

# RAP\* Time



## RURAL CENTER *for* AIDS/STD PREVENTION

A JOINT PROJECT OF  
INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,  
AND UNIVERSITY OF KENTUCKY

\*Rural AIDS/STD prevention. rap (rap) v. *Slang*. To talk freely and openly. Vol. 11, No. 2, February 2, 2007

## Adolescents with history of exchanging sex report other high risk sexual behaviors

Exchanging sex for drugs or money is a high risk behavior that may place a person at risk for HIV and other sexually transmitted infections. Studies have shown that exchange for sex is associated with other high risk behavior such as injection drug which is related to increased HIV risk. Prior exchanging sex research has been conducted on street, runaway, and homeless adolescents, but none on the general adolescent population.

This study examined the prevalence and correlates of exchanging sex for drugs or money among a nationally representative sample of adolescents in the United States

### Methodology

Data were from waves I (collected in 1995) and II (1996) of the data set of Add Health, a nationally representative probability sample of adolescents in the United States. Students completed an in-school questionnaire and were in-depth interviewed in the home.

The sample for this study was restricted to those who had valid responses for the questions that ascertained whether they had ever exchanged sex (n=13,294).

The sex exchange variable was coded dichotomously based on

whether the respondent reported ever exchanging sex for money or drugs in his or her lifetime.

### Outcomes of the Study

Mean age was 16 years for students who had exchanged sex and youth who had not.

Major findings include:

- The prevalence of having ever exchanged sex for drugs or money was 3.5% (n=471). Only 0.2% of the total sample reported exchanging sex at both waves.
- Among those who exchanged sex, 68% were boys.
- Both boys and girls reported exchanging sex a median of once.
- The odds of having ever exchanged sex were higher for African American youths, youths who lived in household with a family structure categorized as "other," and youths who have a high school education or less.
- In contrast to youth who had never exchanged sex, larger proportions of youths who had exchanged sex had lifetime drug use and in the past 30 days.
- Past 30 day use of chewing tobacco or snuff was much higher among youths who have exchanged.
- Youth exchanging sex had more

injection drug use and more sexual partners, greater depression, and were more likely to have run away in past year.

- Among boys, but girls, those exchanging sex had more anal intercourse.
- 10% of boys and 19% of girls who exchanged sex had ever experience forced sex.
- 15% of boys and 20% of girls who exchanged sex had ever been told they have HIV or other STI.

### Implications for Prevention

Adolescents reporting a history of exchanging sex for money or drugs have also engaged in other high risk behaviors, including those of sexual risk. Many may experience poor health outcomes such as depression and HIV/STIs.

Findings such of those of this study can assist in providing direction for HIV/STI prevention programming.

### SOURCE:

Edwards, J. M (2006). Prevalence and correlates of exchanging sex for drugs or money among adolescents in the United States. *Sexually Transmitted Infections*, 82, 354-358.

### Nearly all Americans report having coitus before marriage

Sexual abstinence until marriage has received increased attention recently. This analysis examined the proportion of persons who had had premarital sex, defined as vaginal intercourse prior marriage or ever had intercourse and never having married.

Data from four cycles of the National Survey of Family Growth, 1982-2002, were analyzed. From the 2002 survey, by age 20, 77% had had sex and 75% had had premarital sex. By age 44, 95% had had sex. Among those turning 15 between 1954 and 1963, 82% had had premarital sex by age 30 and 88% had done so by age 44.

Data show that premarital sex is highly normative behavior in America. Nearly all have sex before marriage and the proportion has been roughly similar for the past 40 years. The results are not surprising given that men and women typically marry in their mid-to-late twenties.

These findings argue for increased educational programming focusing on prevention of STDs and unintended pregnancy.

SOURCE: Finer, L. B. (2007). Trends in premarital sex in the United States, 1954-2003. *Public Health Reports*, 122, 73-78.

### Binge drinking among teens is related to being sexually active

Drinking alcohol contributes to the 3 leading causes of death (unintentional injury, homicide, and suicide) among persons aged 12 to 20 years.

Data from the 2003 National Youth Risk Behavior Survey was analyzed. Overall, 45% of high school students reported drinking alcohol during the past 30 days (29% binge drank and 16% drank alcohol but not binge drink). Binge drinking was defined as consuming 5 or more drinks of alcohol in a row; i.e. within a couple of hours.

Although girls reported more current drinking with no binge drinking, binge-drinking rates were similar for both boys and girls. Binge-drinking rates increased with age and school grade.

Students who binge drank, in comparison to nondrinkers and current drinkers who did not binge drink, reported poor school performance and involvement in other health risk behaviors such as being currently sexually active, smoking cigarettes or cigars, using illicit drugs and attempting suicide.

Effective interventions need to be directed to decreasing binge drinking among adolescents.

SOURCE: Miller, J. W. et al. (2007). Binge drinking and associated health risk behaviors among high school students. *Pediatrics*, 119, 76-85.

### 73% of lifetime cost for HIV/AIDS care is for ART medications

Projected life expectancy for persons entering HIV care is 24.2 years with a discounted lifetime cost of \$303, 100. 73% of the cost is for antiretroviral medications, 13% patient care, 9% outpatient care, and 5% for other medical costs. Undiscounted cost is \$619,900 for adults who initiate ART with CD4 count <350. For persons who initiate ART with CD4 count <200, projected life expectancy is 22.5 years and discounted cost of \$354,1600.

SOURCE: Schackman, B. R., et al. (2006). The lifetime cost of current human immunodeficiency virus care in the United States. *Medical Care*, 44, 990-997.

### Single use microbicide favored

895 women were surveyed in the Dominican Republic and South Africa. Single-use microbicide application was favored because of concern that reusable applicators might spread germs.

SOURCE: Cohen, J. A., et al. (2007). Microbicide applicators: Understanding design preference among women in the Dominican Republic and South Africa. *Sexually Transmitted Diseases*, 34, 15-19.

**RAP\* Time** is a monthly AIDS/STD prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington. RCAP is a joint project of Indiana University, University of Colorado, and University of Kentucky. The major focus of RCAP is the promotion of HIV/STD prevention in rural America, with the goal of reducing HIV/STD incidence.

The opinions expressed here do not necessarily represent those of the cooperating universities.

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