



SPRING 2019 | VOL. 6

Global Health In Action Newsletter

WHAT'S SEX GOT TO DO WITH IT?

*More great reads
inside this issue:*

HIV/AIDS
PROBLEM TREE...
PG 14

MERCER UNIVERSITY

GHIA Spring 2019 Editorial

WHAT'S SEX GOT TO DO WITH IT?

Often there's a disconnect between our outreach efforts and the underlying causes of the blight we are so eager to fix. The GHIA team posits that in order to understand the local climate, the entire university should be consistently exposed to Macon's attitudes and behaviors toward the most fundamental aspect of life -- health. Our newsletter is the basis for better informing our community, and therefore our outreach as well. **Local is Global.**

In this edition, we highlight **sex** as both a commodity and as a social phenomenon in Macon, Georgia. Our goal with this publication is to begin to unravel the shroud of mystery surrounding connections between issues such as the monopolization of medication, stigmatization, and transactional sex and the STD and HIV epidemics plaguing our community. Local voices are given a discussion platform within these virtual pages. STDs and other diseases are highlighted and discussed in the framework of their relevance to our community.

Also highlighted is the important work of our faculty advisor, Dr. Chinekwu Obidoa, in exposing HIV as a continually threatening epidemic despite often being placed on the backburner. As a Georgia-based activist, she is currently creating a regional forum for expert discussion on HIV.

In addition to the great articles, take a few moments to reflect on the artwork, especially, and the messages that each piece conveys.


Stay tuned for a special edition of the International and Global Studies Newsletter in April that will highlight senior accomplishments, fellowships and scholarships, and upcoming events.

I am so excited to be able to share our work with you!

Moriah Roycroft,
Chief Editor



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Did you Know?

Dr. Obidoa

22.3 million

cases of Chlamydia, Gonorrhea & Syphilis were reported to the CDC in 2017. This is more than 200,000 more cases than 2016.

Centers for Disease Control & Prevention

Herpes

About 1 in 8 people aged 14-49 have genital herpes. 90% don't know they have it!

National Center for Health Statistics

Syphilis

Georgia ranks 5th in the nation
13.2 per 100,000

Centers for Disease Control & Prevention

STI's

1 in 2 sexually active people will contract an STI by age 25.

American Sexual Health Association

Teen Pregnancy

Bibb County has the highest pregnancy rate for 10-14 year olds in the state of Georgia

1.8 per 1,000

Oasis, Georgia Department of Public Health

HIV/AIDS

Georgia ranks 2nd in rate of HIV/AIDS diagnosis in the nation with a HIV rate of 24.9 per 100,000.

Center for Disease Control & Prevention

Chlamydia

Georgia ranks 5th in the nation
614.6 per 100,000

Centers for Disease Control & Prevention

HPV

80% of sexually active people will have a HPV infection in their lifetime.

American Sexual Health Association



TIME TO GET BOLD:

Telling the Truth About Sex

Cameron Dawkins

Do you know if you have an STD? If you did, would you tell your partner? “People are afraid of having a disease [and] afraid to go to the doctor. They’re gonna keep it a secret,” explained Robin Spaulding, a nineteen-year-old Macon Resident. According to the Centers for Disease Control and Prevention, sexually transmitted infection rates are skyrocketing in our country. In the past few years Congenital Syphilis cases have increased by 154% and Gonorrhea cases have increased by 67%. The same is happening with cases in Georgia, and especially in the Macon-Bibb County area. In 2016, Bibb County ranked 2nd for newly diagnosed cases of Chlamydia and 3rd for Gonorrhea. Thinking about these trends makes many people’s skin crawl, but how do our actions affect these frightening rates? And what is behind this trend?

Macon youth have very interesting perspectives on this subject. STIs are more likely to be transmitted when you don’t use protection, but young adults often choose to not use contraceptives like condoms and dental dams because they reduce pleasure. However, it is important to weigh the possible harms when considering unprotected sex. Zykeria Worthen, another young Maconite, reminds us that “anything could happen.”

Another issue is lack of communication between partners. Twenty-two-year-old Macon resident Andre James noted the importance of speaking openly about sex with your partners: “Be upfront with someone that you’re sleeping with and protect yourself when you do sleep with them.” He acknowledged a fact that many

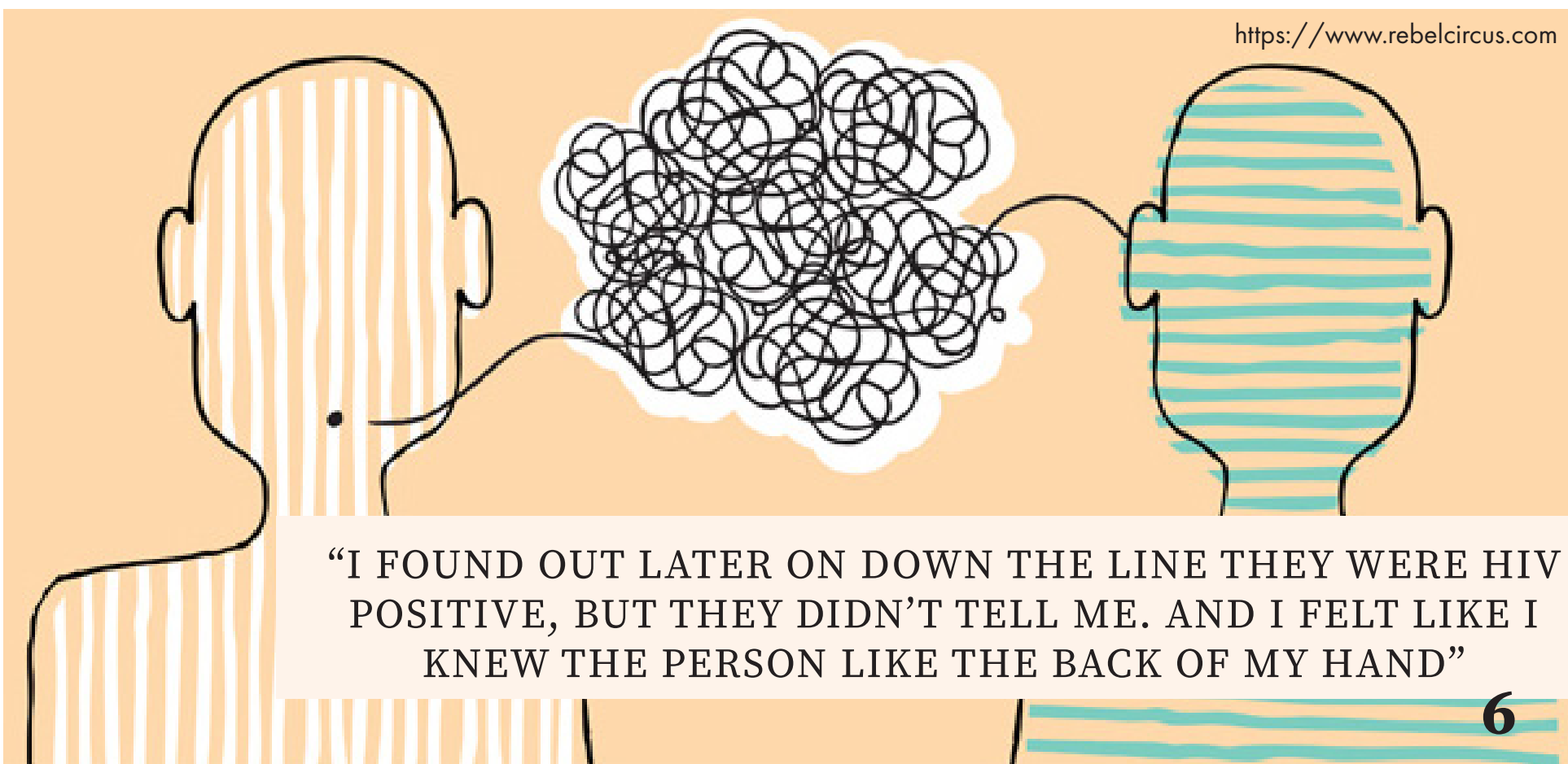
acknowledged a fact that many tend to ignore: “Even if you feel like you know a person, they could be keeping something from you.” There is never a guarantee that your sexual partners will tell you the truth about their sexual history--or even know if they have an STI themselves. Before engaging in sex, you have to protect yourself and your best interests. He goes on to share about a partner he appreciates not having sex with: “I found out later on down the line they were HIV positive, but they didn’t tell me. And I felt like I knew the person like the back of my hand.” It is also important to remember that knowingly spreading an STI is not only shady, but illegal.

Macon resident, Malik Randall, addressed what is a commonly feared conversation, “If you do have something, you should explain it to your partner.” Just as you wouldn’t want your partners to knowingly give you an STI,

it is important to know your status and be truthful with your partners. STIs don’t show symptoms in many men, so a lack of physical symptoms doesn’t necessarily mean a man doesn’t have one. The only way to be sure is to get tested and treated (if need be). A good rule of thumb is to get tested every three months or every time you have sex with a new partner.

Education or lack thereof is a major key to the spread of STIs. Camille Watson, a local health educator, emphasizes the importance of awareness in her work. Teaching younger teenagers about the signs and symptoms of STIs and how to protect themselves are crucial. Until Fall of 2017, Bibb County’s Schools sex education was not a comprehensive curriculum. But why? Most advocates for abstinence sex education believe that teaching teenagers about sex would make them more sexually risky.

<https://www.rebelcircus.com>



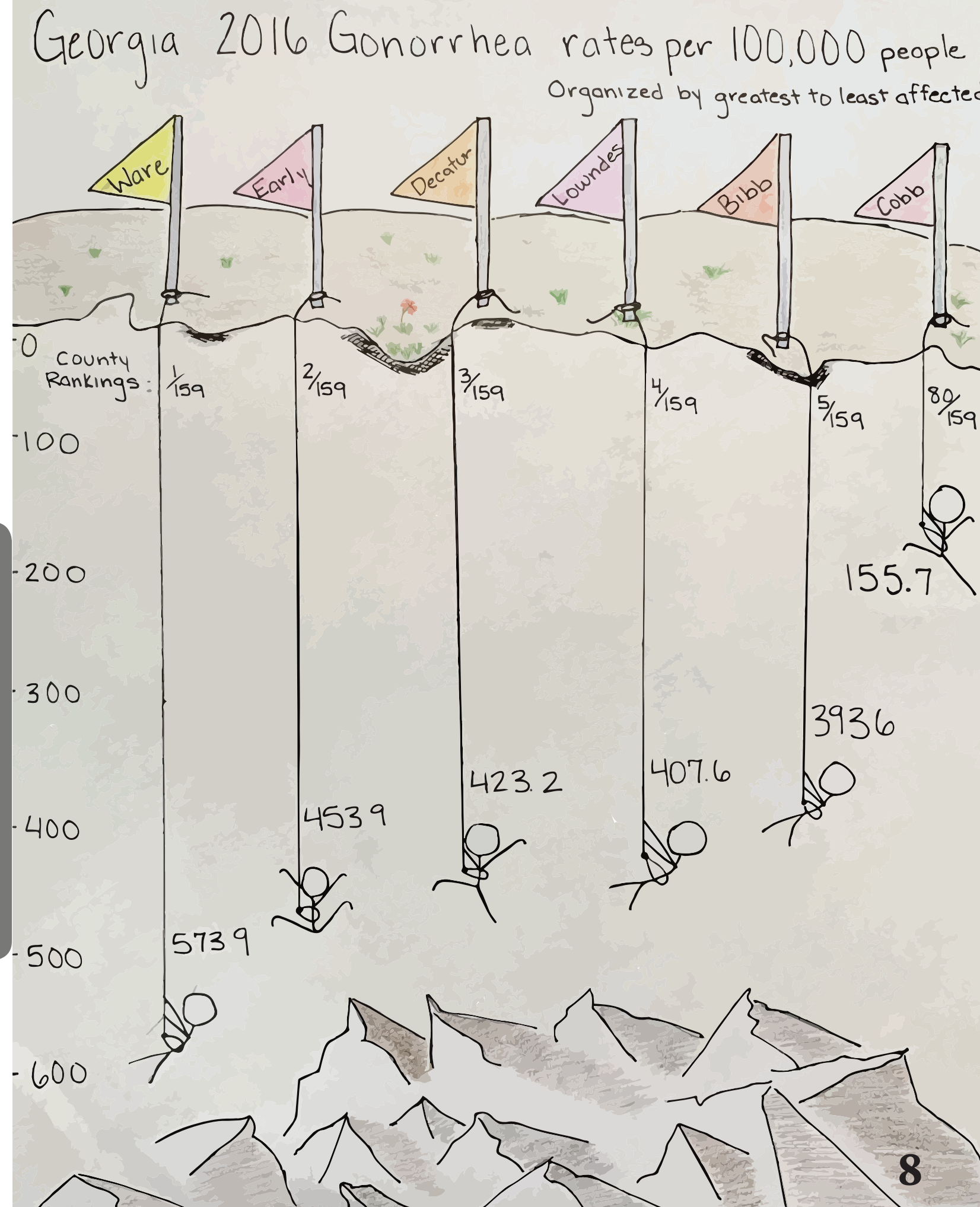
"[We have to] provide them with the tools and education," she stated. By learning about sex at a young age, teens and young adults are informed on how to protect themselves before entering the bedroom. Dr. Henderson, a doctor at Mercer's Sports Medicine suggests starting sex education at middle school or younger. "People get into sexual encounters in their middle school and high school years. If all they've been taught is 'don't have sex and you won't get an STD,' you're not well prepared. You're not well versed on the risks of that" he said thoughtfully. Comprehensive sex education includes transmission of STIs, signs/symptoms of an STI, getting tested, contraception, pregnancy, sexual orientation, consent, relationships, and sexual readiness.

Supplying Macon youth with these tools would be a big step. Lacking sex education would help explain the scary STI and HIV rates in our county. It is hoped that the new Family Life and Sexual Health (FLASH) curriculum will help increase student's knowledgeability about sex. Grady County, for example has lesson plans tailored for students from the 4th to the 12th grade. The lessons teach material like puberty and STDs in age appropriate ways. According to Ms. Watson, in order to create a tangible difference in sexual health, **"We're going to have to get bold!"**

Sexual Health Tips!

1. Use contraception! The risks outweigh the benefits! Where abstaining from sex is the only way to be certain of not contracting an STI, condoms and dental dams are important protection. Free contraceptives and testing can be located at the Macon-Bibb County Health department Teen Health Center for anyone 19 or younger. Mercer Students can also receive free contraceptives at the Student Health Center.
2. If you're sexually active, get tested regularly(i.e. at least once a year). This is especially important when engaging with new partners.
3. Read up on the different STDs by going to <https://www.cdc.gov/std/default.htm>.

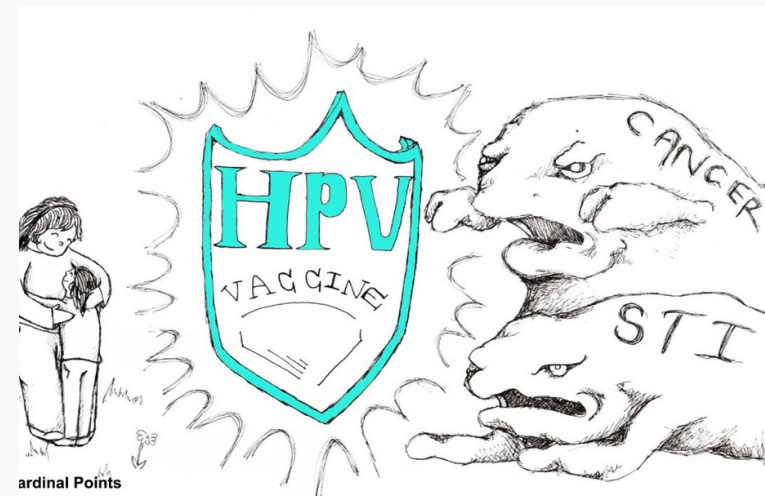
Knowledge is power!



GLOBAL HEALTH NEWS

A COMMENTARY ON REAL, CURRENT, GLOBAL HEALTH ISSUES BROUGHT TO YOU BY MORIAH ROYCROFT

CANCER, SEX, AND VACCINES



You’ve probably heard of Human Papillomavirus (HPV). You might have even gotten the vaccine when you were a pre-teen. Or, if you were part of a more skeptical community, you might have been exposed to a seemingly endless list of concerns regarding the dangers of the HPV vaccine.

You might not know, however, that HPV is the most common STI in the United States. In fact, an estimated 42% of American adults are infected with it at this very minute, according to the National Center for Health Statistics. This number is expected to rise, making this issue significant in the world of global health. The CDC predicts that middle-

aged women, specifically, will see a 62% rise in the disease, leading to a **143% rise in mortality by 2024.**

But what really is HPV? HPV is passed through sexual interaction. Just like with any other STI, the risk of infection increases with the number of sexual partners. By taking precautions when you do engage in sexual activity, you can greatly reduce your chances of contracting it. You can have HPV for years without any symptoms, so even if you test positive for HPV this does not mean that it was acquired recently.

Genital warts are the most common symptom of HPV. Fortunately, many strains of this virus are cleared up by your immune system within a matter of weeks. The most dangerous effect of HPV, though, is the risk of developing cervical cancer.

Only some strains of HPV are actually dangerous to your health, and you may contract the virus several times before cancer would even begin to be a possibility -- or the first time may be fatal. Statistically, one out of five people currently infected have the cancer-causing strain.

“During 2013–2014, prevalence of high-risk genital HPV for adults aged 18–59 was 45.2 percent and 25.1 percent in men,” according to the CDC. Those stats don’t lie. HPV may be thought of as a virus that mainly affects women, but that rates of HPV-related cancers are on the rise among men as well.

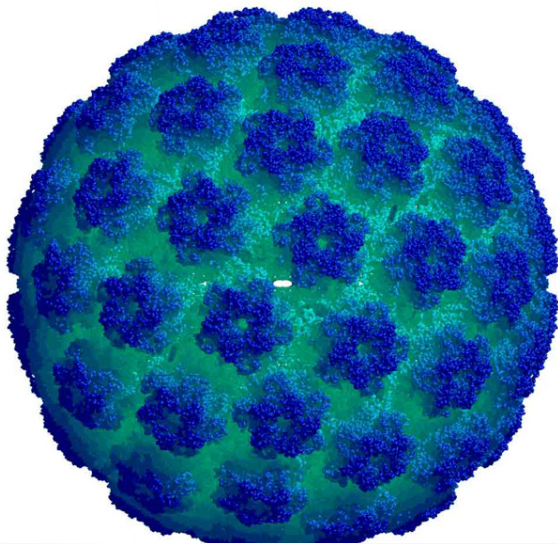
Some parents are worried about vaccine ingredients, one being aluminum. There is, in fact, aluminum in the HPV vaccine, but it’s considered a substantially low amount -- to the point where it aligns more with the colloquial definition of a “trace.” The fact that aluminum-containing vaccines have been used for decades and in more than 1 billion people with relatively little impact should prove that this is little reason for concern. In fact, we come in contact with aluminum every day outside of the world of medicine. It’s in foods we eat, water, and even breast milk. Every single day, babies, children, and adults

come into contact with more aluminum than what’s found in the vaccine.

Another popular rumor is that the vaccine could cause fertility problems (difficulty in conceiving and/or delivering children). However, research has not found any correlation between HPV vaccines and fertility problems. In fact, by preventing cervical cancer preemptively, the vaccine can help protect women from the proven fertility issues linked to cervical cancer treatment. Other concerns include complex regional pain syndrome (CRPS) and postural orthostatic tachycardia syndrome (POTS), neither of which have been found to be statistically related to the vaccination.

For those who did not get vaccinated early in their pre-teen years, or who did not complete the series, the recommendation is that **males and females between the ages of 13-26** be vaccinated. Even though men are incapable of obtaining cervical cancer, many do have sex with female partners who may be put at risk unnecessarily.

Almost every single sexually-active person will contract HPV during their lifetime. Clearly, this is a major threat to our health and wellbeing.



FOOD INSECURITY AND SEX: YES, THERE'S A CONNECTION!

Suzanna Arul

Last year, the Kroger located on Pio Nono Avenue closed its doors. For many in the local community, this meant losing the only store within walking distance that sold fresh meats, produce, and other nutritional foods. [Over 100 households](#) surrounding the Kroger store are considered "low income and low access," meaning that these families do not have vehicles and are more than ½ mile away from a supermarket. The closure of this Kroger has only increased that gap, making it incredibly hard for surrounding low income families to access fresh fruits, veggies and meats. This isn't an uncommon occurrence, though. Bibb county has had an ongoing food desert crisis, contributing to the county's overall food insecurity. About 23% of the county is food insecure, meaning they lack consistent access to enough food for an active, healthy life.



It's a clear problem, but what does food insecurity have to do with sex?

In recent years, numerous studies around the globe have found links between food insecure areas and sexually transmitted disease (STD) rates, especially HIV/AIDS. [A study](#) conducted on HIV-infected individuals in San Francisco found that food insecurity was in fact associated with unprotected sexual activity and multiple sex partners. Food insecure individuals had twice the odds of engaging in unprotected sex. The study stated that "HIV and food insecurity are hypothesized to be linked in a cycle where the presence of one condition predisposes and contributes to worsening severity of the other condition."

In many cases, sexual exploitation driven by hunger is the culprit behind STD spikes in food insecure areas. This concept is known as "transactional sex." [Transactional sex](#) is a non-commercial, non-marital sexual relationship motivated by the implicit assumption that sex will be exchanged for material benefit or status. When a relationship like this is unprotected and includes multiple partners, STD rates are bound to go up. Initially, one may equate this concept to prostitution, but transactional sex is far from this. While prostitution is often predetermined (with a set price and time for the arrangement), transactional sex is usually framed as a relationship/partnership and is exchanged for food, rent, cell phone bill, or other goods. Although it is not always the case,

photo by: Macon Telegraph



often times these basic needs are the motivation behind the sexual relationship.

Parallel to the food insecurity crisis, Macon suffers from one of the [highest rates](#) of STDs in the state. Georgia as a whole has a steep rate of STDs, but Macon alone ranks 3rd highest in the entire state. There have been reports studying the link between STD rates and food insecurity in [Canada](#), San Francisco, and

numerous countries in Africa all pointing towards transactional sex as the root cause, yet no studies have examined this link in the state of Georgia. In fact, there is no data on transactional sex in Georgia at all. However, Global Health professor Dr. Obidoo recently performed a study examining the sexual risk behaviors in Macon's emerging adults (between 21-25 years of age), where she briefly explored the topic of transactional

sex. She found that of her study participants, 16.7% had received money, favor, or a gift in exchange for sexual favors and 6.3% had offered these goods in exchange for a sexual favor. She also found a statistically significant relationship between transacted sex and community disadvantage in zip code areas that include where the Pio Nono Kroger used to be. People who have reported that they have transacted sex are more likely to

live in a neighborhood with high disadvantage. Considering the statistics in the community, it's clear that food insecurity must be a driving force for this relationship.

This condition affects the vulnerable youth especially. The Urban Institute and Feeding America released a [report](#) last year describing the risk of sexual exploitation in hungry teens. The institute hosted a multitude of focus groups in 10 communities across the US, and in all 10 communities, teens admitted to knowing girls who “sold their bodies for money.” The report stated that “the toxic combination of peer pressures, social media, and coercive sexual environments may make hungry teens in a wide variety of communities vulnerable to sexual exploitation when their options are limited.”

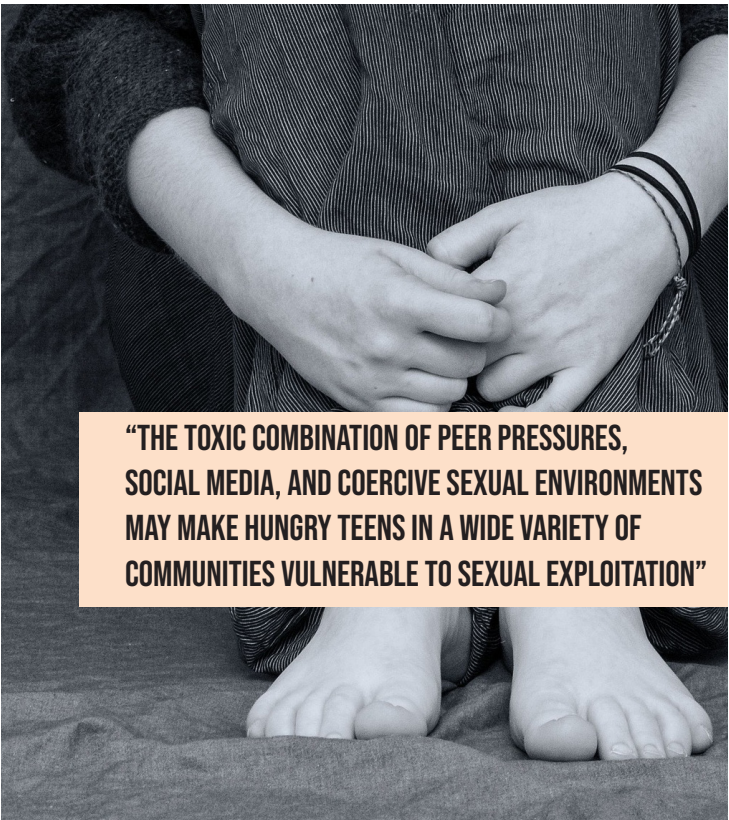
“Survival sex” is a similar term used to describe this issue, especially in youth populations. Survival sex, like transactional sex, is not just a simple financial transaction. Simply exchanging one’s body for basic subsistence needs is classified as survival sex. Traffick Jam, a Mercer University organization that seeks to educate and protect youth from sex trafficking, surveyed Bibb County 9th graders and found that 1 in 9 know someone who has participated in sex in exchange for money. A 2013 [report](#) by The Covenant House concluded that although survival sex is different from sex trafficking, the former usually leads to the latter. The report found that “what started initially as survival sex frequently turned into coercive and violent trafficking experiences.”

Considering the food insecurity and STD rates in Bibb County and reports by Feeding America and Traffick Jam, hungry, vulnerable populations in our community have probably participated in unprotected, transaction sex to make ends meet. It’s a painful thought to bear, knowing that hungry kids in our own community are

forced into this risky, and emotionally traumatizing, lifestyle in order to make ends meet. Are the children in the 100 households surrounding the vacant Kroger lot hungry right now? There is a need for additional research on this issue in the state of Georgia. Based off of Dr. Obidoa’s research and its connection to studies done elsewhere, there’s clearly something going on deeper in Macon. Why haven’t we sought to identify transactional sex and survival sex in Macon--or even the state of Georgia?

How can we fight this dilemma? What can be done?

The most important thing to do is first address the food crisis in this area. In early February, the empty Kroger lot finally went up for [rent/sale](#). Hopefully, a new store will take its place and provide the community with access to fresh meats, produce, and other essential foods. Until then, we must support and encourage local farmers market such as the [Mulberry Market](#) at Tattnall Square Park. The market is open every Wednesday from 3:30-6 PM.



“THE TOXIC COMBINATION OF PEER PRESSURES, SOCIAL MEDIA, AND COERCIVE SEXUAL ENVIRONMENTS MAY MAKE HUNGRY TEENS IN A WIDE VARIETY OF COMMUNITIES VULNERABLE TO SEXUAL EXPLOITATION”



image from: Gateway Macon

Tammy Kennedy, founder of [Kings Treasure Box Ministries](#) (an organization that provides resources for abuse victims), argues that it goes deeper than just providing access. Getting involved in the community and educating each other on these issues is crucial. “This is more than a monetary issue,” Ms. Kennedy said, “people helping other people heal and know how valuable they are” is what we need to do. She stressed the importance of raising the esteem of kids in the community in order to break this cycle, especially in low income communities. “I was sexually abused from when I was toddler to 16—and my mother knew. I was in and out of psych hospitals, but in poorer communities they don’t go to psychiatrists. Everything is hush-hush.” Kennedy concluded by stressing the importance of conversation while volunteering as well. It’s important to make sure food pantries are stocked up, but “people’s hearts also need help.” Get to know the people you serve. Empower the kids in our community. “If the youth do not see value in themselves, they don’t require people to treat them as valuable.” Believe in the youth in and they, in turn, will believe in themselves.

Orphans
Dysfunctional Families

Discrimination
Bias

Disabilities
Death

Poor Mental Health

Strained Communities
Poverty

HIV/AIDS Problem Tree

Poverty
Poor Health Care
Unemployment

Poor Education
Lack of Knowledge

Violence
Trauma

Stigma
Oppression

Food Insecurity
Neglect

THE DALLAS BUYERS CLUB

Suzanna Arul

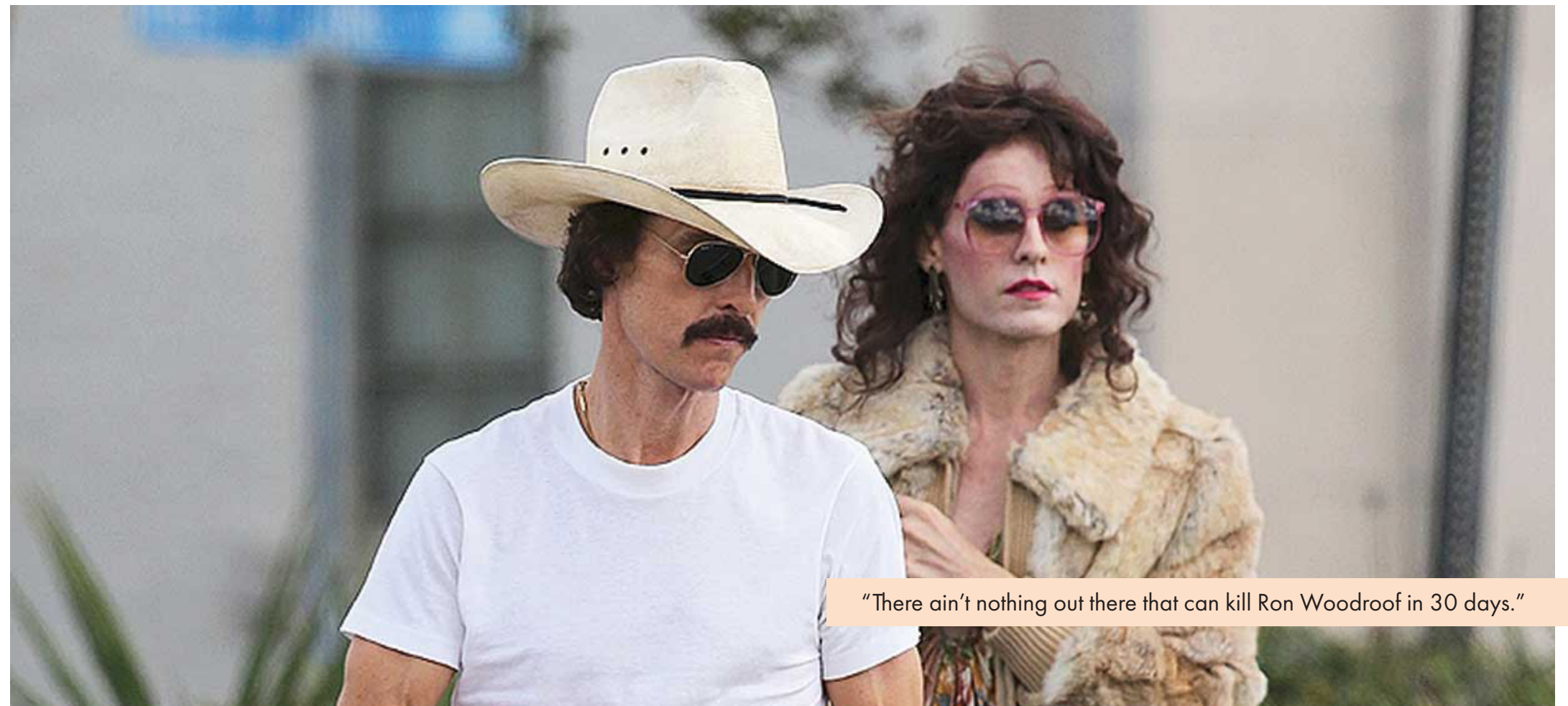
What would you do if you were told you have a month to live? The Dallas Buyers club is a film that follows the (semi) true story of Ron Woodroof, a homophobic electrician and bull rider in the 1980s diagnosed with AIDS, and his fight to hang on to his life. In this fight, Ron smuggles drugs lacking FDA approval into the US as an experimental treatment on himself and others who were willing to pay him. This was the start of the “Dallas Buyers Club.”

Cinematically, the film is remarkable. The use of symbolism, color and lighting paired with its gripping script and notable actors makes for a captivating story. But, in effort to make the film more “Hollywood,” the historical accuracy of the tale suffered. While some of these historical fallacies are intentionally used to drive a point, others were useless and merely fabricated to appeal to the Hollywood eye.



Ron Woodroof was in fact a real electrician who used experimental methods to treat the symptoms of his disorder, but he never was a bull rider. According to screenwriters Craig Borten and Melisa Wallack, the bull was actually a metaphor for Woodroof’s struggle with the disease. He first contracts the disease under a corner of the bullpen having a threesome with 2 women, one of which has multiple marks on her, suggesting she is an intravenous drug user. The real Ron Woodroof did not make any claims as to whether this is how he thought he contracted the disease, but his lifestyle was on par with the character’s lifestyle, meaning that there’s a chance a threesome really could have been the mode of transmission.

Another arguable key element of Woodroof that may not line up with his character portrayal was his homophobia. Although Melisa Wallack argued that the real Ron was incredibly homophobic and eased up after contracting the disease, many of his close friends argued that he



“There ain’t nothing out there that can kill Ron Woodroof in 30 days.”

bisexual. Ron's homophobia in the film is a crucial factor to his character development. Most people, when diagnosed with HIV/AIDS would be immediately devastated, or perhaps shocked. But when Ron received his diagnosis, he seems to be offended. When the doctor asks him if he has used intravenous drugs or engaged in homosexual activity, Ron hastily cuts him off and says, "Homo? Homo? That's what you said, right? You gotta be kidding me."

If the real Ron wasn't homophobic, perhaps this addition to his character was included to represent the raging homophobia in the 80's due to

the HIV/AIDS epidemic. Because homophobia was embedded into mainstream US culture, HIV was labelled as the "gay" disease and those affected were often ostracized even more, just like Ron was in the film. His friends abandoned him and attacked him with gay slurs after his diagnosis.

Although the script seems to have pushed a Hollywood version of the history, it still gets the main message across and still remembers the early days of the epidemic. The biggest take-home of this film was the importance of listening to and empathizing with patients. Ron went to extreme lengths to preach that the drug AZT was toxic, and it turned

out that the dosage that doctors at the time were delivering were at levels too high. The government and pharmaceutical industries were so caught up in procedure and shutting down Ron that they lacked compassion and understanding as to WHY patients were so desperate. The film effectively pulls emotion and understanding from audiences that may never have thought about the struggles of HIV/AIDS patients or the LGBTQ community, and for that I applaud it.

Out of a poll of 100 random Mercer students.....

86
YES

V.S.

14
NO

"Trans and non-binary kids exist and *they deserve to feel comfortable in their environment.*"

"Living with two sisters, I know what living with women is like: **INCOMPATIBLE AT ITS CORE.**"

"Less potential for roommate conflict."

"As long as you couldn't be randomly assigned."

"Everyone should be included **regardless of lifestyle choices.**"

"If done properly, *it can solve overcrowding.*"

"I support LGBTQ+ as an ally and I believe *they should be able to live with who they identify with.*"

**SHOULD
MERCER HAVE
GENDER
NEUTRAL
HOUSING?**

"**Personal safety issues.**"

"Nice concept, *DON'T THINK IT WILL WORK IN PRACTICE.*"

"Genders should be separated in housing."

"Safety first!"

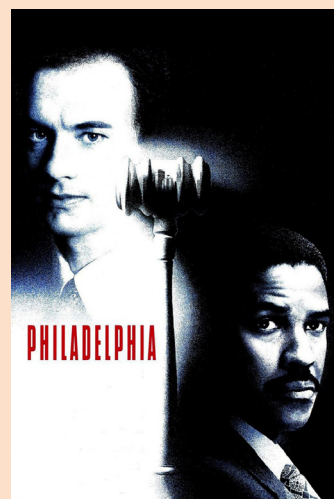
"Because it may be more possible for people to be tempted to sexually harass who they're living with."

OTHER GREAT GLOBAL HEALTH FILMS



Hotel Rwanda

The real story about Paul Rusesabagina, a hotel manager who sheltered over a thousand Tutsi refugees from Hutu attacks during the 1994 Rwandan Genocide.



Philadelphia

Tom Hanks plays an HIV positive man is fired by his law firm because of his condition, so he recruits a homophobic small time lawyer to represent him in his attempt to sue the firm.



Contagion

Contagion follows the spread of a fatal disease from the start of the disease formation to the eventual finding and dismantling of the cure through the lenses of different people across the world.

TEST YOUR
HIV KNOWLEDGE

TRUE OR FALSE?

	T	F
1. Coughing and sneezing DO NOT spread HIV.	<input type="checkbox"/>	<input type="checkbox"/>
2. A person can get HIV by sharing a glass of water with someone who has HIV.	<input type="checkbox"/>	<input type="checkbox"/>
3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.	<input type="checkbox"/>	<input type="checkbox"/>
4. A woman can get HIV if she has anal sex with a man	<input type="checkbox"/>	<input type="checkbox"/>
5. Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>
6. All pregnant women infected with HIV will have babies born with AIDS	<input type="checkbox"/>	<input type="checkbox"/>
7. People who have been infected with HIV quickly show serious signs of being infected.	<input type="checkbox"/>	<input type="checkbox"/>
8. There is a vaccine that can stop adults from getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>
9. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	<input type="checkbox"/>	<input type="checkbox"/>

TEST YOUR
HIV KNOWLEDGE

	T	F
10. A woman cannot get HIV if she has sex during her period.	<input type="checkbox"/>	<input type="checkbox"/>
11. There is a female condom that can help decrease a woman's chance of getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>
12. A natural skin condom works better against HIV than does a latex condom.	<input type="checkbox"/>	<input type="checkbox"/>
13. A person will NOT get HIV if she or he is taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>
14. Having sex with more than one partner can increase a person's chance of being infected with HIV.	<input type="checkbox"/>	<input type="checkbox"/>
15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.	<input type="checkbox"/>	<input type="checkbox"/>
16. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	<input type="checkbox"/>	<input type="checkbox"/>
17. A person can get HIV from oral sex.	<input type="checkbox"/>	<input type="checkbox"/>
18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>

Interested in learning more?

Check out these links!

<http://www.aidsmap.com/factsheets>

<https://www.avert.org/hiv-transmission-prevention/myths>

ANSWERS ON LAST PAGE

Questionnaire by Carey, M. P., &
Schroder, K. E. E., 2002

WHERE DO WE GO FROM HERE?

FACULTY INTERVIEW: DR. CHINEKWU OBIDOA
BY SHREYA KANUKUNTA

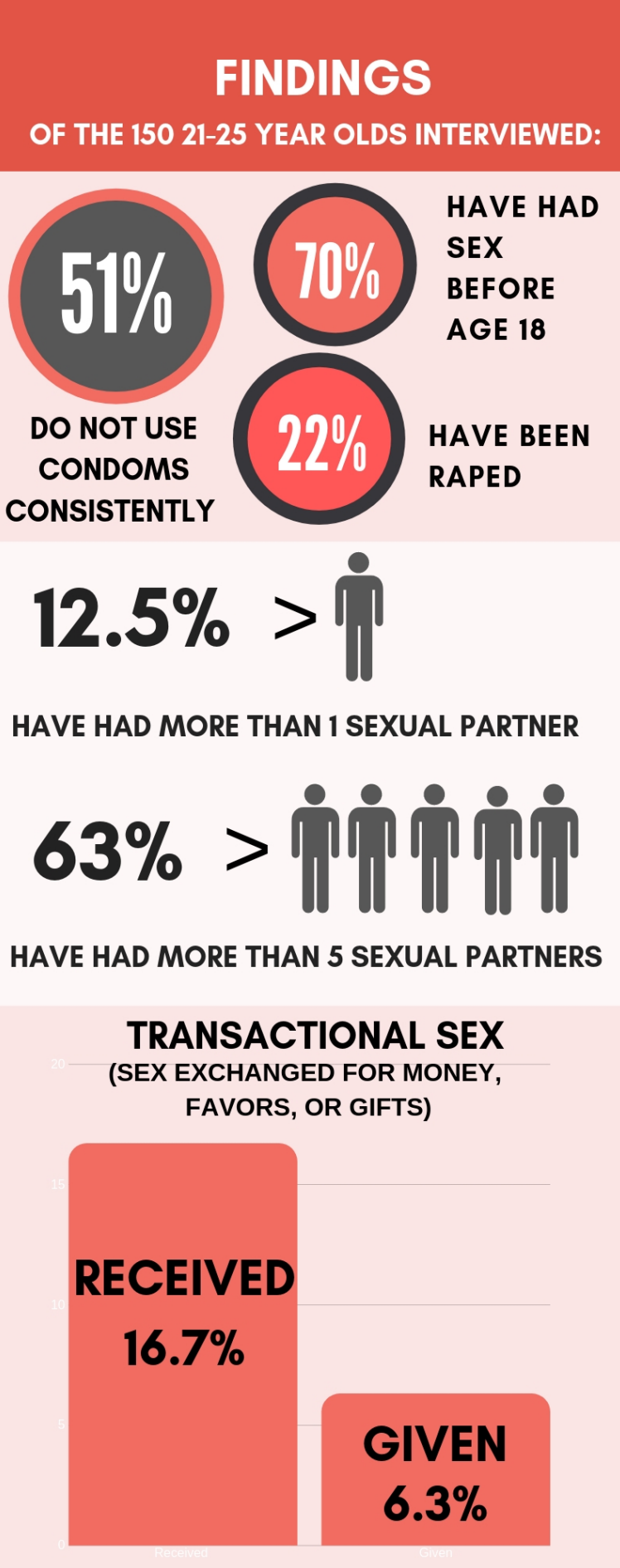
Given the high rates of STDs, HIV/AIDS, and even teen pregnancy in the state of Georgia and Bibb County, it is evident that we are in the middle of multiple syndemics related to sexual health. In 2017, Georgia ranked second in the U.S for the rate of new HIV diagnoses (24.9 cases/100,000 people). The situation is bleak, so where do we really go from here? I interviewed Dr. Chinekwu Obidoa to learn more about her research on HIV/AIDS in Georgia and gauge her perspective on the situation.



Tell me about your research.

My research in Macon has focused on exploring the context of HIV risk behavior of emerging adults in Macon, Georgia. This research aims to unpack the social ecology, and when I say social ecology, I mean all the social factors, the community factors, and the historical factors that play a role in defining the sexual behavior patterns of young people. The reason why I study this is because HIV/AIDS is a social disease. It has a very strong social component. If I want to understand how to reduce the infection, I have to understand how and why people engage in behaviors that expose them to

the infection. The only way to study that is to study the social context of people. I used the socio-ecological model framework, and that framework allows me to look at how individual behavior is linked with social factors at the family, peer, community, and national level. I received a small (\$20,000) grant from the National Institutes of Mental Health (NIMH) through the Center of Interdisciplinary research for AIDS at Yale University. This grant allowed me to complete this study.



Which research methods did you use?

I used a cross-sectional design involving qualitative-quantitative-geographic methods. Specifically, I used survey data collection, key informant interviews, and in-depth interviews. I surveyed 150 emerging adults in the community and interviewed 25 emerging adults.

What specific risk factors did you investigate?

I explored a variety of sexual risk behaviors. They include age when participants first had sex, frequency of condom use, engaging in transactional sex, number of sexual partners, being a victim of rape, characteristics of sexual partners, and sexual practices.

What were your findings?

The findings were quite striking.

- Risky sex starts at a young age.
- Condoms are not used regularly.
- Many young people are raped.
- Many young people have sex with people of different sexual orientations.
- Young age at first sex is tightly related to low educational attainment.
- Youth who live in poor neighborhoods engage in more risky sexual behavior.

Based on your findings, what recommendations do you have?

My research is still ongoing. I am still conducting analysis, but my hope is that when my analysis is completed, we will have a better picture of which factors are the strongest predictors of sexual risk taking. In the meantime, I think attention needs

to be paid to research. There needs to be more research conducted because this is just a slice of the population. There are so many groups that still need to be studied. For instance, I didn't study the Hispanic population or the White population. I only focused on the Black community. Until we are able to really get a good picture of what these factors are and how they play a role in risk behaviors for all segments of the population, we won't really know the key community drivers of this epidemic. I am in the process of creating the Coalition for Collaboration on HIV/AIDS Research and Intervention in Middle Georgia (CCHR). My hope for this coalition is to be able to bring researchers and interventionists in the Middle Georgia area together to work towards reducing and preventing the spread of HIV. It is going to be collection of people who are concerned about this problem and are willing to talk about how to address it through research and intervention.

Where do we go from here?

Although contracting HIV is no longer a death sentence due to numerous advances in treatments, HIV continues to contribute to the global burden of disease, especially in low-income, minority populations. The results of Dr. Obidoa's study have the potential to guide future interventions that will better understand and target the specific needs of the HIV epidemic in our community. We are living in one of the most HIV affected regions in the South, but regional data on this issue remains limited. Nobody has really collected data on the sexual behavior of community members in this area since the 1980s. Maybe it's the lack of research universities in the south, or the dangerous silence surrounding discussions on sexual behavior, but these findings highlight the need for more

research. HIV may not be an immediate concern for the unaffected, but really the HIV problem is everybody's problem, so we all need to be a part of the solution. We have the tools to make HIV go away, but in places like Middle Georgia, there is still a disconnect between the best practices and what is actually being practiced. Since HIV is the result of a pile up of social and physical risk factors, it is difficult to target every underlying cause.

Here are seven things you can do to fight the epidemic:

- **Practice safe sex!** Use condoms and birth control that suit you and your partners' lifestyle.
- **Know your status.** The Center for Disease Control recommends that everyone between the ages of 13 and 64 get tested for HIV at least once, regardless of their risk factors. Get tested every three months if you engage in high-risk behaviors, such as anal sex and needle sharing.
- **Talk to your children about sex,** and advocate for better sex education in the classroom.
- **Report sexual assaults and reduce crime.** Rape may increase the risk of HIV infection.
- **Talk to your health care provider about PrEP,** a daily medication that can reduce your chance of getting HIV.
- **Have open and honest conversations** about sex with your partner.
- **Limit your number of sexual partners.** The more sexual partners you have, the more likely you are to have a partner with HIV.



Dr. Chinekwu Obidoa is a professor of Global Health at Mercer University. She has conducted research on HIV/AIDS for over 15 years. Her research is unique in that she integrates multidisciplinary approaches and methods. Her past research includes studying the spatial epidemiology of HIV/AIDS in Nigeria and exploring how globalization is affecting the lives of African youth. The subject of her current research is the mental health of African immigrant youth.



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HIV Questionnaire Answers

1. **True.** HIV cannot be airborne. You cannot get HIV from a cough or sneeze of an infected person.

2. **False.** It is safe to share a glass of water with an infected person because saliva does not have infectious quantities of the virus. Saliva has unique properties for a bodily fluid that prevents the virus from thriving.

3. **False.** HIV is transmitted through bodily fluid. If there is any exchange of bodily fluid (besides saliva) during sex, then there is a chance of contracting HIV. This risk is especially high if safe sex practices are not followed.

4. **True.** Anal sex has an even higher HIV transmission rate than vaginal sex because tears in the tissue are more likely, increasing entry points into the body for the virus.

5. **False.** Soap and water are not effective killers of the virus, and by the time you shower, the virus will already have had a chance to enter your body.

6. **False.** Without treatment, the child only has a one in four chance of having AIDS. There are drugs that can greatly reduce that probability.

7. **False.** HIV can have a latency period from 6 months up to 8 years before it becomes AIDS and symptoms show.

8. **False.** There is currently no vaccine for HIV.

9. **False.** Saliva does not carry infectious quantities of HIV and kissing poses no danger for HIV contraction.

10. **False.** HIV is spread easier through contact with infected blood.

11. **True.** Female condoms are inserted in the vagina and are comparable to male condoms at preventing HIV.

12. **False.** The Center for Disease Control and Prevention (CDC) does not recommend natural skin condoms for HIV prevention.

13. **False.** A person can contract HIV even while taking antibiotics.

14. **True.** The more sexual partners you have, the more likely you are to have a partner with HIV.

15. **False.** HIV is transmitted when damaged tissue or mucous membranes come in contact with certain bodily fluids of an HIV infected person. HIV is not transmitted by air, water, saliva, sharing toilets, or kissing.

16. **False.** An HIV test will not give immediate results. It takes about four to six weeks for a person who has been infected by HIV to test positive for HIV.

17. **True.** Although oral sex has a low HIV risk, the risk is not completely zero. A person has a higher risk of contracting HIV through oral sex if he has cuts or abrasions in his mouth.

18. **False.** No form of lubrication has HIV-preventing qualities. In fact, certain lubricants may increase HIV infection by weakening or breaking the condom.

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