Some partners of heterosexual couples were unaware of the other’s STD risk behavior

Studies of each partner of a couple provides an opportunity to examine concordance between partners’ reports of behaviors that put them at risk for STDs. Prior research found that partners’ reports of behavior that they engage in together yielded fair to good agreement.

Few studies have compared partner’s risk behaviors that they practice separately. The extent of the perception of a partner’s risk matches the actual risk may influence condom risk-reduction behaviors and risk of STD.

This study examined the agreement of heterosexual partners’ reports of sexual concurrency, injection-drug use history, recent diagnosis of an STD, HIV status and sex trading (women only).

Methodology
Study data were from a trial that tested the efficacy of risk reduction intervention for heterosexual couples that occurred 1997-2002.

Clinic female patients were recruited; eligible women (e.g. in a long-term relationship with a regular male sexual partner) recruited their male partners to participate. The sample was 217 couples. Both partners reported on their own risk behaviors and their perceptions of their partner’s behavior.

Outcomes of the Study
Women participants were younger (36.4 vs. 38.7 years) than the men. Most were black or Latino and had less than high school education. Two-thirds of women and half of men were low socioeconomic status.

Major findings include:
• 3% of women and 14% of men were unaware that their partner had recently had a concurrent partner
• 11% of women and 12% of men were unaware that their partner had ever injected drugs.
• 5% of men were unaware that their female partner had traded sex for money or drugs.
• 10% of women and 12% of men were unaware that their partner had recently received an STD diagnosis.
• 2% of women and 4% of men were unaware that their partner was HIV-positive.

Women’s lack of awareness of partner risk was positively associated with a man’s report that he was married and with relationship satisfaction as reported by both the woman and her partner.

• Men’s lack of awareness was positively associated with partner’s age and with having a partner who was formerly married.

Implications for Prevention
This study found that concordance on risk behaviors between partners was good. But, some women and men were unaware of partner’s risk behavior and HIV status. Agreements between actual risk and perception was high for HIV status and injection-drug use history, but low for sexual concurrency.

Because of lack of awareness, some women and men of this study may have a false sense that they were protected from STD. Couple-based interventions should assess each partner’s perception of the other’s risk behavior.

SOURCE:
**Most internet STI testing sites were difficult to contact**

Most sexually active teens do not seek screening or diagnostic STI testing. Home testing may increase access to STI testing resulting in more treatment. This study sought to survey internet sites that offered STI self-collection/testing to assess their services.

27 national/international internet sites offering STI self-collection kits and services were located. Test kits were ordered from seven sites.

All attempts to administer the survey yielded poor results. Some sites appeared invalid. Test results were obtained from five or seven ordered kits. Two websites who were sent mocked urine samples never provided results. The two ‘perform-it-yourself’ kits yielded false-negative results. Two mail-in urine specimens yielded correct positive results.

The STI internet testing sites were hard to contact and unwilling to answer questions and testing varied with home tests having poor accuracy and mail-in specimens having high accuracy.


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**Most female hygienic behaviors not found associated with BV**

Bacterial vaginosis (BV) is the most common cause of symptomatic vaginal discharge in reproductive age women and has been associated with a variety of conditions. Vaginal douching has been found association with BV, but other female hygienic behaviors have been much less studied.

In the Longitudinal Study of Vaginal Flora, 3620 women had 13,517 visits where BV was assessed.

Neither type of underwear (nylon vs. cotton), menstrual protection (tampons vs. pads), pads and tampons vs. pads, use of pads or panty liners when not menstruating, nor weekly or greater use of hygiene spray or towlettes were strongly associated with BV. Douching was found associated with BV and was not substantially impacted by adjustment for other hygienic behavior.

The researchers concluded that douching, but not other female hygienic behaviors, was significantly associated with BV, and that douching may be casually associated with BV and is not simply a response to BV symptoms.


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**Male circumcision reduced new HPV and increased clearance**

Uncircumsized HIV-negative men were randomized to immediate or delayed circumcision. Circumcision was related to reduction in acquisition of high-risk HPV with an estimated efficacy of ~33% over 2 years. Efficacy was 55% for prevention of multiple HR-HPV. The HIV-HPV clearance was greater for the circumcised men.


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**Genital herpes infects one in six Americans**

16% of Americans, ages 14-49, are infected with herpes simplex virus type 2 (HSV-2), a level relatively similar to a decade ago. Blacks had a 39% infection rate--three times greater than whites. 49% of African-American women were infected. 80% of those with HSV-2 are unaware of their infection.