr. Alfred DeMaria said "we never expected to see".

Department of Public Health data published Thursday by CDC show the rate of HCV in state residents ages 15-24 nearly doubled between 2002 and 2009, from 5 percent of new diagnoses (413 cases) to 11 percent (931 cases). During 2007 to 2009, 72 percent of HCV cases among young people were linked to current or past intravenous drug use. Young IDUs are less educated about HCV transmission risks, such as sharing drug equipment or needles, said DeMaria and colleagues.

HCV among young people was reported in cities, suburbs, and small towns throughout the state. Of these patients, 78 percent were white, 3 percent were black, and 2 percent were Asian.

An upward trend in Boston, however, is less consistent, said Dr. Anita Barry, director of the Boston Public Health Commission Infectious Disease Bureau. The number of HCV cases among Boston residents ages 15-24 has fluctuated since 2004, exceeding 100 in both 2007 and 2010 but totaling roughly half that in 2009. The exceptions are South Boston and Charlestown, communities that are seeing high rates of HCV among young people, she noted. "I think we have to wait and see what we have in 2011," said Barry.



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Some of the increase may be due to enhanced surveillance. But HCV symptoms can take years to manifest, meaning this could be just the start. Another concern is whether the rise in HCV among youths could foreshadow a similar rise in HIV in this population, though none has been detected through testing efforts. The study found that younger IDUs are more likely to use drugs with people they trust, which means they could be less careful about transmission risks.

The state has only four needle-exchange programs, and persons under 18 cannot buy syringes in pharmacies, noted Dr. Arthur Kim, an infectious-disease specialist at Massachusetts General Hospital.

The report, "Hepatitis C Virus Among Adolescents and Young Adults - Massachusetts, 2002-2009," was published in CDC's Morbidity and Mortality Weekly Report (2011;60(17):537-541).

### **MICHIGAN: "Needle Exchange Survives, Receives Credit for Slowing Spread of HIV" Grand Rapids Press (06.03.11):: Ted Roelofs**

In 1997, approximately one-fourth of those with HIV/AIDS in Kent County had contracted it from injection drug use (IDU). John Logie, then mayor of Grand Rapids, proposed a needle-exchange program, which opened as Clean Works in 2000.

Now celebrating its 10th anniversary, Clean Works boasts successful results: Infections through IDU are down to 5 percent of cases.

Twenty-five years ago, Kent County Deputy Medical Director Richard Tooker proposed distributing condoms and sterile needles to combat AIDS. He was rebuked by the county health board chair as being "very much in error." Harry Dolan, then Grand Rapids police chief, opposed the program's perceived threat to neighborhoods and its potential conflict with state drug regulations. Tooker left the position a year later.

"It wasn't that I was so brave and so bold," Logie said of his later effort. "But I had a deep belief in the citizens of Grand Rapids." Residents

volunteered in droves to analyze the proposal, and Dolan did not block the program's opening.

Clean Works tests for HIV and hepatitis C, and it distributes condoms and other safe sex devices, in addition to educational material on HIV and STDs. "We are talking about practical strategies that actually work," said Steve Aslum, the program's only employee.

Clean Works is funded by grants from diverse organizations such as the Steelcase Foundation, Mars Hill Bible Church, and the Michigan AIDS Coalition in addition to the Dick and Betsy DeVos Foundation, which is known for having conservative and traditional values.

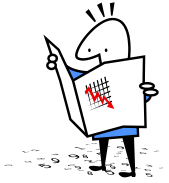
Tami Vandenberg - chair of the Grand Rapids Red Project, which oversees Clean Works - said the program helps decrease the transmission of HIV from drug injectors to the general population. "Really, it works for all of us," said Vandenberg.

### **UNITED STATES: "School-Based Health Center Access, Reproductive Health Care, and Contraceptive Use Among Sexually Experienced High School Students" Journal of Adolescent Health Vol. 48; No. 6: P. 562-565 (06..11):: Kathleen A. Ethier, PhD; Patricia J. Dittus, PhD; Christine J. DeRosa, PhD; Emily Q. Chung, MPH, CHES; Esteban Martinez; Peter R. Kerndt, MD, MPH**

"The current analyses compared receipt of reproductive health care, contraceptive use, and screening for sexually transmitted diseases (STD) among adolescents who are sexually experienced, with or without access to a school clinic," the authors wrote.

Twelve urban high schools in California were selected from areas with high teen pregnancy and STD rates to participate in an intervention designed to improve adolescents' sexual health; half the selected sites had a school-based health center (SBHC). Of participating students, 44 percent reported having ever had intercourse and were included in these analyses.

"Access to an SBHC did not influence receipt of reproductive health care for either males or female and did not influence contraceptive use,



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either hormonal or condoms, for males," the authors wrote. However, females with access to an SBHC had increased odds of having received pregnancy or disease prevention care (adjusted odds ratio=1.45, 95 percent confidence interval=1.16-1.80), having used hormonal contraceptives at last sex (AOR=1.68, 95 percent CI=1.24-2.28), and were more likely to have ever had an STD screening (AOR=1.85, 95 percent CI=1.43-2.40). In addition, among females, those with access to an SBHC were more likely to have used emergency contraception at last sex (AOR=2.1, 95 percent CI=1.08-4.22).

"Although access to an on-site clinic does not seem to lead to increases in all types of reproductive care in the population as a whole, sexually active females are more likely to have received more specific care and to have used hormonal contraceptives if their school has an SBHC," the authors concluded.