

WHAT YOU NEVER KNEW ABOUT SWINGING

If you're heterosexual and older than 45, swinging—that is, engaging in mate swapping or group sex, or visiting sex clubs for couples—may be bad for your health.¹ During 2007–2008, some 12% of visits to a Dutch public STD clinic that routinely documents this behavior were made by swingers; 10% of these patients (whose median age was 43) tested positive for either chlamydia or gonorrhea. In analyses controlling for age, risk group (men who have sex with men, swingers and, for women, prostitutes) and the interaction between the two, swinging was associated with significantly elevated odds of infection for both men and women older than 45 (odds ratios, 4.7 and 5.3); it was not a predictor of infection among younger individuals. Older female swingers had the highest STD prevalence of any risk group (18%). Swingers accounted for 12% of STD diagnoses overall and for 55% of those among clinic attendees older than 45; by comparison, men who have sex with men accounted for 13% and 31%, respectively. The investigators suggest that identifying swingers and regularly testing them for STDs could reduce the STD burden at both the individual and the population levels.

1. Dukers-Muijters NHTM et al., Older and swinging; need to identify hidden and emerging risk groups at STI clinics, *Sexually Transmitted Infections*, 2010, 86(4):315–317.

ABUSIVE MEN AND ABORTION

Men who perpetrate physical or sexual violence against a female partner are more likely than others to be involved in a pregnancy that ends in abortion, according to results of a computer-based survey conducted among 1,318 Boston-area men aged 18–35.¹ One-third of respondents reported having perpetrated intimate partner violence, and the same proportion had been involved in a pregnancy that was terminated by abortion. Abusive men were at increased risk of reporting any abortion involvement (risk ratio, 1.8 in analyses adjusting for age, race and ethnicity, and recruitment site) and, even more markedly, involvement in three or more pregnancies ending in abortion (3.4). They also had an elevated likelihood of reporting conflict with their partner regarding abortion (2.8); this association applied to both trying to prevent an abortion and trying to compel it (2.6 and 2.4, respectively). The researchers contend that “the significant

threat to women's reproductive control related to violence from male partners . . . should be considered in the design of all services and policies related to family planning and abortion.”

1. Silverman JG et al., Male perpetration of intimate partner violence and involvement in abortions and abortion-related conflict, *American Journal of Public Health*, 2010, 100(8):1415–1417.

70% HPV VACCINE COVERAGE NOT LIKELY ANY TIME SOON

Studies that have modeled the potential population-level effects of vaccination against human papillomavirus (HPV) have assumed high levels of coverage—at least 70% of adolescents—within a few years of the vaccination's 2006 licensure. However, a new analysis, which takes into account information on parents' attitudes toward vaccination that was not available for some earlier modeling exercises, suggests that it could take as many as 23 years

to reach the 70% threshold.¹ Even at 50 years, the end of the model's time frame, only four in five adolescents might be covered—a proportion still below the Healthy People 2010 goal of nine in 10. However, if school policies mandate vaccination (as they have done, with beneficial effect, in other cases), the prospects brighten: The 70% threshold could be reached in eight years, and 90% coverage by year 43. According to the analysts, their results “point to a need to re-evaluate public expectations for the clinical effects of HPV vaccination at a population-level, and to . . . explore the role of social policies such as school mandates for HPV vaccination.”

1. Dempsey AF and Mendez D, Examining future adolescent human papillomavirus vaccine uptake, with and without a school mandate, *Journal of Adolescent Health*, 2010, 47(3):242–248.

STDs AMONG THE VIAGRA SET

Men who take drugs to treat erectile dysfunction have higher STD rates, both before and after they use these medications, than other men, according to a study of claims filed between 1997 and 2006 by roughly 1.4 million men older than 40 with private, employer-based health care coverage.¹ Nearly 34,000 men filled at least one prescription for an erectile dysfunction drug during the study period; this group had a higher prevalence of STDs during the year before they first obtained an erectile dysfunction drug than did men who did not use these drugs—215 vs. 106 per 100,000. Most of the difference was due to their higher prevalence of HIV (147 vs. 67 per 100,000), although they also had an elevated rate of chlamydia (41 vs. 15 per 100,000). These differences were borne out in multivariate analysis, and results were largely

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the same for the year after the first prescription for erectile dysfunction medication was filled; however, the elevated STD rate at the later time was driven entirely by an elevated HIV rate. The difference in STD prevalence between users and nonusers of erectile dysfunction drugs did not change over time. According to the researchers, use of these medications may help physicians identify men who “may benefit from reminders about safe sexual practice.”

1. Jena AB et al., Sexually transmitted diseases among users of erectile dysfunction drugs: analysis of claims data, *Annals of Internal Medicine*, 2010, 153(1):1–7.

EMERGENCY CONTRACEPTION USE AMONG THE TWILIGHT SET

Nine percent of sexually experienced 15-year-olds surveyed in 11 European countries in 2006 reported use of emergency contraception after last intercourse; the proportion ranged from 2% (in Hungary) to 18% (in France).¹ Findings from multivariate analyses indicated that teenagers were more likely to have used emergency contraception than condoms or regular pills if they reported poor communication with at least one adult (odds ratio, 1.6) or smoked daily (1.5); they were more likely to have used emergency pills than to have used no method if they had first had sex at age 14 or older (2.2), considered themselves academically accomplished (1.7) or smoked daily (2.0). Variations among countries remained significant in both sets of analyses. The researchers emphasize the need for “accurate country-level data” on such factors as contraceptive availability and policies on sexual health education to address the challenges of pregnancy and STD prevention among young people.

1. Gaudineau A et al., Use of emergency contraceptive pill by 15-year-old girls: results from the international Health Behaviour in School-Aged Children (HBSC) study, *BJOG: An International Journal of Obstetrics and Gynaecology*, 2010, 117(10):1197–2004.

MEDIA DAMAGE CONTROL

Noting that the media that have the attention of American children and teenagers for many hours a day “are filled with sexual messages and images, many of which are unrealistic,” the American Academy of Pediatrics has issued a set of recommendations aimed at helping its members minimize unhealthy effects on youth.¹ These include office-based counseling to encourage youngsters to limit their media time to less than two hours daily, and to help parents “recognize the importance of the media [and] exert control over their children’s media choices.” They also cover ways in which pediatricians could work with advocacy groups and broadcast media to encourage appropriate, responsible sexual content, and with schools to foster media literacy. Finally, the academy urges the broadcast industry, the federal government and private funders to support research on “the impact of sexual content in the media on children’s and adolescents’ knowledge and behavior.”

1. Strasburger VC and the Council on Communications and Media, Sexuality, contraception, and the media, *Pediatrics*, 2010, 126(3):576–582.

HIV TESTING ON THE RISE?

In the year after the Centers for Disease Control and Prevention recommended routine HIV testing for all 13–64-year-olds, the proportion of sexually experienced young people who were tested at an adolescent health clinic in Cincinnati

increased significantly, from 13% to 28%; the proportion rose again, to 45%, in the year after less invasive, rapid testing was introduced.¹ The odds of being tested rose with patients’ age and were elevated among men, nonwhites, those with public health insurance and patients with a diagnosed genitourinary condition. During the final interval of the study, rapid tests outnumbered conventional ones (53% vs. 47%); the investigators note that this difference, which was statistically significant, could reflect either adolescents’ or providers’ preference. Nonetheless, they conclude that giving adolescents a choice of tests “may lead to further uptake of HIV testing in this vulnerable population.”

1. Mullins TLK et al., Changes in human immunodeficiency virus testing rates among urban adolescents after introduction of routine and rapid testing, *Archives of Pediatrics & Adolescent Medicine*, 2010, 164(9):870–874.

HOW TO DRUM UP INTEREST IN THE IUD?

More than half of 14–27-year-old women surveyed at a family planning clinic in San Francisco in 2007 had never heard of the IUD, and even after being given written information about the

method, only about one-quarter said that they were at least a little interested in using the method.¹ The most frequently given reasons for interest were that the method is very effective (cited by 33% of participants) and that it lasts for a long time (30%); the reasons women most commonly gave for their lack of interest were that they did not like “the idea of something in [their] body” (46%) and that insertion might be painful (25%). Whereas most said that their condom use would not change or would increase if they had an IUD inserted (50% and 32%, respectively), 18% said that it would decline. In a multivariate analysis, women who had already given birth and those who had heard about the IUD from a health care provider had elevated odds of expressing interest in IUD use. The researchers observe that “providers may have a positive impact on IUD interest and use,” and they stress the need to develop good “tools for providers to use to convey key information about the IUD to potential users of all ages.”

1. Fleming KL, Sokoloff A and Raine TR, Attitudes and beliefs about the intrauterine device among teenagers and young women, *Contraception*, 2010, 82(2):178–182.

THIS IS YOUR BRAIN ON THE PILL

Certain areas of the brain are larger in women who use the pill than in others, according to a study of high-resolution images of the brains of 14 pill users, 14 women not using the pill and 14 men.¹ The affected areas—already known to be larger in women than in men—control “higher order brain functions, especially memory and verbal skills,” according to the lead author of the study. As such, the findings may imply that the pill contributes to improvement in these functions. Areas of the brain known to be larger in men than in women did not appear to be affected by pill use. The findings were the same regardless of what brand of the pill or what hormonal formulation women took.

1. Dobson R and Macrae F, The pill makes you brainier: It can swell grey matter essential for social skills and memory, say scientists, *Daily Mail*, Aug. 18, 2010, <<http://www.dailymail.co.uk/sciencetech/article-1303984/The-Pill-swell-grey-matter-essential-social-skills-memory.html>>, accessed Aug. 18, 2010.