

findings suggest future research on EC access and possible expansion of STI screening programs into real world settings, such as pharmacies.

**Abstract P2-S9.03 Table 1** Prevalence of lifetime emergency contraception (EC) use

	n	(%)	SE	Population total (weighted n)
<b>Ever used EC (n=6326)</b>				
Yes	704	(9.7)	0.9	5,117,887
No	5623	(90.2)	0.9	48,055,234
<b>Used EC in past 12 months (n=6327)</b>				
Yes	175	(2.1)	0.3	1,156,443
No	6151	(97.8)	0.9	52,068,403
<b>No of times ever used (n=703)</b>				
1	431	(61.9)	3.6	3,180,161
2	160	(24.3)	2.4	1,248,453
3+	112	(13.8)	3.0	709,209
<b>Primary reasons for EC use*(n=703)</b>				
Worried birth control method would not work	271	(42.3)	4.3	2,188,726
Didn't use birth control that time	345	(45.8)	3.5	2,369,367
Other reason	87	(11.8)	1.3	610,641
<b>Where received EC (n=449)</b>				
Private doctors/HMO	74	(16.5)	1.2	905,108
Community Clinic/FP clinic/school-based Clinic	232	(50.8)	4.3	2,228,311
Hospital facility or urgent care	29	(6.2)	1.1	342,076
Friend, partner, or spouse	13	(2.3)	0.6	123,784
Drug store	95	(23.1)	2.5	1,266,920
Other place	6	(1.0)	0.2	57,439
<b>Obtained EC with a Rx (n=144)</b>				
Yes	49	(31.4)	2.3	764,194
No	95	(68.6)	2.3	1,645,951

\*First reason mentioned for the last (or only) time used EC.

†Population totals reflect US women age 15–44 years.

**P2-S9.04** **CONDOM NON-USE IS ASSOCIATED WITH LOW PERCEPTION OF RISK FOR STIS IN YOUNG SEXUALLY ACTIVE WOMEN**

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**Background** Research indicates perception of risk is necessary for adoption of health protective behaviour. Many studies report optimistic bias in risk perceptions, ie, actual risk exceeds perceived risk. This study assessed the relationship between sexual risk behaviours and perceived risk for acquisition of an STI in a cohort of sexually experienced young women.

**Methods** Female Marine Corps recruits volunteered to participate in a cognitive-behavioural intervention to decrease STIs and unintended pregnancies that took place during Recruit Training (RT). Data are from the follow-up questionnaire (median=9.8 months post RT) for women who reported vaginal/anal sex since RT (N=1192). Perceived risk was assessed by, "I think my chance of getting an STI during my next 6 months in the Corps is about." (0%, 1%, 5%, then 10%–100% in 10% jumps). Sexual risk behaviours since completing RT included # sex partners (1/2/3/4/5+), # casual partners (0/1/2/3+), % of time used condoms during sex (100/90–99/60–80/50/10–40/0), frequency of sex after drinking alcohol/using drugs (never/almost never/sometimes/usually or always), and whether any partner had an STI or was having sex with others (no/possible/yes). Bivariate relationships between sexual risk behaviour and perceived risk were evaluated using negative binomial regression.

**Results** Perceived risk was low (mean=6.05). All risk behaviours were significantly associated with perceived risk ( $p<0.001$ ). In general, perceived risk increased as behavioural risk increased except for condom use. Pairwise comparisons show the 0% group mean (2.41) is higher than for the 100% group (1.47,  $p<0.05$ ), but lower than the 90–99% group (3.96,  $p<0.05$ ), and much lower than the 60–80%, 50%, and 10–40% groups (9.03, 8.88, and 11.05 respectively; all  $p<0.001$ ). Restricting the analysis to participants with multiple partners or to unmarried women yielded the same results. Associations between sexual risk behaviour and two other measures of perceived risk (own risk relative to other female Marines, risk of behaviour for getting an STI; not shown) parallel the results described here.

**Conclusions** There is a major disconnect between women's perception of risk and their condom use, the most effective means for preventing common STIs. Since women must negotiate with and rely on male sexual partner(s) for condom use, future research should further examine social and contextual factors that influence young women's perceptions of risk in relation to condom use.

**P2-S9.05** **QUALITATIVE ASSESSMENT OF ANAL INTERCOURSE AND RECTAL LUBRICANT USE AMONG WOMEN IN LOS ANGELES**

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**Background** There is increasing evidence that anal intercourse (AI) is a relatively common sexual practice among women. Although AI has a high probability of transmission of STIs/HIV, circumstances surrounding AI and the potential risk context among women are not well understood.

**Methods** Between May and August 2008, we recruited 30 racially and ethnically diverse women (10 African American, 10 Latina, and 10 White) age 18 years and older through community outreach efforts in Los Angeles, CA. Women underwent an in-depth interview that examined their intravaginal and anal practices. In this analysis we focus on identifying differing contextual meanings associated with AI through emergent themes and explore differences in these themes by race/ethnicity.

**Results** The majority of women reported experience with anal intercourse with a substantial number reporting recent experience with AI (ie, in the past year). While there were discussions of AI from women describing casual or transactional sexual partnerships, most women reported AI in the context of serious relationships. AI had varied meanings for women such as an expression of deeper intimacy, a representation of partner's pleasure, and a method for increased sexual gratification. In terms of what AI means in relation to other sexual acts, very few women reported having only AI and in fact it was considered going all out" and generally followed oral and vaginal sex. It is unclear if the women associated STI risk with AI practices since consistent condom use with AI was rare and those who reported condom use noted it as a strategy to improve "cleanliness" (unrelated to STIs) and reduce discomfort so that AI was "not so rough." Lubricant use for AI, including saliva, petroleum jelly, and baby oil was common and at least one woman specifically reported on the use of "spermicide jelly." Each of the race/ethnic groups provided support for the themes identified suggesting that the groups may not differ much regarding some of the contextual factors surrounding anal intercourse.

**Conclusions** These findings highlight that AI is common among women, particularly among those in serious relationships suggesting a need to reframe AI as not just risk behaviour but as a sexual health issue. While condom use with AI is not common, the use of anal