

Sexual Health

Contents

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Should we change the focus of health promotion in sexual health clinics? <i>R. Pittrof and E. Goodburn</i>	407–410	Behaviour change to reduce the risk of sexually transmissible infection acquisition is one of the aims of sexual health care. However, there is little evidence that attendance at a sexual health clinic achieves this. We hope to stimulate a discussion about the content and focus of sexual health promotion. We argue that sexual health promotion needs to address upstream determinants of sexual risk (taking) such as alcohol, depression and violence and smoking.
Gay men's perceptions of sexually transmissible infections and their experiences of diagnosis: 'part of the way of life' to feeling 'dirty and ashamed' <i>M. Holt, D. Bernard and K. Race</i>	411–416	Drawing on interviews conducted with Sydney gay men, Holt, Bernard and Race analyse perceptions of sexually transmissible infections (STI) and experiences of testing and diagnosis. STI were generally regarded as inconvenient consequences of sexual activity, although being diagnosed with an STI could generate feelings of shame and embarrassment. The results suggest greater support should be offered to gay men when they receive an STI diagnosis.
HIV results by phone: can we predict who will test HIV-negative? <i>S. Wright, N. Ryder and A. M. McNulty</i>	417–419	A review of all HIV testing episodes at Sydney Sexual Health Centre from 2004 to 2007 to determine the HIV prevalence in the clinic population was conducted. All 59 who tested positive had recognised risks for HIV. The prevalence for HIV in those with no risk factors was 0%. This supports a move allowing low risk testers to receive their results by phone.
HIV super-infection beliefs and sexual practices of people living with HIV/AIDS <i>S. C. Kalichman, L. Eaton, C. Cherry, M. O. Kalichman, H. Pope, D. White, C. M. Amaral, C. Swetzes and R. Macy</i>	420–424	Reinfection with a new viral strain of HIV can result in recombinant virus known as HIV super-infection. Beliefs about risks for super-infection were found to have significant effects on sexual behaviours of 353 men and 137 women living with HIV/AIDS. HIV super-infection beliefs predicted protected sex with same-HIV status partners, but not with HIV-negative partners. Beliefs about HIV super-infection should be targeted in prevention messages for HIV infected persons.
Establishing a linked sentinel surveillance system for blood-borne viruses and sexually transmissible infections: methods, system attributes and early findings <i>J. L. Goller, R. J. Guy, J. Gold, M. S. C. Lim, C. El-Hayek, M. A. Stoove, I. Bergeri, C. K. Fairley, D. E. Leslie, P. Clift, B. White and M. E. Hellard</i>	425–433	This paper describes the process of establishing a sentinel surveillance system for HIV, syphilis, chlamydia and hepatitis C in Victoria, Australia. The system collects testing, demographic and risk behaviour information among high risk groups, men who have sex with men, young people and people who inject drugs. Key findings from the first 27 months of operation are presented through which the systems attributes, strengths and limitations are highlighted.
The effect of drug and sexual risk behaviours with social network and non-network members on homeless youths' sexually transmissible infections and HIV testing <i>K. Tyler and L. Melander</i>	434–440	The study examined whether engaging in drug and sexual risk behaviours with social network and non-network members (strangers) differentially affected homeless youths decision to test for sexually transmissible infections (STIs) and HIV. Results revealed that being older and engaging in drug and sexual risk behaviours with non-network members were important correlates of STI and HIV testing. Females were more likely to be tested for STIs compared to males.
Household-level correlates of condom use among a representative sample of Canadian adolescents <i>B. D. L. Marshall, M. Koehoorn and J. A. Shoveller</i>	441–447	In this study of Canadian adolescents, over 70% of respondents reported using a condom at last intercourse. However, youth living in smaller dwellings and those who resided with greater numbers of persons were significantly less likely to report recent condom use. These findings highlight the importance of place as a determinant of sexual behaviour and demonstrate how the home environment is an important site of public health intervention.
Evaluation of clinical management of gonorrhoea using enhanced surveillance in South East Queensland <i>E. Field, K. Heel, C. Palmer, H. Vally, F. Beard and B. McCall</i>	448–452	The Australian Therapeutic Guidelines provide recommendations on the clinical management of gonorrhoea including the use of ceftriaxone as first line treatment. This study used enhanced surveillance of gonorrhoea to evaluate clinical management in South East Queensland. Although ceftriaxone use increased during the study period, screening of other sexually transmissible infections such as HIV in males with gonorrhoea and increasing contact tracing were identified as aspects of clinical management for future improvement.

<p>Seroprevalence of herpes simplex virus type 1 and type 2 among the Indigenous population of Cape York, Far North Queensland, Australia A. G. Brazzale, D. B. Russell, A. L. Cunningham, J. Taylor and W. J. H. McBride</p>	453–459	<p>This is the first study to report on the seroprevalence of HSV-1 and HSV-2 among an Indigenous population in Northern Australia. Of the 270 serum samples tested, 97.8% and 58.5% were seropositive for HSV-1 and HSV-2 respectively. Furthermore, females and young adults were identified as being at highest risk of acquiring HSV-2 infection and, as such, represent target groups for which community-based interventions might be developed.</p>
<p>Computer-assisted survey of attitudes to HIV and sexually transmissible infection partner notification in HIV-positive men who have sex with men C. L. N. Woodward, S. Roedling, S. G. Edwards, A. Armstrong and J. Richens</p>	460–462	<p>HIV infection continues to rise in men who have sex with men (MSM) in the UK. Of concern are the high rates of sexually transmissible infections among HIV-positive MSM, as this is associated with onward HIV transmission. Conventional partner notification (PN) may be limited in this group by the presence of multiple non-contactable partners and the fear of breach of HIV status. We explored attitudes to PN in HIV-positive MSM.</p>
<p>Minimal impact of circumcision on HIV acquisition in men who have sex with men G. J. Londish, D. J. Templeton, D. G. Regan, J. M. Kaldor and J. M. Murray</p>	463–470	<p>The impact of increased male circumcision on HIV prevalence and incidence in men who have sex with men (MSM) is investigated through mathematical modelling. Unlike its effect on heterosexual transmission of HIV, we determine that male circumcision will have little impact in MSM communities due to the much greater risk associated with receptive versus insertive intercourse.</p>
<p>Individual, familial and extra-familial factors associated with premarital sex among Bangladeshi male adolescents N. Li and M. Boulay</p>	471–477	<p>By using data from a national survey, the present study found that among unmarried Bangladeshi males aged 15 to 19 years, 12.8% reported ever having had sex. Our results demonstrate the premarital sex among Bangladeshi male adolescents was influenced by numerous factors including having plans to study in the future, respecting for parents' values and beliefs about sex, having ever talked with friends about sex related issues and peer influence.</p>
<p>Chlamydia at an inner metropolitan sexual health service in Sydney, NSW: Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) Project N. Franklin, C. C. O'Connor, M. Shaw, R. Guy, A. Grulich, C. K. Fairley, M. Y. Chen, M. Hellard, B. Dickson, L. Marshall, B. Donovan, on behalf of the ACCESS Collaboration</p>	478–483	<p>This study compares chlamydia testing and positivity rates for RPA Sexual Health Clinic in Sydney's inner-west with rates collected through the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance Project (ACCESS) at 25 Sexual Health Clinics throughout Australia.</p>
<p>Chlamydia testing in general practice in Australia S. Sawleshwarkar, C. Harrison, H. Britt and A. Mindel</p>	484–490	<p>Genital chlamydia is the most common notifiable sexually transmissible infection in Australia, with over a three-fold increase in the annual notification rate in the past decade. Bettering the Evaluation and Care of Health (BEACH) is an ongoing, cross-sectional, encounter-based survey of general practice activity throughout Australia. We undertook a study using BEACH to determine chlamydia testing patterns of general practitioners and to define the characteristics of the general practitioners and patients where tests occurred.</p>
<p>Screening university students for genital chlamydial infection: another lesson to learn T. Aldeen, J. Jacobs and R. Powell</p>	491–494	<p>A cross-sectional study was performed at the University of Exeter to assess the acceptability and the feasibility of <i>Chlamydia trachomatis</i> opportunistic screening. The study showed a low uptake rate and highlighted the needs for more efforts to engage students in the screening.</p>
<p>HIV is rare among low-risk heterosexual men and significant potential savings could occur through phone results M. R. Bush, H. Williams and C. K. Fairley</p>	495–497	<p>Asking heterosexual men who have an extremely low risk of HIV to return in person for their results is expensive for sexual health clinics and inconvenient for clients. This study aimed to determine if the prevalence of HIV in heterosexual men without risk factors was sufficiently low enough to enable them to receive their HIV results by phone.</p>

Pelvic examination leads to changed clinical management in very few women diagnosed with asymptomatic chlamydia infection

I. M. Lee, A. Samaranayake, C. K. Fairley, M. Y. Chen, F. MacFarlane, C. S. Bradshaw and J. S. Hocking

498–499

This study aimed to determine whether pelvic examinations change clinical management of women with asymptomatic chlamydia infection.

Gay men vary in their beliefs about what constitutes sex: Comment on Sanders *et al.* – Misclassification bias: diversity in conceptualisations about having ‘had sex’ (Sexual Health 2010; 7: 31–4)

M. Holt, D. Bernard and K. Race

500–501

In a response to the recently published article by Stephanie Sanders and her colleagues about which behaviours are considered sex, Holt, Bernard and Race draw on qualitative research with gay men in Sydney to show that gay men also vary in their understandings of what constitutes sex. To maintain the effectiveness of HIV prevention and health promotion, the varied meanings of sex among gay men should be paid careful attention.

Book Review
Critical Intersex

Reviewed by P.J. Matt Tilley

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