Considering needs and risk in relation to sexual health
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Acknowledgement
We would like to thank Dr Olwen Williams for sharing the patient questionnaire, originally devised for use in Betsi Cadwaladr University Health Board, so that it could be used throughout Wales to gain patient views.

Needs Workshop
A workshop was held on 26th July 2017 to which representatives of the following groups were invited:

- Young people
- HIV positive individuals
- Men who have Sex with Men (MSM)
- Vulnerable & excluded young people

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The purpose of the workshop was to determine, through engagement with key risk populations, the type and content of service required to meet the sexual health needs of the population. The workshop was designed in two parts, the first to consider the information and resources required by different groups and the second to focus on the process of accessing sexual health services from finding a service to receiving results.

**Information sources/resources**

**Aspects considered and discussed:**

**What do you need to know?**

The reality is that the traditional landscape of sexual health has changed from ‘STIs, contraception, pregnancy’ to deeper issues ‘child sexual exploitation, pornography, online safety, inappropriate images, consent & drugs’

There should be more information available on STIs in the local community and a realisation that many can be asymptomatic, reinforcing that you cannot assume no risk.

There should also be mainstream info about Pre-Exposure Prophylaxis (PrEP) and HIV treatments and testing which will assist de-stigmatising HIV.

In terms of what needs to be known related to sexual health services the views expressed included that it was important to de-stigmatising sexual health and for individuals to know their rights and be aware of what services exist – when, where, for whom, type. There also needs to be information covering what to expect/ who to go to/ what is an emergency? The message should be that regular testing is acceptable.

In terms of content of general information the feeling was that there should be more ‘sex positive’ messages as there is good evidence for this being an effective way to approach educating rather than always presenting the risks. There should be more narratives about pleasurable safe sex.

**When do you need to know? Age appropriate – is it different for different groups?**

In terms of when information is available it is not entirely appropriate to use age or gender as a marker. Different info is needed at different times/stages and this is generally dictated by the
individual rather than age/gender/etc. However, the consensus was that information should be provided before an individual is sexually active.

Parents should have information on how to talk to children about sex.

**How do you need the information presented? Media/language**

Currently there is a preponderance of written information among the resources available, either in the form of leaflets or online. The information is presented in a way that requires individuals to be sighted and literate. Consideration needs to be given to alternative ways to present information that makes it more accessible to a wider audience – video, pictorial.

Further the routes through which the information is disseminated need to be in line with communication methods being regularly used by the public such as:

- Social media/Grindr/Tinder/etc – pop-ups re services available. Also on porn sites and gaming sites ‘want to stay sexually healthy? Visit your free sexual health service...’ – blogs/vlogs
- Age app
- Social group app (cultural/age/gender identity/area you live/ethnicity/etc)
- Sexual health service adverts in local papers

**Accessing sexual health services**

**Elements considered and discussed:**

**Initial access – appointment/walk-in**

If arranging to attend the clinic through appointment access needs in terms of physical disability or interpreter (language including British Sign Language (BSL)) could be addressed in advance.

There is a focus on providing specific clinics for young people, however there are other groups who could be considered in terms of specific clinics – MSM/LGBT/older people

One issue that needs specific consideration relates to gender coding, the established approach in the sexual health clinics is to identify patients by ‘M’ or ‘F’ numbers, equally the toilet facilities are not gender neutral and this creates an issue for transgender patients.

**What do you need at the reception area?**

When arriving at the clinic an indication of waiting time would reduce anxiety. Consideration needs to be given to whether individuals need support for form filling

The waiting area could be used to provide information of services, potentially via TV screens. The information provided could explain the process in the clinic (Pictures of process/video of process/animations).

**What do you need from consultation room and process?**

The consensus was that people require reassurance of confidentiality and privacy, for the service to be holistic and to be seen and receive treatment in one visit.

There also needs to be sufficient space for wheelchair users.
How do you need to receive results?
Generally the view was that text messages are the preferred method, however consideration has to be given to understanding and access to a mobile phone. Certainly young people being expected to re-attend clinic specifically for results isn’t viable, and this probably applies to a number of other groups. Calling for the result is another option.

What about alternatives: community pharmacies/GPs/online?
The views of alternatives that should be considered for the future were centred round making testing more accessible, supported by trained professionals and written materials, along the lines of the approach used in England. There was a consensus that over the counter buying of test/treatments without professional support is not appropriate, although this is currently the only alternative to attending clinic in Wales.

Suggestions for alternatives included:

- Postal kits /Freepost to lab/clinic/Home testing
- Pick up self-testing kits via community settings – pharmacies, youth clubs, C Card services, other services, charity shops, schools, colleges, libraries, clubs, events, festivals, Pride, Eisteddfod, Royal Welsh Show
- Outreach services in community settings – prisons, street, parlour, Substance Misuse Services, community groups. Schools drop ins, Further Education colleges, special schools, Pupil Referral Units, sheltered accommodation, supported living, care settings
- Myth busting about GPs – testing and contraception service available.
- Online prescriptions for contraception

Patient Survey
A survey was conducted to determine patient views of sexual health services and their opinions on service provision in order to contribute to the future development of the service. The survey was uploaded to ‘Survey Monkey’ so that it could be completed electronically. A poster was distributed to the clinics in Wales to be used to advertise the survey and provide the link via a QR code.
The clinics also chose to make paper copies available to patients for completion to maximise uptake. The paper versions were subsequently entered on to the database in order to be incorporated into the overall analysis. Further, a link to the survey was made available through the Frisky Wales website.

The survey ran from the end of May 2017 and continued to be available until mid October in order to include the ‘Freshers’ period at the Universities.

The total number of responses included in this analysis was 1273.

*Figure 1 Age group categories of those who responded to the questionnaire*
Figure 2 Self-reported gender identity of responders

<table>
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<th>Female</th>
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Significantly more women responded to the survey than men.

Figure 3 Sexuality of those responding to survey

<table>
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<th>Sexuality</th>
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<td>3.7</td>
<td>3.3</td>
<td>0.7</td>
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</table>

There is apparently very little representation from respondents who identify as anything other than heterosexual.
The percentage attending for STI testing is almost as great as those for contraception which means that the women who responded to the survey are not only attending for contraception.

The figures for manner of attendance demonstrates that there will always be a need for appointments for sexual health services but that the proportion of provision through drop in compared with appointment needs to be weighted in favour of drop in.
Different methods for booking appointments should be considered – in the same way that multiple options are offered in primary care.

Interestingly there does not appear to be much preference for day of the week to access the sexual health services.
In the survey there were more who said that they either had no preference for when they attended clinic or that the morning was the preferred time of day. However, there were no defined times given within the survey for the clinic sessions.

**Figure 8 Preferred time of session in the day to attend clinic**

![Bar chart showing preferences for clinic times]

**Figure 9 Preferred method for registering attendance at the clinic**

![Bar chart showing preferences for registration methods]
There was very little preference shown for LGBT only clinics, however from figure 3 there was little representation of this group to be able to respond.

The survey asked about accessing self-testing for sexually transmitted infection and 60% said that they would chose to do this. However, the survey only asked about accessing on-line and did not ask about accessing through community venues which may have elicited a greater response.
Student Sex Survey
The dataset collected for research by Professor Tracey Sagar and Ms Debbie Jones, Swansea University (2015) was shared with Public Health Wales.

A subset of the data (n=3007), where individuals were identified as Welsh residents, was analysed to provide insight into perceptions of risk and for behaviour indicators, as well as an analysis of any trends in STIs to ascertain high-risk groups.

Sexual Health Advice
Responses to questions regarding choices for sources of advice for sexual health provided the following observations:

- The main sources of advice were the internet and the GP. With increasing age there was a greater tendency to seek advice from the GP.
- For those who reported sexuality other than heterosexual they were far more likely to go to a sexual health charity or student support services for advice.
- Males were half as likely as females to seek advice from parents or friends and three times more likely to report never having needed advice – approximately 20% of males reported that they never needed advice.
- Those who reported first sex under the age of 16 are the most likely to seek advice and will use a variety of sources - internet, pharmacy, local SH clinic.

Source of Treatment
When asked where they would seek treatment related to sexual health the following was reported:
- 50% reported never needing treatment.
- Of those who had sought treatment there was a 50:50 split between being treated at the GP and the sexual health clinic.
- Those reporting first sex under 16 were more likely to have needed treatment.
- Males are 40% more likely to believe that they have never needed treatment and are half as likely to have accessed treatment at the GP or sexual health clinic.

**Barriers to Using Sexual Health Services**
Individuals were asked about potential barriers to their attendance at services for sexual health.

- Those identifying as homosexual were twice as likely to be afraid of being judged by staff and were embarrassed about being seen and about attending the services.
- Those in the older age group were less likely to report being embarrassed about being seen or going, more likely to know the location of the services and more likely to report that there were no reasons that acted as a barrier.
- Males were half as likely to report being afraid of being judged by staff compared to females.
- Homosexuals are twice as likely to report being afraid of being judged than heterosexuals.
- Homosexuals and Bisexuals were more likely to report that they didn’t have time to access services.

**Frequency of Accessing Sexual Health Checks**
When asked how frequently they accessed services for a sexual health check the responses showed:

- Males over a third less likely than females to seek a SH check at new partner stage.
- Males are a third more likely to never had had a check.
- Those reporting first sex under 16 are more likely to get checked at any stage but are significantly more likely to seek a sexual health check when with a new partner and/or every 3 months

**Number of Partners & Sexual Health History**
Results to responses to questions about the number of partners and whether they had ever had an STI showed:

- Those identifying as bisexual or homosexual were more likely to have had 10 or more partners. They were also more likely to have has an STI.
- Those who reported first sex before 16 were a third less likely to practise safe sex and three times more likely to report ever having an STI.
- The older the respondent the more partners, more STIs and less likelihood of practising safe sex.

**Experiences and Exposure to the Sex Industry**
Responses showed:

- Males were seven times more likely to have viewed pornography and the likelihood increased with age.
Those who reported first sex under 16 were more likely to partake in sex industry than those who were older when they first had sex.

**Literature Search**
The Public Health Wales Observatory Evidence Service undertook a literature search on sexual risk behaviour.

**Methodology**

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**Limits**

- **Publication types**
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- **Study design**
  - All
- **Language**
  - English
- **Dates covered**
  - 2000-Oct 2017
- **Geographical location**
- **Setting**
- **Population group**

**Search results**


Abstract: There are several studies that showed the high prevalence of high-risk sexual behaviors among youths, but little is known how significant the proportion of higher risk sex is when the male and female youths are compared. A meta-analysis was done using 26 countries’ Demographic and Health Survey data from and outside Africa to make comparisons of higher risk sex among the most vulnerable group of male and female youths. Random effects analytic model was applied and the pooled odds ratios were determined using Mantel-Haenszel statistical method. In this meta-analysis, 19,148 male and 65,094 female youths who reported to have sexual intercourse in a 12-month period were included. The overall OR demonstrated that higher risk sex was ten times more prevalent in
male youths than in female youths. The practice of higher risk sex by male youths aged 15-19 years was more than 27-fold higher than that of their female counterparts. Similarly, male youths in urban areas, belonged to a family with middle to highest wealth index, and educated to secondary and above were more than ninefold, eightfold and sixfold at risk of practicing higher risk sex than their female counterparts, respectively. In conclusion, this meta-analysis demonstrated that the practice of risky sexual intercourse by male youths was incomparably higher than female youths. Future risky sex protective interventions should be tailored to secondary and above educated male youths in urban areas


Abstract: Background: HIV risk perceptions have been unreliable in predicting behavioral change, suggesting that significant factors which may contribute to HIV risk perception remain unknown. Objective: The purpose of this research was to describe HIV risk perceptions of two discordant samples and theorize about possible antecedents to their HIV risk perception. Study Design: The multiethic samples consist of female college students (n = 286) and female HIV seronegative injecting drug users (n = 101). Secondary analysis of two data sets was conducted for this comparative descriptive study. Results: Approximately 90% of college students and 60.4% of injecting drug users appraised their HIV risk as nil or small. Injecting drug users were 3.1 times more likely than college students to perceive some risk of HIV infection and 28.8 times more likely to perceive a large or great risk. Conclusion: Both samples minimized their HIV risk. HIV risk perception appears to be based on cognitive antecedents in addition to risky HIV-related sexual and drug-use behavior. It is theorized that both samples used the cognitive coping strategies of denial, distancing, and downward comparison to minimize their HIV risk perception


Abstract: Background: Sexual habits and risky sexual behaviour strongly affect public health. Available data indicate that sexually transmitted infections are increasing in many EU countries. Changes in the epidemiology of sexually transmitted diseases across Europe are among other factors suggested to be driven by changes in sexual behaviour patterns. The purpose of our study is to assess the occurrence of risky behaviour in men aged 18-45 years from the general population. Furthermore, we aim to examine factors associated with risky sexual behaviour. Methods: A random sample of 33 000 Danish men (18-45 years) was selected from the general population. The participants (participation-rate: 71.0%) received a self-administered questionnaire which could be returned in a paper-based version or as a web-based questionnaire. Non-respondents were subsequently asked to participate in a telephone interview with the same questions as in the paper- or web-based questionnaire. We defined risky sexual behaviour as > 8 lifetime sexual partners, .2 new sexual partners in the past 6 months and intercourse with a commercial sex worker.

Results: The Danish men reported having had sexual intercourse with a median of 8 female partners during their lifetime and 9.8% of the men have had .2 new sexual partners in the past 6 months. Sexual intercourse with a commercial sex worker was reported by 11.3% of the men. Furthermore, men reporting > 8 lifetime partners or .2 recent sex partners were more likely to have other risk taking behaviours such as early sexual debut, current smoking and regular binge drinking. A similar pattern was seen in men who had sex with a commercial sex worker.

Conclusions: Our results show that a high proportion of Danish men have had sexual contact with a large number of partners, and risky sexual behaviour is closely related to other risk-taking behaviours such as smoking and binge drinking. Available at: https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/1471-2458-11-764?site=bmcpublichealth.biomedcentral.com [Accessed: 6th October 2017]

Abstract: An investigation is presented of the relationship between gender and five self-reported high-risk sex behaviors: ever having had casual sex, the lifetime number of vaginal sex partners, the lifetime number of anal sex partners, having had multiple vaginal sex partners over the short term, and having had multiple anal sex partners over the short term. The analysis was guided by a conceptual model that emphasized the constraints and opportunities for high-risk sex behavior that arise from an individual's structural position and cultural context. Gender differences in high-risk sex behaviors were predicted to be due to differences in men's and women's family roles, work roles, religious behaviors, and past sex experience. In addition, the effects of certain sociocultural factors on the high-risk sex behaviors were expected to be dependent on an individual's gender. The hypotheses were evaluated using national data from the United States on self-reported sex behaviors for men ages 20 to 39 years old and women ages 20 to 37 years old. Data analyses were conducted using ordinary least-squares regression and logistic regression. Findings provided mixed support for the predictions. Gender was not significantly related to short-term, self-reported high-risk sex behaviors once social and cultural factors were included in the statistical models. But it continued to predict lifetime behaviors. Several variables, including race, age, age at first sex, and marital status, had gender-specific effects on the self-reported high-risk sex behaviors. The study demonstrates how the effects of structural and cultural factors on sex behavior differ for men and women.


Abstract: Objective: To assess the correlates of the high risk sexual behaviors of Polish migrants in the United Kingdom (UK) after 2004, and to compare such behaviors before/after immigration. Methods: In 2013, a cross-sectional study was conducted through the use of a Computer-assisted web interviewing survey technique with the use of a self-administered questionnaire. Results: Among 408 respondents (56.9% women), with a median age of 32 years, significantly more admitted to having unprotected sexual contact with a casual partner while in the UK (p < 0.0001) than while in Poland; more were engaged in sex after the use of recreational drugs and alcohol (p < 0.0001 and p = 0.001 respectively). Being a male was associated with greater odds of unprotected sex, sex after the use of alcohol, and having multiple partners. Being single and having only been a resident for a short time in the UK, presenting a lower self-esteem, were predictors of unprotected sex. A total of 19.6% of the respondents admitted to having been tested while in Poland, a lower (p < 0.0001) frequency than while in the UK (49.5%); this referred to both genders; 1.2% (95% CI: 0.79-2.83%) reported that they were HIV positive. Conclusions: Migration can create a vulnerability to STIs, especially for single male migrants with low self-esteem, staying in the UK for less than two years. The results point to strengthening strategies which help reduce high risk sexual behavior among Polish migrants, and to introduce interventions to promote an awareness of HIV sero-status. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409623/pdf/ijerph-14-00422.pdf [Accessed: 6th Oct 2017]


Abstract: AIM: The aim of this investigation was to study the development of sexual attitudes, behaviour and risk assessment in adolescents and young adults, 16-24 years, compared with older adults, 25-44 years, between 1989 and 2007.

METHODS: We conducted mailed questionnaire surveys in random samples of the Swedish general population in 1989, 1994, 1997, 2000, 2003, and 2007 (total n = 16.773). Each sample consisted of 4,000-6,000 participants, stratified by age. The overall participation rate for men was 54% and for women was 70%.

RESULTS: The likelihood of holding a restrained attitude to sexual intercourse outside of a stable relationship decreased significantly throughout the period of study, particularly for the 16-24 year olds.
The odds ratio for more than two sexual partners and casual sexual intercourse without using a condom during the preceding 12 months increased significantly in the younger age group, particularly for young women. For women aged 16-24 years, the prevalence of several sexual partners and casual sexual intercourse without the use of a condom doubled between 1989 and 2007. In 2007 there was no difference in this respect between young men and young women. There were small changes in risk assessment associated with HIV infection during the study period.

CONCLUSIONS: Sexual risk behaviour increased significantly for 16-24 year olds, and particularly young women, during the study period. To reduce the risk of uncontrollable spread of sexually transmitted infections in this age group, it is imperative that condom use in risky sexual contact is encouraged.


Abstract: Population characteristics, including population size, age structure, ethnic makeup and net migration, affect the epidemiology of STIs. In this article, the authors discuss historic and recent trends in the epidemiology of STIs (other than HIV) between 1922 and 2012 that are of particular public health concern in the UK. We focus on the population groups at greatest risk, direct and contextual factors associated with transmission and recent developments in STI intervention and control. Available at: https://www.futuremedicine.com/doi/pdf/10.2217/fmb.14.110 [Accessed: 27th Sept 2017]

Johnston CK et al. (2011). HIV knowledge and perceptions of risk in a young, urban, drug-using population. *Public Health* 125:

Abstract: Background: Educational programs targeted towards youth to prevent HIV transmission are based on a model that increased knowledge equals reduced risk behaviour. This study explored HIV knowledge among a cohort of young drug users, and their perceptions of HIV risk acquisition.

Methods: Between September 2005 and August 2009, youth who used illegal drugs were recruited into a prospective cohort known as the at-risk youth study (ARYS) in Vancouver, Canada. Participants completed an 18 item HIV Knowledge Questionnaire (HIV-KQ-18) and responses were scored dichotomously (i.e., ≥15 indicating high knowledge and <15 indicating low knowledge). We compared high- and low-scoring youth using Pearson’s chi-square test and logistic regression. We also examined youths’ perceptions of risk for acquiring HIV compared to their peers.

Results: Of 589 youth recruited into ARYS, the mean age was 22 (interquartile range [IQR]: 20–24), 186 (31.6%) were female, and 143 (24.3%) were of Aboriginal ancestry. The median score on the HIV-KQ-18 was 15 (IQR: 12–16). Internal reliability was high (Cronbach’s α=0.82). The analyses demonstrated that youth with higher HIV knowledge were more likely to be older (adjusted odds ratio [AOR] = 1.08, per year older p = 0.031), completed high school (AOR = 1.42, p = 0.054), and engage in unprotected intercourse (AOR = 1.73, p = 0.023). The majority of respondents (77.6%) perceived themselves to be at lower risk for acquiring HIV in comparison to their peers.

Conclusions: HIV knowledge scores of participants were surprisingly low for an urban Canadian setting as was their HIV risk perception. Higher HIV knowledge was not associated with reduced sexual risk behaviour. Results demonstrate that education programs are not reaching or impacting this high-risk population. Given the complex forces that promote HIV risk behaviour, prevention programs should be fully evaluated and must recognize the unique characteristics of drug-using youth and factors that drive risk among this population


Abstract: Theory suggests that perceived human immunodeficiency virus (HIV) risk and actual HIV risk behaviour are cyclical whereby engaging in high risk behaviour can increase perceived risk, which initiates precautionary behaviour that reduces actual risk, and with time reduces perceived risk.
While current perceived risk may impact future actual risk, it is less clear how previous actual risk shapes current perceived risk. If individuals do not base their current perceived risk on past behaviour, they lose the protective effect of perceived risk motivating precautionary behaviour. Our goal was to determine the impact of actual risk on perceived risk. Available at: https://bmcpublichealth.biomedcentral.com/track/pdf/10.1186/s12889-016-2859-6?site=bmcpublichealth.biomedcentral.com [Accessed: 21st Sept 2017]


Abstract: During the past two decades, a fair amount of inconclusive research has been conducted to examine the relationship between perceived risk of contracting HIV and actual HIV risk behavior practices. The present study examines HIV risk perceptions among a sample of 250 urban, economically-disadvantaged, primarily minority women. In particular, we focus on differences between those saying that they have no chance whatsoever of contracting HIV and those who indicated at least some possibility of becoming HIV-infected. Three research questions are addressed: (1) Are there differences between these groups attributable to their risk behavior practices? (2) To what extent do women who think that they are not at risk for HIV engage in risky behaviors that could expose them to HIV? (3) What are the most salient predictors of the women's perceived risk classification?

Results showed that women perceiving themselves to have at least some HIV risk engaged in higher rates of risky behaviors than their counterparts who perceived themselves to have no possibility of contracting HIV. Despite this finding, more than one-half of the "no perceived risk of HIV" sample had engaged in at least one risky practice during the preceding year and more than one-quarter had engaged in at least two such behaviors. Age, childhood maltreatment experiences, self-esteem, number of HIV risk behaviors practiced, amount of illegal drug use reported, and number of times having sex were significant predictors of women's perception of having some HIV risk versus having no HIV risk


Abstract: American men who have sex with men (MSM) continue to have increased rates of HIV and sexually transmitted diseases (STD). Between 2004 and 2010, 1155 MSM were tested for HIV and/or STDs at Providence, RI bathhouse. The prevalence of HIV was 2.3%; syphilis, 2.0%; urethral gonorrhea, 0.1%; urethral chlamydia, 1.3%; 2.2% of the men had hepatitis C antibodies. Although 43.2% of the men engaged in unprotected anal intercourse in the prior 2 months, the majority of the men thought that their behaviors did not put them at increased risk for HIV or STDs. Multivariate analyses found that men who engaged in unprotected anal intercourse were more likely to have had sex with unknown status or HIV-infected partners; have sex although under the influence of drugs; tended to find partners on the internet; and were more likely to have a primary male partner. Men who were newly diagnosed with HIV or syphilis tended to be older than 30 years; had sex with an HIV-infected partner; had a prior STD diagnosis; and met partners on the internet. For 10.5% of the men, bathhouse testing was the first time that they had ever been screened for HIV. Of 24 men who were newly diagnosed with HIV infection, only 1 was not successfully linked to care. These data suggest that offering HIV and STD testing in a bathhouse setting is effective in attracting MSM who are at increased risk for HIV and/or STD acquisition or transmission. Available at: https://doi.org/10.1097/QAI.0b013e31823bbecf [Accessed: 6th Oct 2017]


Abstract: Objective: To analyze the factors associated with sexual risk behavior in adolescent girls and boys in order to plan future school health interventions.
Methods: A cross-sectional study with two-stage cluster sampling that included 97 schools and 9,340 students aged between 14 and 16 years old was carried out in 2005-2006 in Catalonia (Spain). For the survey, a self-administered paper-based questionnaire was used. The questionnaire contained items on sociodemographic variables, use of addictive substances and mood states, among other items. These variables were tested as risk factors for unsafe sexual behavior.

Results: This study included 4,653 boys and 4,687 girls with a mean age of 15 years. A total of 38.7% of students had had sexual relations at least once and 82.3% of boys and 63.0% of girls were engaged in sexual risk behaviors. The prevalence of sexual relations and risk behaviors was generally higher in boys than in girls, independently of the variables analyzed. Boys had more sexual partners (P < .001) and used condoms as a contraceptive method less frequently than girls (P < .001). Foreign origin was related to unsafe sexual activity in both genders. Alcohol consumption was also a risk factor in boys.

Conclusions: Sexual risk behaviors among adolescents in Catalonia are higher in boys than in girls. Factors related to unsafe sexual activity in boys were foreign origin and alcohol consumption. In girls only foreign origin was a significant risk factor. Available at: http://www.gacetasanitaria.org/en/linkresolver/gender-differences-in-sexual-risk/S0213911110002840/ [Accessed: 3rd Oct 2017]


Abstract: Background-The identification of antecedents to sexual risk among youth is critical to the development and dissemination of multilevel interventions. Therefore, the aim of the present study was to examine the effect of sexual sensation-seeking on partner age, partner communication, and the sexual attitudes and behaviours of African-American female youth.

Methods-This study examined survey data collected by audio computer-assisted self-interviews from 701 young African-American females between 14 and 20 years of age. The survey consisted of items designed to measure adolescents' sexual risk and preventive behaviours.

Results-The results of this study suggest that sexual sensation-seeking is associated with condom use among adolescent African-American females. For adolescents who reported greater sexual sensation-seeking, lower levels of sexual happiness were associated with a decreased likelihood of condom use at last intercourse (β = 1.01, P = 0.05). For those reporting lower levels of sexual sensation-seeking, greater sexual enjoyment was associated with a greater likelihood of condom use at last intercourse (β = 0.93, P = 0.01). Adolescents with younger sexual partners and lower levels of sexual sensation-seeking reported a higher proportion of condom use in the past 6 months (β = 0.70, P = 0.01). Higher partner communication self-efficacy and decreasing levels of sexual sensation-seeking were associated with fewer lifetime sexual partners (β = -0.54, P = 0.05).

Conclusions-Future research should address the impact of these variables on adolescent relationship dynamics and sexual decision-making. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4426977/pdf/nihms-686139.pdf [Accessed: 25th Sep 2017]


Abstract: BACKGROUND: Research confirms the existence of gender-based differences regarding the high-risk sexual behaviour (non-use of condoms and casual partners) of young men and women. The objectives were to provide evidence for this association; to analyse the reasons why both sexes have sexual relations with casual partners and to ascertain the motives for condom use or non-use during casual sex. METHODS: A cross-sectional study was performed on a sample of 900 participants, 524 males and 376 females. All participants were 15-29 (20.93 +/- 4.071) years of age and came from four different centres (a university, two secondary schools, and a military base) in Melilla (Spain). The participants were given a socio-demographic survey as well as a psychometric
RESULTS: The results found gender-based significant differences for sexual relations with penetration (p = 0.001), number of sexual partners (p = 0.001), and sexual relations with casual partners (p = 0.001). In all of these variables, male participants had higher percentages than female participants. Reasons for having casual sexual relations were also different for men and women, differences were found for the items, opportunity (p = 0.001), interest in knowing the other person (p = 0.015), physical excitement (p = 0.056) and drug consumption (p = 0.059). Regarding the reasons for consistent condom use with casual partners, there were differences for the item, my demand of a condom (p = 0.002). For the non-use of condoms with casual partners, differences were found for the items, I do not like to use condoms (p = 0.001) and condoms lessen sensitivity and reduce pleasure (p = 0.009). CONCLUSIONS: Men and women were found to have different high-risk sexual behaviours and practices. Of the motives for having sexual relations with casual partners, male participants considered opportunity and interest in knowing the other person to be more important than the female participants. Regarding condom use, the female participants' demand to use a condom was a significant gender-based difference. In contrast to the young women, the male participants mostly justified not using a condom because it lessened sensitivity and reduced pleasure. Available at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-745 [Accessed: 3rd Oct 2017]


Abstract: While a number of studies have explored the correlates of casual sexual behavior, few have examined how malleable psychosocial characteristics such as sexual satisfaction and reasons to have sex interact with each other in predicting risky sexual behavior. The present study examined the interaction of gender, sexual satisfaction, and reasons for having sex as predictors of propensity to engage in casual sexual behavior (sexual permissiveness) in a sample of 269 women and 86 men [mean age (M) = 22.05 years, standard deviation (SD) = 3.02]. Among men who reported having sex relatively frequently for non-sexual, goal-oriented reasons, higher levels of sexual satisfaction were associated with lower levels of sexual permissiveness, while for men who reported having sex relatively less frequently for goal-oriented reasons, sexual satisfaction was unrelated to sexual permissiveness. Among women, sexual satisfaction was associated with lower sexual permissiveness only for those who reported having sex relatively infrequently for goal-oriented reasons. For women who reported frequently having sex for physical pleasure, higher levels of sexual satisfaction were associated with lower sexual permissiveness. Satisfaction was associated with lower sexual permissiveness for men independently from their physical motives to have sex. There was no relationship between having sex for insecurity reasons and propensity for casual sex. These findings are explored in the context of the protective factors of sexual satisfaction and the role of gender in moderating these relationships.


Abstract: BACKGROUND: Sexual acquisition of HIV is influenced by choice of partner, sex act, and condom use. However, current risk-reduction strategies focus mainly on condom use.
GOAL: To estimate the contribution of choice of partner, sex act, and condom use on the per-act relative and absolute risks for HIV infection.
STUDY DESIGN: Per-act relative risk for HIV infection was calculated with use of estimates of HIV prevalence, risk of condom failure, HIV test accuracy, and per-act risk of HIV transmission for different sex acts. Absolute risks were calculated on the basis of these relative risk estimates.
RESULTS: Choosing a partner who tested negative instead of an untested partner reduced the relative risk of HIV infection 47-fold; using condoms, 20-fold; and choosing insertive fellatio rather than insertive anal sex, 13-fold. Choosing one risk-reduction behavior substantially reduces absolute risk of HIV infection for heterosexuals but not for men who have sex with men. CONCLUSION:
Clarifying the magnitude of risk associated with different choices may help people make effective and sustainable changes in behavior.