

Pledges to Delay Sex Do Not Stop STDs

Findings put new spin on programs that stress abstinence as only way to avoid infections.

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

Teens who take a sexual abstinence pledge delay their sexual debut for a few years, but they have just as many sexually transmitted infections as nonpledgers, probably because they are more likely to engage in noncoital sex and aren't as likely to use a condom during any sexual activity.

Hannah Brückner, Ph.D., and Peter Bearman, Ph.D., said their findings might put a new spin on programs that stress abstinence as the only way to avoid STDs and pregnancy. "The all-or-nothing approach ... may create additional barriers to knowledge and protection for adolescents. For example, the emphasis on virginity may encourage adolescents to limit their sexual activity to noncoital behaviors, which may nevertheless expose them to risks of infection" (J. Adolesc. Health 2005;36:271-8).

Health care behavior by pledgers further complicates the problem, they noted. "It is important to know that pledgers are less likely than nonpledgers to be tested for STDs and to have ever seen a doctor because they are worried about an STD," said the investigators of Yale University, New Haven, Conn. and Columbia University, New York.

The researchers extracted data gathered from 2001 to 2002, during the third wave of the National Longitudinal Study of Adolescent Health. During this wave, respondents were age 18-24 years. A total of 11,471 respondents provided urine samples for STD testing (chlamydia, gonorrhea, and trichomoniasis). An additional 3,317 sexually active female respondents were randomly selected for human papilloma virus (HPV) testing.

Pledge status was collected from all three waves of the survey. Nonpledgers reported no abstinence pledge during any of the waves. Consistent pledgers reported pledging during all waves or pledging for the first time during wave 3. Inconsistent pledgers reported pledging during an early wave but not a subsequent wave. Most of the group (80%) were nonpledgers. Only 7% were consistent pledgers; 13% were inconsistent pledgers.

Consistent and inconsistent

pledgers delayed their time to first coitus by several years, compared with nonpledgers. Among nonpledgers, 75% reported first intercourse by age 18. Inconsistent pledgers reached the 75th percentile by age 20, and consistent pledgers by age 24.

Male pledgers delayed intercourse the longest. By age 25, 25% of consistent male pledgers were still virgins, compared with 15% of inconsistent pledgers and 7% of nonpledgers. By age 25, 21% of female consistent pledgers were still virgins, compared with 10% of inconsistent pledgers and 6% of nonpledgers.

Delaying first intercourse had no significant effect on STD incidence in the groups, however. About 6.9% of nonpledgers, 6.4% of inconsistent pledgers, and 4.6% of consistent pledgers tested positive for trichomoniasis, chlamydia, and/or gonorrhea.

For HPV infection, the rates were 26.5% among nonpledgers, 28.5% among inconsistent pledgers, and 26.7% among consistent pledgers.

Pledgers did have fewer sexual partners than nonpledgers (average of 1.5 partners vs. 2.4 partners), and were not exposed as long to STD risk. However, they were more likely to engage in noncoital sexual contact.

About 3% of respondents reported oral sex but no vaginal sex. About 2% of nonpledgers fell into that group, compared with 13% of consistent pledgers and 5% of inconsistent pledgers. About 0.7% of nonpledgers reported anal sex but not vaginal sex, compared with 1.2% of pledgers.

About 1% of male nonpledgers reported anal, but not vaginal, sex, compared with 3% of male inconsistent pledgers and 4% of male consistent pledgers.

Condom use during these experiences was very low for all respondents: Only 4% reported using a condom during oral sex, and about 30% reported using one for anal sex.

"The combination of low condom use and overrepresentation of pledgers [in noncoital sex] provides some support for the hypothesis that this behavioral pattern is associated with greater than expected STD acquisition among pledgers, although the numbers are small and provide an insufficient basis from which to make inference," the authors said. ■

On Rutgers Web Site, Teens Answer Others Teens' Questions About Sex

BY TIMOTHY F. KIRN
Sacramento Bureau

LOS ANGELES — If one goes to Google on the Internet and types in the word "sex," the first Web site listed is the place where about 60,000 adolescents a day go for their sex information, with the kinds of questions they are not likely to want to ask their parents.

The site is called Sex, Etc., and its content is written by adolescents, under the supervision of experts at Rutgers University.

Sex, Etc. started as a newsletter in 1994, and 2.2 million copies of the newsletter are still distributed annually. But, because some of the topics touched on have included masturbation, lesbianism, and even French kissing, the newsletter has been banned by some school districts, which is one of the reasons why the Web site was started.

And, it is on the Internet that Sex, Etc. is now having its biggest impact, Nora Gelperin said at the annual meeting of the Society for Adolescent Medicine.

The number of daily visitors to the Sex, Etc. Web site has grown from an average of a little more than 10,000 a day in December 2002 to an average 60,000 a day now, 70% of whom are individuals aged younger than 21 years.

The fact that so many young people turn to this source is evidence of its need, said Ms. Gelperin, director of training and education, Network for Family Life Education at Rutgers, the State University of New Jersey, Piscataway.

Adolescents today live in a confusing culture where sex is freely discussed but much basic information is scarce. Sexual content appears on television at the same time that an increasing number of school districts are adopting abstinence-only sex education programs, she said.

"Teachers aren't free to talk about anything more than the plumbing, and parents generally aren't saying anything at all," Ms. Gelperin said.

According to one survey, 97% of persons 15-24 years of age have gone on the Internet for

any reason, two-thirds have gone on the Internet for health information of any kind, and 4 of 10 who have searched out health information there have changed some kind of behavior as a result, Dr. Gelperin noted.

Currently, the Web site has more than 200 teen-written articles online, more than 250 frequently asked questions and answers, and a glossary of about 440 different terms, ranging from "areola" and "vulva" to "choad" and "smash" (choad is slang for a penis that is wider than it is long and smash is slang for sex). There are interactive diagrams of male and female anatomy, and also an "ask-the-experts" service, for which questions are answered within 72 hours, and a "help-now" service for crisis questions, which are answered in 24 hours.

According to the site's records, the most frequently asked questions by males involve masturbation and penis size. The most frequently asked questions by females are about "can I get pregnant if . . ." and painful sex. Questions have included whether it is normal to shave one's pubic area and whether it is true that the yellow dye in Mountain Dew soda kills sperm.

Females ask about twice as many questions as males, and the average age of those who submit questions is 16 years, the records indicate.

Although the ask-the-experts questions are not answered by adolescents, most of the rest of the content in the newsletter and on the Web site is written by teens, and that is something the Rutgers administrators consider very important because adolescents listen to each other differently from the way they listen to adults, Ms. Gelperin said.

On the other hand, anyone who visits the site cannot help but notice the Rutgers logo on the home page, and that is what gives the site credibility in the visitors' minds, she said.

"Kids are looking for information, looking everywhere, and they are very savvy," Ms. Gelperin said. "But just think about the myths around when you were an adolescent. They are still around today." ■

Some Teens Don't View Pregnancy as An Impediment to Achieving Goals

BY SHARON WORCESTER
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NEW ORLEANS — Higher educational and career goals among adolescent girls are widely considered to be protective against pregnancy, but a recent study suggests that this is true only among those who specifically view pregnancy as an impediment to achieving these goals.

Of 351 racially and ethnically diverse nulliparous teens who completed a questionnaire asking about such factors as educational and career goals, anticipated effects of childbearing on these goals, personal desire to avoid pregnancy, and sexual behavior and contraceptive use, 64% had college aspirations and 58% planned to pursue a career as well as eventual motherhood, Sara Jumping Eagle, M.D., reported in a poster at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Most (74%) said their goals were achievable, but only 42% said that pregnancy would in-

terfere with their achievement of those goals. Only those young women who considered pregnancy an obstacle to their goals were significantly more likely to want to remain nonpregnant (77% vs. 27%), had plans to abort if they became pregnant (27% vs. 4%), and had plans to use contraception consistently in the future (90% vs. 79%), said Dr. Jumping Eagle of the University of Colorado, Denver.

The findings challenge the conventional approach to risk assessment, which assumes "that there are sets of risk and protective factors that differ in quantity between teenagers who do and do not become mothers but [that] exert similar effects on them." Dr. Jumping Eagle noted.

She concluded that more time within pregnancy prevention intervention programs should be spent teaching that pregnancy is likely to make the achievement of career goals so difficult that the girls would be "willing to overlook the inconveniences associated with using contraception." ■