

Sexual Health

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| Working with West African migrant communities on HIV prevention in Australia <i>C. Lemoh, B.-A. Biggs and M. Hellard</i> | 313–314 | HIV-infected immigrants are viewed as a threat to public health by some people, however Australian surveillance figures suggest more attention should be focused on protecting African-born Australian residents from HIV infection. The authors discuss Australian research with West African immigrant communities in Western Australia as an example of active community participation in HIV prevention research, which is a key principle of best practice models for HIV prevention in migrant populations. |
| Understanding oral sex <i>M. Pitts and A. Smith</i> | 315–316 | This editorial reviews what is currently known about the practice of oral sex, particularly among young people. It discusses recent studies and provides data from a study of Australian secondary students and the Australian Longitudinal Study of Health and Relationships conducted with people between 16 and 64 years. It contextualises this knowledge within changing sexual contexts. |
| Pending research issues in male condom use promotion <i>R. Crosby and L. Warner</i> | 317–319 | Expanded condom use research is warranted in at least three areas: possible risk compensation, the question of when couples can safely discontinue use, and investigating more effective means of mass marketing. |
| Relationships between condoms, hormonal methods, and sexual pleasure and satisfaction: an exploratory analysis from the Women's Well-Being and Sexuality Study <i>J. A. Higgins, S. Hoffman, C. A. Graham and S. A. Sanders</i> | 321–330 | The authors use data from an online survey of women's sexual health to explore how three categories of contraceptive use – hormonal method only, condoms primarily, and dual use – could help predict decreased sexual pleasure and overall sexual satisfaction. Even when controlling for covariates, male condoms were most strongly associated with decreased pleasure. Dual users had the highest satisfaction scores, while hormonal only users reported the lowest sexual satisfaction. |
| Correlates of parents' reports of acceptability of human papilloma virus vaccination for their school-aged children <i>R. de Visser and E. McDonnell</i> | 331–338 | This study examined correlates of anticipated uptake of HPV for children among 353 parents of school-aged children living in Brighton and Hove (England). The results of multivariate analysis suggested that uptake of HPV vaccination may be maximised by improving attitudes toward the safety and efficacy of vaccinations, countering concerns that sexual health services for young people encourage promiscuity or unsafe sex, and improving knowledge about HPV and cervical cancer. |
| Sexuality, HIV risk and potential acceptability of involving adolescent girls in microbicide research in Kisumu, Kenya <i>M. Montandon, N. N. Sahin-Hodoglugil, E. Bukusi, K. Agot, B. Boland and C. R. Cohen</i> | 339–346 | Current microbicide clinical trials involve primarily adult participants, but adolescent girls represent an important population for future microbicide research due to their high risk of HIV acquisition. Through interviews and focus groups with adolescent girls, parents, and community leaders, we seek to understand individual, family and community-level factors that may influence the acceptability of microbicide use and research involving adolescent girls. |
| Effects of sexual arousal on vibrotactile detection thresholds in aged men with and without erectile dysfunction <i>C. Jiao, P. K. Knight, P. Weerakoon, B. D. McCann and A. Bulent Turman</i> | 347–352 | Although arousal can influence the pathogenesis and treatment of erectile dysfunction (ED), there are few ways of assessing it clinically. In young men with normal erectile function, vibrotactile detection thresholds (VDT) are decreased following sexual arousal. This study shows that older men with normal erectile function demonstrate a similar response after viewing an erotic video, whereas in men with ED, no change in VDT occurs. |
| Patterns of sexual behaviour of male patients before testing HIV-positive in a Cambodian hospital, Phnom Penh <i>P. Sok, J. I. Harwell, L. Dansereau, S. McGarvey, M. Lurie and K. H. Mayer</i> | 353–358 | Of 174 male HIV-infected Cambodian patients, 90% reported intercourse with a sex worker, 41% multiple sexual partners, and 36% both of these behaviours. Two-thirds (69%) reported using a condom when having sex with a sex worker. Condom use with multiple sexual partners was low (24%). In multivariate analysis, alcohol consumption ($P=0.008$) and having extra spending money ($P=0.02$) were strongly associated with visiting a sex worker. |
| Attitudes to chlamydia screening in general practice among Australian university students: a pilot study <i>B. Zakher and M. Kang</i> | 359–363 | This pilot study investigated attitudes of 185 Australian university students (18–25 years) towards chlamydia screening in primary care via a questionnaire survey. Students were comfortable with routine and opportunistic testing for chlamydia by their general practitioner (GP). Personal concern about chlamydia was low. The most at-risk group for chlamydia infection had least knowledge about it. There appears to be scope for more proactive screening on the part of GPs. |

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| Different patterns of HSV-1 infection among college students from Cuernavaca, Mexico R. Carlos Arriaga-Demeza, C. J. Conde-Glez, F. J. Uribe-Salas, S. Eguiza-Fano, S. García-Cisneros and M. A. Sánchez-Alemán | 365–367 | Herpes simplex virus type 1 (HSV-1) as cause of sexually transmissible infection is poorly studied in developing countries. HSV-1 seroprevalence was determined among college students from Cuernavaca, Mexico. HSV-1 infection depends on gender, demographic characteristics were associated among female students and sexual behaviour characteristics were associated among male students, particularly, men who practiced oral sex and did not always use condoms. |
| Case report: lymphogranuloma venereum in New Zealand A. Robertson, S. Azariah, C. Bromhead, S. Tabrizi and T. Blackmore | 369–370 | Lymphogranuloma venereum has been reported in Europe, USA and Australia in recent years. This paper reports the first two cases diagnosed in New Zealand in men who have sex with men. |
| Challenges of expansion of voluntary counselling and testing in India S. Solomon, K. K. Venkatesh, A. K. Srikrishnan, and K. H. Mayer | 371–372 | Voluntary counselling and testing (VCT) has been recognised as an integral element of any effective HIV public health primary prevention and care program. As low-cost antiretroviral therapy has increasingly become available in resource-limited settings, such as India, VCT could be an important link connecting individuals to treatment and care. However, major barriers remain to the scale-up of VCT services, including location of VCT centres, HIV associated stigma, and the lack of adequately engaging private healthcare providers. |
| Shift of preference of location for sexual partnership in men having sex with men in an Asian population S. S. Lee, D. K. P. Tam, R. L. M. Ho and K. H. Wong | 373–374 | In Hong Kong, the partnership pattern of a cohort of HIV-positive Chinese men who have sex with men (MSM) prior to their infection was explored. Comparing between those infected before and after the year 2000, internet has recently become one most important modes of partner sourcing. Prevalence of high risk behaviours has remained the same, while one's home is emerging as the most important location for sex. |
| Unrecognised Vitamin D deficiency: low levels in African migrants with HIV in Australia I. J. Woolley, M. L. Giles, J. E. Howard and T. M. Korman | 375–376 | An audit of vitamin D levels in African-born patients with HIV was performed. Eleven of 12 patients tested (92%) had 25(OH)D concentrations <75 nmol/L (the current recommended adult minimum), 10 patients had concentrations of <54 nmol/L (the previously recommended level), and four had concentrations of <25 nmol/L. We recommend all African-born patients with HIV be screened for vitamin D deficiency and if present it be treated according to published guidelines |
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