BACKGROUND

• Previous research suggests that women who have sex with women and men (WSWM) have the highest risk of STI acquisition compared to other female sexual behavior groups.
• We hypothesized a continuum of STI risk, with women who have sex with women (WSW) having the lowest risk, followed by women who have sex with men (WSM) with a single partner, WSM with multiple partners, and WSWM.

OBJECTIVES

• To compare risk factors and STI prevalence among African American females: WSW, WSM with a single male partner, WSM with multiple male partners, WSWM, and the general female STI Clinic population.

METHODS

• Secondary analysis of data from two studies enrolling African American women evaluated at an urban STI Clinic in Birmingham, AL, USA.
• A Case-Control Study of Women with Multiple Sexual Partners (PI: Muzny) evaluated WSM with one male partner (n=91) and WSWM with ≥ 4 male partners (n=78) during the past year.
• The Women’s Sexual Health Project (PI: Muzny) included WSM (n=85) and WSWM (n=78) during the past year.
• Participants in both studies completed an interviewer-administered questionnaire that included socio-demographic and sexual history information. All participants were screened for the following: BV by Amsel Criteria, CT and GC by NAAT, TV by Wet Prep, HSV I & II, Syphilis and HIV by serology.
• STI prevalence for females attending the STI Clinic were obtained from monthly statistics reported for the clinic.

RESULTS

• WSWM have the highest prevalence of TV and HSV, and WSM with ≥ 4 partners have the highest prevalence of CT and GC.
• For those STIs with reportable results (CT, GC) and TV the infection rates are higher in several subgroups than that of the general female population attending the STI Clinic.
• WSM with ≥ 4 partners have the highest reported history of CT, GC, TV and HSV.
• There is a striking difference between the number of people reporting a history of HSV2 and the serologic test results.
• Risk factors were variable across groups.
• WSW and WSWM reported significantly higher rates of sexual assault.
• Close to half of the WSW, WSWM and WSM with 4 or more partners had experienced intimate partner violence.
• WSM with 4 or more partners had significantly less social support than the other groups. Women with 4 or more partners and WSWM had significantly higher depression scores than WSW or WSM with 1 partner.
• There was high prevalence of prior incarceration among all groups.

CONCLUSIONS

• There is not a clear continuum of risk for STI acquisition among the women in our study.
• STI risk varies depending on the organism (CT, GC, TV, HSV) in addition to social and demographic factors.
• Women in this study display some protective behaviors such as testing for HIV.
• Educational messages need to address STI risk in all sub-populations of women, including those traditionally seen as at low risk.


References available upon request.