Possible STI transmission identified in analysis of the sequence of sexual acts

Despite the varied sequence of behaviors during a single sexual encounter, most attention is given to penile-vaginal intercourse (PVI) since it facilitates bidirectional STI transmission and male ejaculation facilitates fertilization.

Hence, sexual research often conforms to a cultural narrative that assumes that sexual interactions culminate in the male partner’s ejaculation, usually during PVI. As a result, sexual safety is determined by assessing condom use during that final singular behavior of PVI, foreclosing the potential for STI transmission that accompanies behaviors engaged in before, after, or in between acts of PVI.

This study assessed the order of sexual acts that bisexual women report engaging in during a given sexual encounter with a man.

Methodology
Women (N=45) whom self-reported being behaviorally bisexual were recruited in Indiana, USA, through the use of paper flyers and online postings. For their most recent sexual event with a male partner, the participant and researcher documented each reported sexual behavior, the order of the acts, sexual safety methods use during each act, and whether or not participants and their partners experienced orgasms and/or ejaculation, including the timing and place of ejaculation on the body.

Outcomes of the Study
Mean age of participants was 26 years and 87 were White. 47% reported some college.

Major findings include:
- Participants averaged 7.9 sexual acts during their last sexual encounter.
- 87% reported engaging in PVI with 62% of them reporting sexual behaviors after PVI.
- The most common behaviors post-PVI included kissing (23%) and/or cuddling (26%).
- Of those reporting genital contact after PVI, the most common was fellatio (13%), vaginal fingering (10%), cunnilingus (5%), and toy use (3%).
- No participants engaged in anal intercourse in conjunction with PVI.
- Over 15% reported PVI at two different time points with fellatio (N=3), cunnilingus (N=2) and vaginal fingering (N=2) as the most common behaviors separating PVI.
- Two-thirds reported that their partner ejaculated during PVI.
- Half reported their partner ejaculated into a condom; others indicated partner ejaculated on their or their partner’s body.
- 39% reported condom use during PVI; of these 33% indicated delayed application or removal prior to completion.

Implications for Prevention
The results belie the tendency to consider sexual interactions as a behaviorally singular event, consisting only of—or largely dominated by—PVI. These behaviorally bisexual women described sexual events with men that were comprised of multiple sexual behaviors occurring in varied sequences.

The reported numerous sexual behaviors in this study, and their varied sequence, suggest the potential for STI transmission during behaviors other than PVI.

SOURCE:
Schick, V., R., et al. (2016). “First, I...then, we...”: Exploring the sequence of sexual acts and safety strategies reported during a sexual encounter using a modified timeline followback method. Sexually Transmitted Infections, 92, 272-275.
Chlamydia was fairly common in exclusive AA WSW

Little is known about whether chlamydia can be sexually transmitted between women or how often it occurs in women who have sex with women (WSW).

A sample of African American WSW who reported a lifetime history of sex only with women (exclusive WSW) (n=21) was matched with a group of women reporting sex with men and women (WSWM) (n=42).

One-third of African American women who exclusively had sex with women in their lifetime were positive for chlamydia. Compared to WSWM, WSW were significantly less likely to be positive for chlamydia: 69% vs. 33%. A possible reason for this was that chlamydia may be less transmissible via sexual behaviors of exclusive WSW, (i.e. receptive oral sex, digital vaginal sex, use of sex toys) vs. women having penile-vaginal sex with men.

Possibly WSWM may be more likely to be exposed to a core group of men with high genital chlamydia prevalence.


More frequent STI screening needed for high risk patients

Sexual behavior during bleeding is considered a risk factor for sexually transmitted infections (STIs) and other bloodborne viruses, including HIV.

This study examined daily predictors of adolescent women's male condom use during bleeding-associated vaginal sex. Adolescent females (N=387; ages 14-17) were recruited from primary care clinics in Indianapolis, IN. Data were daily partner-specific sexual diaries.

Less than 50% of bleeding-associated vaginal sex event were condom protected. Condom use during these events were less likely with younger age, higher partner support, higher partner negativity or past week bleeding-associated sex with a given partner.

Condom use was more likely with high individual mood and past week condom use during bleeding-associated vaginal sex with a given partner.

Low condom rates during bleeding-associated vaginal sex can increase STI and bloodborne virus risk.


Genital human papillomavirus found among male virgins

Genital HPV was assessed among men residing in Brazil, Mexico, and the United States. The prevalence of any and high-risk HPV types among 88 virgins was 25% and 18%, respectively. Age and smoking status were associated with HPV detection. One explanation could be that HPV transmission via nonpenetrative sexual contact such as hand-genital contact and genital-genital contact which is common among persons who are virgins.


Highly resistant GC found in US

Health officials have found the first cluster of gonorrhea infections in the United States to show decreased susceptibility to ceftriaxone and very-high resistance to azithromycin—the last line of defense against GC. Six males and one female in Hawaii showed this resistance.