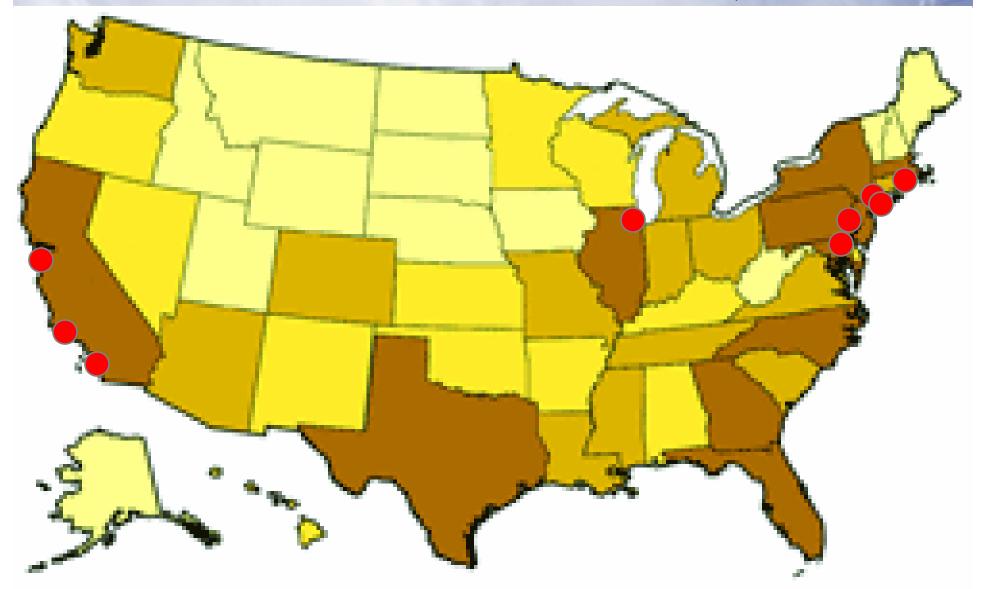
Anal sex is a Behavioral Marker for Laboratory-Confirmed STDs and HIV-Associated Risk Among African American Female Adolescents

Ralph J. DiClemente, PhD
Gina M. Wingood, ScD, MPH
Richard A. Crosby, PhD
Laura F. Salazar, PhD
Sara Head, MPH
Eve Rose, MPH
Jessica McDermott-Sales, PhD
Angela M. Caliendo, MD, PhD

Background

- Sexually transmitted diseases (STDs) are a significant source of morbidity among adolescents ages 15-24
- African-American females in the South are disproportionately affected by the intersecting epidemics of HIV and STDs.
- ☐ One risk behavior that is understudied is anal sex.
- Anal sex may be a marker for other risks behaviors and STD acquisition

New AIDS cases across the US, 2005



Brown = highest concentration, Light yellow = lowest

Source: Statehealthfacts.org (Accessed October 2007) 'New AIDS Cases, reported in 2005', The Henry J. Kaiser Family Foundation.

Objective

To determine whether among African American adolescent females engaging in penile-anal sex is associated with a profile of other high risk sexual behaviors and laboratory-confirmed STDs



Methods: Sample

□ 715 African-American females

- Recruitment sites:
 - Urban STD clinic
 - Teen clinic in large hospital
 - 耳 Family planning clinic





Methods: Data Collection

- □ Cross-sectional study
- Audio-computer assisted self-interview (ACASI)
 - Sexual risk behaviors
 - Anal sex (past 60 days)
- - ☐ Chlamydia trachomatis
 - ™ Neisseria gonorrhoeae
 - Trichomonas vaginalis
- □ Approved by Emory IRB



Methods: Data Analysis

 \square Bivariate analyses: prevalence ratios, 95% confidence intervals, P-value; significance was set at $\alpha \le .05$

Hierarchical logistic regression model Conducted to adjust analyses for key covariates:

□ Age

Residing with family member



Results: Sample Characteristics

- Mean age 17.8 years (± 1.7)
- 75.8% reside with family member
- \$65.3% enrolled in school
- 28.8% positive for 1 of 3 STDs
 - □ 17.6% C. trachomatis
 - □ 4.9% N. gonnorhoeae
 - 12.9% T. vaginalis
- **10.5%** prevalence of anal sex (past 60 days)



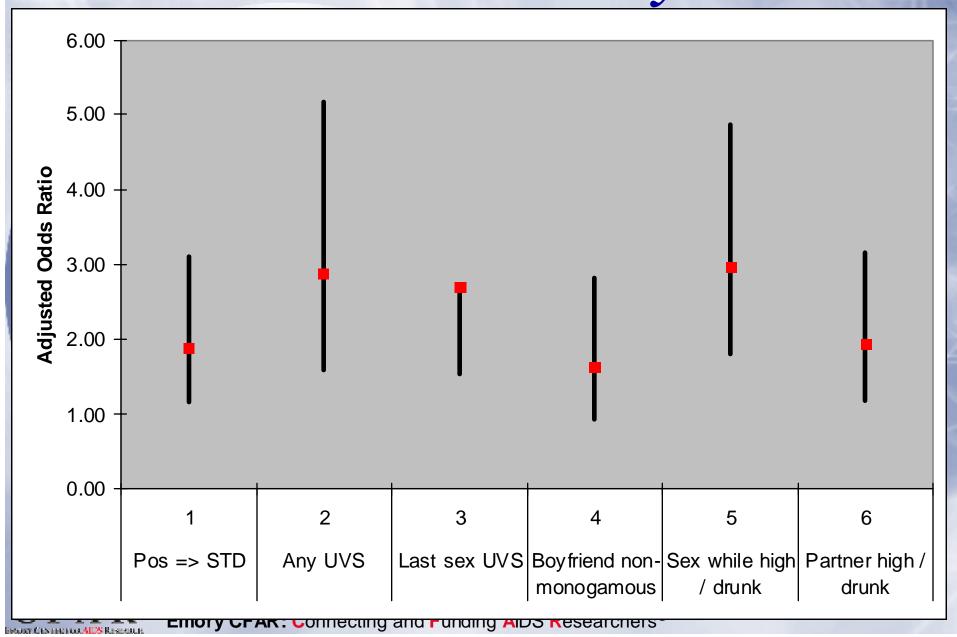
Results: Bivariate Associations

Outcome	Anal Sex	No Anal Sex	PR	95% CI	P		
	(n = 75)	(n = 640)					
Positive for at least one STD							
	40.0%	27.5%	1.46	1.07-1.97	.02		
Sexual Risk Profile							
Any unprotected vaginal sex							
	78.7%	56.9%	1.38	1.21-1.58	.001		
Last vaginal sex was unprotected							
	77.3%	65.8%	1.41	1.23-1.63	.001		
Boyfriend has sex with other females							
	40.7%	29.0%	1.40	1.00-1.97	.06		
Had sex while high or drunk							
	56.0%	29.5%	1.90	1.50-2.40	.001		
Had sex while partner was high or drunk							
	60.0%	43.1%	1.39	1.13-1.71	.005		

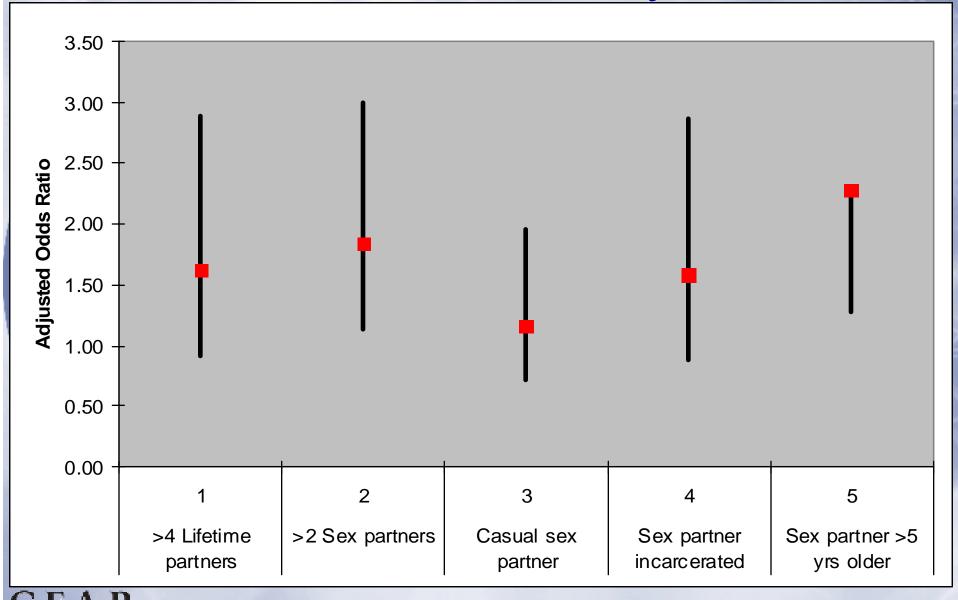
Results: Bivariate Associations cont.

Outcome	Anal Sex	No Anal Sex	PR	95% CI	P			
	(n = 75)	(n = 640)						
Sexual Risk Profile cont.								
Lifetime # of vaginal sex partners ≥ 4								
	(58) 77.3	(421) 65.8	1.18	1.03-1.34	.04			
Had vaginal se	ex with 2 or more (35) 46.7	•	1.48	1.13-1.93	.009			
Had sex with a casual partner								
	(26) 34.7	(199) 31.1	1.12	.80-1.55	.53			
Had sex with a partner recently incarcerated								
	(17) 22.7	(105) 16.4	1.38	.88-2.17	.17			
Had sex with partner at least 5 years older								
	(19) 25.3	(79) 12.3	2.05	1.32-3.19	.002			

Multivariate Analysis



Multivariate Analysis



Limitations

□ Cross-sectional study design

Self-reported data for sensitive behaviors, potential recall bias

Convenience sample

Findings limited to African-American female adolescents



Discussion

Adolescents reporting recent anal sex had a higher prevalence of STDs and other risk behaviors.

☐ Of 10 risk behaviors examined, 6 remained statistically significant after adjustment.

Anal sex as a behavioral marker may be useful to facilitate efficient sexual health screening.



Implications for Practice

- Healthcare providers can screen for anal sex as a marker of other risk behaviors
- Assessing history of anal sex in clinical assessment
 - straightforward
 - allows clinicians to screen adolescents efficiently



