Nearly one in four high-risk women reported unprotected anal intercourse in past year

Unprotected anal intercourse occurs less frequently than unprotected vaginal intercourse for most heterosexual individuals. However, research has shown that unprotected anal intercourse has a higher probability of HIV and STD infection than does unprotected vaginal intercourse, particularly among women.

Unprotected anal intercourse presents increased risk because of greater chance of mucosal disruption and trauma of the more fragile columnar epithelium lining of the rectum versus the vagina’s squamous epithelium.

This study examined the association between unprotected anal intercourse and sexually transmitted diseases (STDs) among a sample of high-risk heterosexual women.

**Outcomes of the Study**

Most women were Black (70%), aged 40 to 50 years (46%), in poverty (77%), or homeless (55%). Major findings include:

- 38% had any unprotected anal intercourse in past year.
- Unprotected anal intercourse was more likely among those aged 30-39 years, were homeless, were frequent drug or binge alcohol users and had an incarcerated partner.
- Unprotected anal intercourse also was more likely among those having a sex partner with whom they exchanged sex for money or drugs or who had more than five sex partners in the past year.
- Women who had unprotected anal intercourse were 2.6 times as likely as women who had only unprotected vaginal intercourse and 4.2 times as likely as women who had neither unprotected anal nor unprotected vaginal intercourse to report a recent STD diagnosis.

- No significant association was found between unprotected anal intercourse and HIV infection.
- 98% who had unprotected anal intercourse also had unprotected vaginal intercourse.
- 57% had unprotected vaginal intercourse only and 5% had neither unprotected anal nor unprotected vaginal intercourse.

**Implications for Prevention**

This study found that among the sample anal intercourse and unprotected anal intercourse was common and was associated with other behavioral HIV/STD risk factors. Also, unprotected anal intercourse was associated with recent STD diagnosis.

Health care providers should screen heterosexual women for unprotected anal intercourse and counsel them about the increased HIV/STD risk of this type of intercourse.

**SOURCE:**

Male partners of teen girls were more likely infected with any STI

This study compared the male sexual partners of teen girls of age 15 to 19 years, currently infected with a sexually transmitted infection versus the male partners of adult women of age 20 to 41 years, with an STI to determine risk factors in these high-risk sexual dyads related to the male partner. 514 men who were partnered with 152 teen girls and 362 adult women in the San Antonio area were interviewed. Compared to the male partners of adult women, male partners of teen girls were more likely to be infected with any STI at a health clinic intake. Men partnered with teens were younger and had more sexual partners per year sexually active, shorter relationship length, and shorter length of monogamy with the index girls. They were more likely to report that it was really important for the teen to have their baby and were slightly more likely to be the father of her children. Young age independently predicted STI infection in men.


Most MDs would recommend HPV vaccination to males

A HPV vaccine has recently been approved for use in boys and men aged 9-26 to prevent genital warts. This study assessed U.S. physicians’ attitudes regarding HPV vaccination for males. The sample was 1094 randomly selected physicians who were HPV vaccinators of women.

Most physicians would recommend HPV vaccination to males aged 11-12 (64%), 13-18 (93%), and 19-26 (93%). Physicians agreed that males should be vaccinated to prevent them from getting genital and anal warts (53% strongly, 36% somewhat) and to protect females from cervical cancer (75% strongly, 21% somewhat). They also agreed that an HPV vaccination for males would increase opportunities to discuss sexual health with adolescent male patients (59% strongly, 35% somewhat). Most did not strongly agree (15% strongly, 45% somewhat) that parents of adolescent male patients would be interested in HPV vaccination for males.

Physicians who now HPV vaccinate females supported vaccinating males to benefit both sexes.


Estimated rate of HIV diagnoses remained stable 2005-2008

Estimated numbers of annual HIV infection diagnoses in the 37 states increased 8%, but the rate (19.4 per 100,000) remained the same. In 2008, adolescent and adult males accounted for all HIV diagnoses; the rate was 35.9 for males and 11.5 for females. The rate increased 7% during 2005-2008 for males but no increase for females. During 2005-2008, annual HIV diagnoses for MSM increased. In 2008, MSM (54%) and persons exposed through heterosexual contact (32%) accounted for 85% of diagnoses.


11% of persons living with HIV are rural

At year-end 2007, CDC estimates 54,300 persons in nonmetropolitan areas are living with HIV. For all geographic areas, an estimated 599,125 persons are living with HIV. In 2008, 3,436 new HIV diagnoses occurred in non-metropolitan areas.