Purpose  Little research addresses sexual pleasure in young men who have sex with men (YMSM). In this qualitative study, we developed a sexual health focused conceptual framework to explore relationships that emerged between condom use and sexual pleasure in sexual relationships among a sample of gay, bisexual, and transgender males.

Methods  30 YMSM (ages 18–24 years) were recruited (through advertisements on social networking sites, participant referrals, and flyers posted at local venues frequented by YMSM) to complete a 90-minute, semi-structured interview seeking to better understand partner-seeking behaviours of YMSM. Interviews were transcribed verbatim. Analysis used inductive open coding such that emergent concepts were connected across interviews and major themes identified.

Results  Median age was 22 years old (M = 21.96; SD = 1.75). Most (N = 18, 60%) of participants self-identified as White, and gay (N = 22, 73%). Over 90% (N = 28) reported having had sex with someone met on a dating website in the past 3 months. Five (17%) participants reported being HIV-positive and 12 (40%) reported a prior history of a sexually transmitted infection. Emotional effects (such as connectedness with others) and physical effects (loss of sensation and erectile difficulties) mediated the relationship between pleasure and condom use during insertive penile-anal intercourse. Specific characteristics of sexual events (e.g., use of lubricant), relationship with the partner, and of the specific sex act (including sexual position) mediated the relationship, with pleasure and satisfaction greater during receptive anal sex without a condom with emotionally intimate or regular partners.

Conclusions  Our findings suggest that relationship between sexual pleasure and condom use may be mediated by both emotional and sexual factors. Prevention work with YMSM need to acknowledge the centrality of pleasure in sexual health and focus on modifiable factors that may impact pleasure among YMSM.

Sexually Transmitted Infections (STIs) vary among African American women who have sex with women (AAWSW).

Introduction  Little is known about partner characteristics or rates of STIs among African American women who have sex with women (AAWSW).

Methods  African American women aged ≥16 years attending a Health Department STD clinic were enrolled in this ongoing study if they reported sexual activity with a female partner during the preceding year. Participants completed a study questionnaire and were tested for curable (trichomoniasis, Chlamydia, gonorrhea, and syphilis) and non-curable (HSV-2, HIV) STIs.

Results  Of 128 participants reporting female partners during the preceding year, 52% (67/128) also reported sex with men during the same interval (WSWM). WSW and WSWM did not differ with regards to age, lifetime number of female partners, or number of female partners during the preceding year. WSWM reported increased numbers of lifetime male partners compared to WSW (p = 0.01). During the 30 days preceding enrollment, WSWM reported a median of 2 sexual partners (interquartile (IQR) range 0–4) while WSW reported a median of 1 sexual partner (IQR 0–2). WSW were significantly more likely than WSWM to report new or casual female partners within 30 days preceding enrollment (46% vs. 28%; p = 0.03) while WSW were more likely to report regular female partners (75% vs. 34%; p = 0.01). Additionally, 39% (26/67) of WSWM reported new or casual male partners within 30 days preceding enrollment. Although not statistically significant, diagnosis of all curable STIs (trichomoniasis, Chlamydia, gonorrhea, and syphilis) was more common among WSWM than WSW (30% vs. 16%; p = 0.07). Similarly, seropositivity for HIV and HSV-2 was more than twice as common among WSWM as WSW.

Conclusions  AAWSW in this study were at high risk for STIs. AAWSSWM, as a subgroup, may demonstrate heightened STI rates compared to exclusive AAWSW, perhaps influenced by partnership characteristics. Sexual health services for AAWSW should take into account partner gender heterogeneity when screening for STIs.