

Attention All Women

Know your HIV Risks

- Worldwide, HIV is the single largest killer of women of reproductive age.¹
- **Receptive anal intercourse is 17 times riskier than receptive vaginal intercourse.**^{2,3} Know your HIV risks with and without risk reduction, and risks with and without an additional sexually transmitted disease (STD), and with or without Acute HIV.³ See tables below.
- Heterosexual anal intercourse is practiced throughout the world.⁴⁻⁸ For women it is always receptive and carries the highest sexual risk for getting HIV.^{9,2}
- **Receptive anal intercourse is more than 2 times riskier than the high-risk behavior of needle-sharing during injection drug use.**²
- Having an additional STD (e. g., Chlamydia, Gonorrhea, Syphilis) greatly increases the risk of acquiring HIV.^{9,3} Anal intercourse can transmit HIV, STDs, and also diseases such as hepatitis (A, B, C), parasites (e. g., Giardia), and other bacterial diseases (e. g., Shigella, Salmonella, E. coli).⁹
Having anal or vaginal sex with multiple sexual partners increases the risk for getting STDs including HIV.³
- Receptive anal intercourse also increases the risk of anal cancer.¹⁰

The Major High-Risk Behaviors

- Having multiple sexual partners
- Having a partner who has multiple sexual partners,
- Anal intercourse
- Sharing needles during drug use.

Notes

- Monogamy works only if both partners are certain they're STD/HIV negative and both only have sex with one another,³ as in a committed marriage.
- Because STDs/HIV may show no symptoms, testing and treatment are very important.^{3,9} Talk to your health care provider about testing, treatment, and prevention.

Table 1: Acute HIV – Comparing Risks of Getting HIV Infection

High HIV viral load-untreated, occurs during the first 2-3 months of infection

	Receptive Anal Sex		Receptive Vaginal Sex	
	Chance per Sex Act	Risk per 10,000 Exposures	Chance per Sex Act	Risk per 10,000 Exposures
No condom	1 in 10	1001	1 in 172	58
one with STD*	1 in 4	2651	1 in 65	154
both with STD**	1 in 1.4	7026	1 in 25	407
Condom	1 in 36	280	1 in 833	12
one with STD	1 in 13	742	1 in 323	31
both with STD	1 in 5	1967	1 in 123	81
Condom and PrEP***	1 in 3,333	3	< 1 in 20,000	< 0.5
one with STD	1 in 1,429	7	< 1 in 20,000	< 0.5
both with STD	1 in 500	20	1 in 10,000	1

*1 partner with a Sexually Transmitted Disease **Both partners with an STD ***Pre-exposure prophylaxis (medication)

NOTE: The estimated risks for condoms and PrEP are considered valid only if these items are used correctly and consistently.^{3 9}

Table 2: Chronic HIV – Comparing Risks of Getting HIV Infection

Lower HIV viral load-untreated, starts 2-3 months AFTER initial infection

	Receptive Anal Sex		Receptive Vaginal Sex	
	Chance per Sex Act	Risk per 10,000 Exposures	Chance per Sex Act	Risk per 10,000 Exposures
No condom	1 in 72	138	1 in 1250	8
one with STD	1 in 27	366	1 in 476	21
both with STD	1 in 10	969	1 in 179	56
Condom	1 in 256	39	1 in 5000	2
one with STD	1 in 98	102	1 in 2500	4
both with STD	1 in 37	271	1 in 909	11
Condom and PrEP	< 1 in 20,000	< 0.5	< 1 in 20,000	< 0.5
one with STD	1 in 10,000	1	< 1 in 20,000	< 0.5
both with STD	1 in 3,333	3	< 1 in 20,000	< 0.5

Note: Small risks repeated over time can lead to a high lifetime risk of getting HIV.² Abstinence is the only 100% effective way to prevent HIV/STDs.³

Explanation of Tables

IMPORTANT: Those infected with HIV or another STD may not be aware they have an infection.

Table 1: Risks of an HIV-negative woman getting HIV by having anal or vaginal intercourse (sex) with a man with ACUTE HIV infection (high viral load) which occurs during the initial 2 to 3 months of HIV infection. Risks can be extreme.³

Table 2: Risks of an HIV-negative woman getting HIV by having anal or vaginal sex with a man with CHRONIC HIV (lower viral load) which starts 2 to 3 months after the initial infection. The viral load is lower but the risks can still be high.³

Example to better understand risk statistics: In table 1, Acute HIV infection (high viral load), under receptive anal sex and no condom: (under **Chance per sex act**) there is about a 1 in 10 chance of getting HIV for every act of receptive anal sex with an HIV-positive insertive partner. This 1 in 10 chance of getting HIV was derived from the risk of about 1001 per 10,000 sex acts (Risk per 10,000 exposures).

The risks in tables 1-2 were all derived from the HIV Risk Reduction Tool (Beta Version) <https://www.cdc.gov/hivrisk/>.³

NOTE

Both Tables allow for comparing HIV transmission risks 1) with a condom, 2) with an additional STD, and 3) with a condom and Pre-exposure prophylaxis [PrEP]. For more information, go to Anal Sex and HIV Risk <http://www.cdc.gov/hiv/risk/analsex.html>,⁹ HIV Risk Reduction Tool (Beta Version) <https://www.cdc.gov/hivrisk/>.³

References

1. Kaiser Family Foundation. The Global HIV/AIDS Epidemic Fact Sheet. Kaiser Family Foundation; 2020 Jul 13. <https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/>
2. Centers for Disease Control and Prevention. HIV Risk Behaviors Atlanta, Georgia 2014 [last reviewed November 13, 2019. Available from: <http://www.cdc.gov/hiv/policies/law/risk.html>.
3. Centers for Disease Control and Prevention. HIV Risk Reduction Tool (Beta Version) Atlanta, Georgia 2016 [Available from: <https://www.cdc.gov/hivrisk/>.
4. Halperin DT. Heterosexual Anal Intercourse: Prevalence, Cultural Factors, and HIV Infection and Other Health Risks, Part I. AIDS PATIENT CARE and STDs. 1999;13:717-30. <https://doi.org/10.1089/apc.1999.13.717>
5. Ybarra M, Price-Feeney M, Mwaba K. Prevalence and correlates of anal sex among secondary school students in Cape Town, South Africa. AIDS Care. 2018;30(7):821-9. 10.1080/09540121.2018.1426824 <https://doi.org/10.1080/09540121.2018.1426824>
6. O'Leary A, DiNenno E, Honeycutt A, Allaire B, Neuwahl S, Hicks K, et al. Contribution of Anal Sex to HIV Prevalence Among Heterosexuals: A Modeling Analysis. AIDS and Behavior. 2017;21(10):2895-903. 10.1007/s10461-016-1635-z <https://doi.org/10.1007/s10461-016-1635-z>
7. Morhason-Bello IO, Kabakama S, Baisley K, Francis SC, Watson-Jones D. Reported oral and anal sex among adolescents and adults reporting heterosexual sex in sub-Saharan Africa: a systematic review. Reproductive Health. 2019;16(1):48. 10.1186/s12978-019-0722-9 <https://doi.org/10.1186/s12978-019-0722-9>
8. Owen BN, Elmes J, Silhol R, Dang Q, McGowan I, Shacklett B, et al. How common and frequent is heterosexual anal intercourse among South Africans? A systematic review and meta-analysis. J Int AIDS Soc. 2017;19(1):21162-. 10.7448/IAS.20.1.21162 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5461120/>
9. Centers for Disease Control and Prevention. Anal Sex and HIV Risk Atlanta, Georgia 2016 [last reviewed November 13, 2019. Available from: <http://www.cdc.gov/hiv/risk/analsex.html>.
10. American Cancer Society, "Risk Factors for Anal Cancer" <https://www.cancer.org/cancer/anal-cancer/causes-risks-prevention/risk-factors.html>