

RAP* Time



RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF
INDIANA UNIVERSITY & PURDUE UNIVERSITY

*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly. Vol. 4, No. 9, September 1, 2000

Marijuana Use Associated with Unprotected Sex Among Adolescent Detainees

Studies indicate that adolescents in detention facilities are at high risk for sexually transmitted diseases (STDs). About one in seven and three of ten adolescent male and female detainees, respectively, are at any given time infected with *Chlamydia trachomatis* and/or *Neisseria gonococci*. These rates of infection are thought to be higher than those found in samples of high-risk, but undetained, adolescents.

Empirically-based HIV/STD prevention education is needed for adolescent detainees. Specifically, prevention interventions should be guided by scientific knowledge on the nature of the relationship between substance use and behaviors that lead to STDs in this population.

This study examined the relationship between the use of two substances (alcohol and marijuana) and the occurrence of unprotected sexual intercourse among adolescent detainees.

Methodology

Adolescents were recruited from two youth detention centers (YDCs) in Georgia. More than one-half were sentenced to the

YDC for committing multiple offenses, and each one was charged with a primary offense. The two most common primary offenses were probation violation (23%) and burglary (15%).

Participants were interviewed in 1998 soliciting measures of substance use (alcohol and marijuana), unprotected sex, AIDS knowledge, condom attitudes, and future orientation.

Outcomes of the Study

Participants were 153 adolescents (97 males, 56 females), ages 12 to 17 years old with a mean of 15.2 years. Sixty-six percent were black and the remaining were white. Unprotected sex occurred more often among adolescent women and whites than among adolescent men and blacks.

Major findings include:

- Marijuana was used more often than alcohol, both in general as well as specifically in the context of sexual intercourse. Also, marijuana use but not alcohol use was found to be linked to the occurrence of unprotected sex in prior and future episodes of intercourse.
- Along with marijuana use higher AIDS knowledge and

relatively negative attitudes toward condoms were consistent predictors of the occurrence of unprotected sexual intercourse.

- Although women reported more risky behavior in the analyses of prior episodes, they did not differ from adolescent men in their intentions to engage in future, unprotected sexual intercourse.

Implications for Prevention

The multiple statistical methods used in this study produced remarkably consistent findings indicating that the use of marijuana, but not alcohol, was associated with the occurrence of unprotected intercourse. These findings suggest that prevention education for adolescent detainees should address their use of marijuana, both in general as well as specifically in sexual situations.

SOURCE: Kingree, J. B., et al. (2000). Unprotected sex as a function of alcohol and marijuana use among adolescent detainees. *Journal of Adolescent Health, 27*, 179-185.

Condoms Underused for Heterosexual Anal Intercourse

Anal intercourse and HIV risk has received inadequate research attention in heterosexual populations. This study examined aspects of anal intercourse from a random sample of 647, nonvirgin, undergraduate university students.

Almost 23% had engaged in anal intercourse, with 76.1% reporting no condom use for anal intercourse during the last three months (42.6% reported never using condoms for vaginal intercourse during the past three months). People who had participated in anal intercourse were more likely than people who had not to have been younger at first coitus, to have engaged in coitus in the last three months, to use less effective contraceptive methods, and to have used no condom at last coitus. Overall, people who engaged in anal intercourse took more sexual risks when engaging in vaginal intercourse than do people without anal intercourse experience.

SOURCE: Baldwin, J. I., & Baldwin, J. D. (2000). Heterosexual anal intercourse: An understudied, high-risk sexual behavior. *Archives of Sexual Behavior*, 29, 357-373.

Effectiveness of Nonoxynol-9 for HIV Prevention Questioned

The Joint United Nations Program on AIDS studied the effectiveness of nonoxynol-9 (N-9) for HIV prevention in women and presented the results at the recent XIII International AIDS Conference. Nearly 1000 HIV-negative women sex workers in Africa were asked to use a vaginal gel for each coitus. Half were provided a N-9 gel and the other half a placebo gel.

Women who used N-9 gel became infected with HIV at a 50% higher rate than women who used the placebo gel. The more frequently they used N-9 gel (without a condom), the higher their risk of becoming infected.

CDC has released a "Dear Colleague" letter that summarizes the study findings (available: <http://www.cdc.gov/hiv>), stating that N-9 should not be recommended as an effective means of HIV prevention. Further study is needed and a scientific report will be released later. The World Health Organization recently announced an international conference on the safety of N-9.

SOURCE: CDC. (2000) Notice to readers: CDC statement on study results of product containing nonoxynol-9. *MMWR*, 49, 717-718.

Most Genital Herpes Transmitted During Asymptomatic Phase

Mathematical modeling of herpes simplex virus type 2 was conducted. Spread of disease is most affected by, for example, time spent monogamous and partner-change rates. Because most transmission occurs during asymptomatic phases, policies promoting preventive measures, such as temporary abstinence, using barrier methods and antiviral therapy, are not likely to lower transmission rates.

SOURCE: Newton, E. A. C., & Kuder, J. M.. (2000). A model of the transmission and control of genital herpes. *Sexually Transmitted Diseases*, 27, 363-369.

Gonorrhea Rates Increased After Decline

CDC reported that the gonorrhea rate rose from 122 in 1997 to 133 in 1998. This increase followed an overall decline from 1985 to 1997. Changes in gonorrhea screening and surveillance and changes in some populations probably account for the first increase in 13 years.

SOURCE: CDC. (2000). Gonorrhea -- United States, 1998. *MMWR*, 49, 538-542.



Prevention. This publication is made possible through donations from **Pegasus Satellite Television**, the largest distributor of satellite television to rural America.

RAP Time is a monthly AIDS/STD prevention fax bulletin published by the Rural Center for AIDS/STD

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