

## STDs AND UNWANTED PREGNANCIES: TWO PROBLEMS, ONE SOLUTION?

**S**EXUALLY TRANSMITTED diseases, including AIDS, are a problem. Unintended pregnancies are a problem. Although risk factors for the one overlap extensively with risk factors for the other, optimal strategies to prevent STDs are not necessarily the best strategies to prevent unwanted pregnancies. Barrier contraceptives, i.e., latex condoms, have been found to be an effective, er, barrier to the transmission of most of the bacteria, parasites, and viruses that cause STDs, including HIV. Consequently, a key strategy for decreasing HIV transmission has been to increase condom use among at-risk persons. On the other hand, condoms are on balance a less effective contraceptive method than either hormonal manipulation (e.g., with oral contraceptives, Norplant<sup>®</sup>, Depo-Provera<sup>®</sup>) or surgical sterilization, and family planning advocates have been pushing these non-barrier methods.

Multnomah County and the Health Division recently participated in a multi-site study that assessed interactions between contraceptive techniques and the use of condoms at last intercourse. The Prevention of HIV in Women and Infants Demonstration Project is an HIV prevention intervention research study that began in 1993 in five cities (Portland, Philadelphia, Pittsburgh, Oakland and San Francisco). The target audience was a non-randomly selected subset of women thought to be at the high risk of being exposed to HIV. A 30-minute face-to-face interview was administered to 3326 women between 15 and 34 years who reported having vaginal intercourse within the prior 30 days. Women were asked about types of partners, HIV-related risk behaviors, what method(s) they considered their defense against pregnancy, and about condom use at last vaginal intercourse with both steady and casual partners.

Women included in the analysis reported 1) using only one method of birth control (i.e., condoms, surgical sterilization,

or the pill/Norplant/Depo-Provera); 2) not being HIV positive; 3) having had a partner use a condom for birth control at least once in their lifetime; and 4) having one or more risk factors for HIV infection. For women who had sex with their main partner (i.e., husband or boyfriend) in the last 30 days, the risk factors for HIV were: having more than one sex partner within the last six months; having injected drugs in the last year; or having a main sex partner who injects, has sex with others, or is HIV-positive. For women with casual partners, the risk factor was having sex in the previous 30 days.

Of the 3,326 women interviewed, 952 were included. The median age of these women was 26 years; 78% were black, 41% had less than a high school education, 72% received at least some of their income from welfare, and 66% lived with children. In addition, 564 (59%) of the women reported having had sex with a main partner in the previous 30 days; 580 (61%) with a casual partner.

Logistic regression was used to test the strength of association between the primary method of pregnancy prevention and condom use at last intercourse with either a main or casual partner. Of 555 women with main partners for whom complete data were available, 56% reported no condom use at last intercourse with their main partner; of 569 women with a casual partner, 29% reported no condom use at last intercourse with their casual partner. Analysis indicated that, compared to women who reported using condoms to prevent pregnancy, women who used hormonal contraception or who were surgically sterile were about 4 times more likely to report not using condoms at last intercourse with their main partners, and about 2 times more likely to report not using condoms with their casual partner.

At two sites women were asked additional questions about their understanding of the effectiveness of various contraceptive methods in preventing STDs. Of the

174 women who responded, 27 (16%) said birth control pills were effective, 13 (8%) said Norplant was effective, and 17 (10%) said surgical sterilization was effective in preventing STDs.

More than half of these at-risk women with a main partner and almost one third of the at-risk women with casual partners did not use a condom at last intercourse. The failure to use condoms leaves them vulnerable to HIV/STDs. Women who were surgically sterilized or using hormonal contraception were much more likely to report not using condoms, compared to women who were using condoms to prevent pregnancy. These results are consistent with previous studies among sterilized women<sup>1,2</sup> that suggest that condom use is lower among women who believe they are effectively preventing pregnancy without condoms.

Condoms were being used in conjunction with other contraceptive methods by many women, especially with casual partners: among hormonal contraceptors and sterilized women, over 25% reported condom use at last intercourse with main partners, while about 60% reported condom use with casual partners. A dual-method approach for disease and pregnancy prevention may be advisable for some women at risk for both unintended pregnancy and HIV/STDs. Some women at risk, however, may find that using a single method of latex condoms for the dual purpose of pregnancy prevention and disease protection is more acceptable.

Practitioners should be alert to the fact that women at risk for HIV/STDs who are not using condoms for pregnancy prevention may not be using condoms at all. Family planning counseling with at-risk women should emphasize the fact that latex condoms are the only contraceptive proven to be effective in preventing both pregnancy and HIV/STDs. Counseling of at risk women should also include discussions of the use of dual methods (including condoms), or condoms only as the sole way to insure protection against disease as well as unintended pregnancy.

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### REFERENCES

- This article is abridged from an account that appeared in the MMWR:  
*CDC. Contraceptive method and condom use among women at risk for HIV infection and other sexually transmitted diseases—Selected U.S. sites, 1993-1994. MMWR 1996;45:820-823.*
1. CDC. Surgical sterilization among women and use of condoms - Baltimore. 1989-1990. MMWR.1992;41:568-569.
  2. CDC. HIV-risk behaviors of sterilized and nonsterilized women in drug-treatment programs-Philadelphia, 1989-1991. MMWR 1992;41:149-152.

### 1996 CD Summary Index

reference is to issue number (for date, see box)

**AIDS**, CD4 lymphocyte surveillance, 6; occupational exposure to HIV, 12; in Oregon, 20; condom use and contraceptives, 26  
**botulinum antitoxin**, 18  
**botulism**, 18  
**bovine spongiform encephalopathy (BSE)**, 7  
**cancer**, prevention, 14  
**cat scratch disease**, 5  
**childhood mortality**, 18  
*Chlamydia trachomatis*, 21, 24  
**communicable disease in Oregon**, annual summary, 9  
*Cyclospora cayatanensis*, 15  
**diabetes**, 23  
*Escherichia coli O157:H7*, 24  
**firearms**, 16  
**foodborne illness**, 4, 15, 24  
**Hanford Project**, 1  
**head lice**, 17  
**hepatitis A**, vaccine, 3; immune globulin shortage, 19  
**HIV**, see AIDS  
**immune globulin**, shortage of, 19  
**influenza**, 6, 24, 19  
**lead**, occupational exposure, 12\*  
**measles**, Portland outbreak, 3, 10, 12\*, 13  
**preventive services**, clinical, 14  
**prions**, 7  
**rabies**, Oregon, 2  
**salmonellosis**, alfalfa sprouts, 4  
**smoke**, secondhand, 8  
**spongiform encephalopathies**, 7  
*Streptococcus pneumoniae*, 25  
**tetanus**, 22  
**tobacco**, 8, 14  
**tuberculosis**, 13

### 1996 Issue Numbers and Dates

1 .....	Jan 9	14 .....	Jul 9
2 .....	Jan 23	15 .....	Jul 23
3 .....	Feb 6	16 .....	Aug 6
4 .....	Feb 20	17 .....	Aug 20
5 .....	Mar 5	18 .....	Sep 3
6 .....	Mar 19	19 .....	Sep 17
7 .....	Apr 2	20 .....	Oct 1
8 .....	Apr 16	21 .....	Oct 15
9 .....	Apr 30	22 .....	Oct 29
10 .....	May 14	23 .....	Nov 12
11 .....	May 28	24 .....	Nov 26
12 .....	Jun 11	25 .....	Dec 10
13 .....	Jun 25	26 .....	Dec 24

### To Our Readers

**A**S ANOTHER YEAR peters out, we would like to thank the thousands of Oregonians without whose morbidity we would have little about which to wax so prolix. Their partners in disease—the physicians, medical technologists, nurses, and allied health professionals—are also to be commended for their rôle in bringing this misery to our attention. Disease reporting is not a burden to suffer, but a privilege to enjoy.

The *CD Summary* is mailed every two weeks to some 10,000 persons, the vast majority of whom are Oregon-licensed physicians (to whom it goes “automatically”).\* The balance include local health departments, other public health agencies, medical laboratories, news media, and the editor’s parents and in-laws. As the masthead states, articles that appear in the *CD Summary* are written by staff in the somewhat grandiosely titled Center for Disease Prevention and Epidemiology, aka the Epi Section.

Throughout the year, many readers have been kind enough to send words of encouragement, inquiries, and other helpful comments to our editorial staff. These messages, whether by mail, phone, fax, or e-mail, are greatly appreciated. We look forward to keeping you abreast of the new horrors facing Oregonians in the year to come.

\* Incidentally, if you are one of this elite and your mailing address is incomplete or inaccurate, please update it. Wrong addresses waste taxpayer money: they go out as periodicals, but they come back first class! Don’t call us, however; physicians must send address changes to the Board of Medical Examiners (fax: 503/229-6543), from whom we purchase the mailing list. Non-physician subscribers should notify the Health Division directly.