

# **Smarter Sex is the New Safer Sex: Anal Pleasure & Health**

**21 January 2014  
MSMGF**

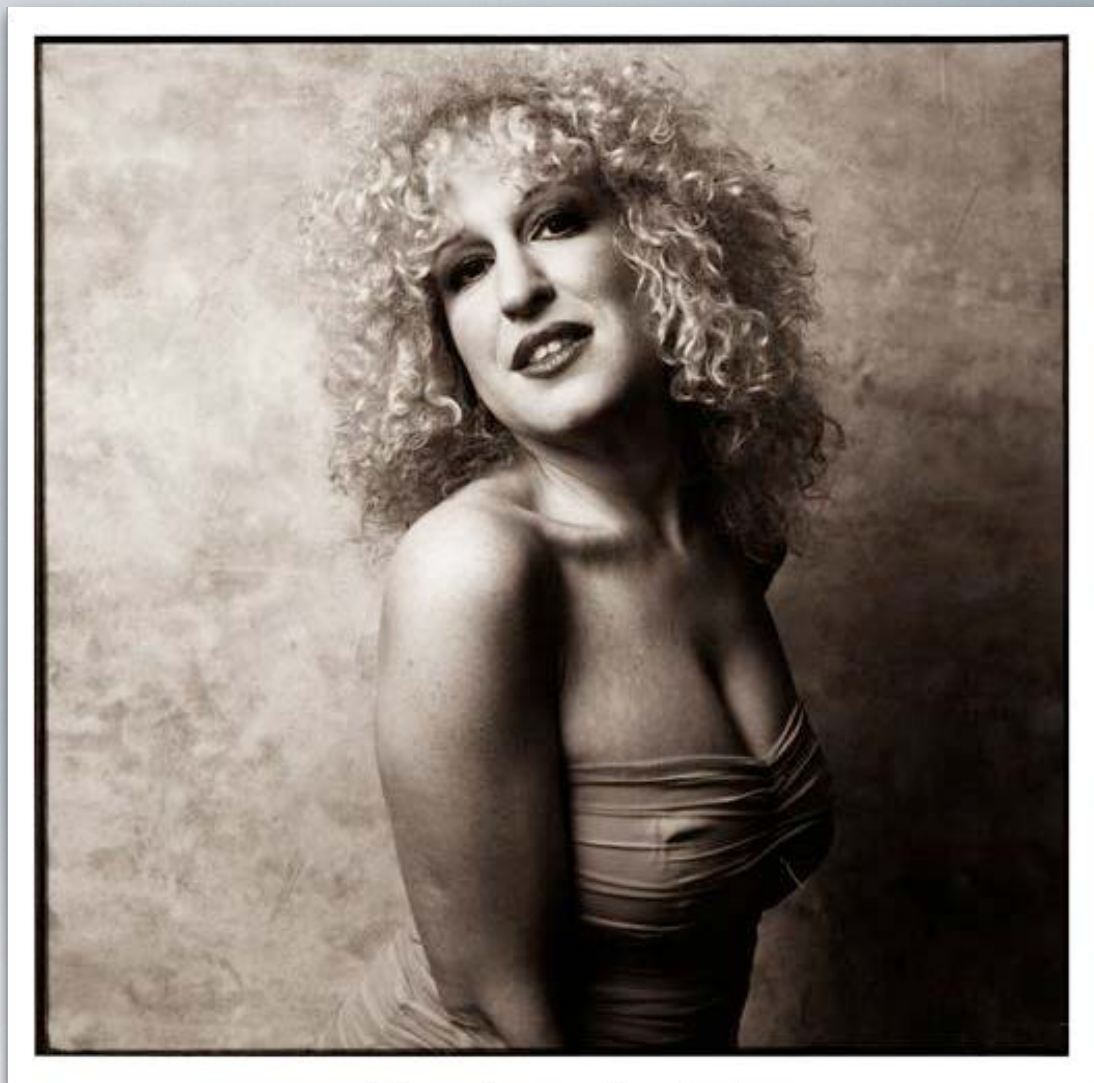
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# Smarter Sex Series

A face-to-face training intervention for HIV workers, to increase comfort, knowledge, and skill with the menu of harm reduction options involving anal sex – by focusing on:

- A. The basics of anal physiology, pleasure, and health
- B. Ways to communicate with clients that lead naturally toward HIV prevention (gain-framed messaging & motivational interviewing)



# What We'll Do Today

- A. Prevalence of anal sex & the anal taboo
- B. Basic anal physiology with a focus on pleasure
- C. 10 questions every HIV worker should be able to answer
- D. Further resources (Q&A continues on MSMGF Blog!)



# Mantras

Slow and steady

Ouch!

Have fun!



# Where Y'all From? 43 & counting!


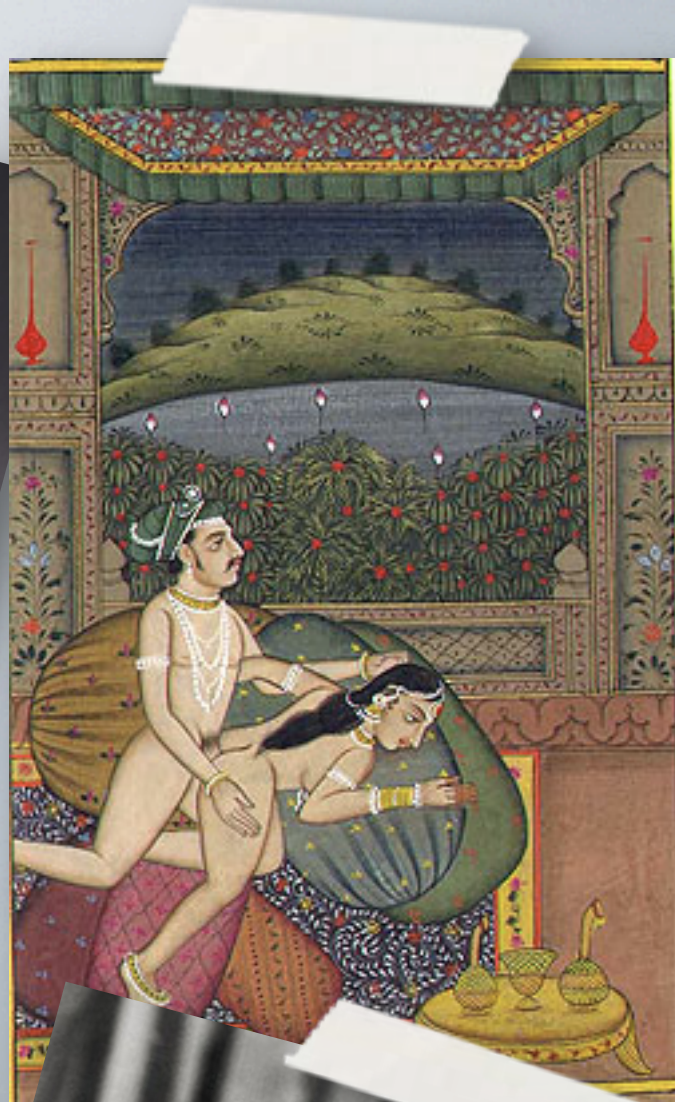
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  - Brazil
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  - Indonesia
  - Ireland
  - Italy
  - Jamaica
  - Japan
  - Kenya
  - Lao Peoples Democratic Republic
  - Mali
  - Mauritius
  - Mexico
  - Netherlands
  - New Zealand
  - Nigeria
  - Norway
  - Peru
  - Portugal
  - Puerto Rico
  - Romania
  - Russian Federation
  - Slovenia
  - South Africa
  - Spain
  - Sri Lanka
  - Switzerland
  - Thailand
  - Togo
  - Uganda
  - United Kingdom
  - United States
  - US Outlying Islands
  - Anywhere else?

Image: International Rectal Microbicide Advocates. <http://www.rectalmicrobicides.org>







# Prevalence of Anal Intercourse

- It's not an MSM health issue – it's a health issue for anyone with an ass
- By absolute numbers, more “heterosexuals” have had anal intercourse than “homosexuals” – conservative estimates suggest 4-7 x more women than men have received anal sex in their lifetimes (Halperin, 1999)
- For the latest reviews of selected studies, see Baggaley et al., 2010; Boily et al., 2011; Heywood & Smith, 2012



# Prevalence of AI (e.g., Baggaley et al., 2010)

**Web Supplement Table S1: Selected study results reporting anal intercourse practices**

Studies reporting on anal intercourse practices among females (F), males (M) or both gender combined (F&M)			
<i>Population [Age]</i>	<i>Location</i>	<i>Period</i>	<i>Fraction of the sample</i>
Population survey [18-59] <sup>(1)</sup>	US	Ever	F&M 23%
Sexually active university student [< 30] <sup>(2)</sup>	US	Ever	23%
General population [15-44] <sup>(3)</sup>	US	Ever	M 34%; F 30%
Households survey, low income, urban African American, Hispanics [14-25] <sup>(4)</sup>	US	Ever	F&M 15.2%
School pupils [15-19] <sup>(5)</sup>	Canada	Ever	F 8.2%
Married men <sup>(6)</sup>	Benin	Ever	FTFI 3.5%; PBS 17.5%
FSW at truck stops [mean 24] <sup>(7)</sup>	South Africa	Ever	F 43%
National survey of sexually active adolescent [15-24] <sup>(8)</sup>	South Africa	Ever	M 5.5%; F 5.3%
FSW cohort [mean 32] <sup>(9)</sup>	Kenya	Ever <sup>**</sup>	F 14%
FSW cohort [NR] <sup>(10)</sup>	Kenya	Ever	F 20%

PBS: Polling booth survey, FTFI: Face to face interviews; FSW: female sex workers; <sup>\*\*</sup> Assumed as it was not reported in the publication; RCT: randomized control trial; ^ self administered questionnaire – question on oral and anal sex may have been difficult to understand by some students; TS: telephone survey



# Prevalence of AI (e.g., Baggaley et al., 2010)

General population [15-49] <sup>(11)</sup>	India	Ever	M 2.6%; F 0.3%
Clients of FSW [18-60] <sup>(12)</sup>	India	Ever	M with FSW 13.3% M with main female partner 6.2%
Low risk HIV negative females in VMB RCT [≥16] <sup>(13)</sup>	South Africa	3 months	F (unprotected only) 2%
STD clinics [15-39] <sup>(14)</sup>	US	3 months	F&M 18.3 %
Inner city sexually active females [12-18] <sup>(15)</sup>	US	3 months	F with main partner 16 %; F with casual partner 12%
Gypsies men [14-37] <sup>(16)</sup>	Bulgaria	3 months	M 72%
Heterosexual HIV positive from HIV primary care clinic [24-66] <sup>(17)</sup>	Argentina	3 months	F&M 15.1%
Adults, STI clinics & Townships [Mean 31] <sup>(18)</sup>	Cape Town, South-Africa	3 months	M 14.6%; F 10.4%

PBS: Polling booth survey, FTFI: Face to face interviews; FSW: female sex workers; \*\* Assumed as it was not reported in the publication; RCT: randomized control trial; ^ self administered questionnaire – question on oral and anal sex may have been difficult to understand by some students; TS: telephone survey



# Prevalence of AI (e.g., Baggaley et al., 2010)

National Longitudinal Study of Adolescent Health in a relationship of > 3months [18-26] <sup>(19)</sup>	US	Current partner	F 22.6% M 22.9%%
Random digit dial survey [18-39] <sup>(20)</sup>	US	Most recent partnership	F&M 1995 4.3% F&M 2003-2004 8.3%
General population, sexually active heterosexual men [15- 60] <sup>(21)</sup>	Mexico	Current partner	M 2.5%
US population survey [18-59] <sup>(1)</sup>	US	Last sex	M 2.3%; F 1.2%
General population, sexually active [18-69] <sup>(22)</sup>	France	Last sex	TS, F&M 6.3%
Urban sexually active adults [15-49] <sup>(23)</sup>	Brazil	Last sex	F 2.5%
Street interviews [18-64] <sup>(24)</sup>	US	Last sex	M 3.2%; F 4.3%
Vietnamese, sexually experienced [16-50] <sup>(25)</sup>	Australia	Last sex	M 1.7%
Sexually experienced school pupils [12-20] <sup>(26)</sup>	Tanzania	First sexual experience	F&M 6% <sup>^</sup>

PBS: Polling booth survey, FTFI: Face to face interviews; FSW: female sex workers; \*\* Assumed as it was not reported in the publication; RCT: randomized control trial; ^ self administered questionnaire – question on oral and anal sex may have been difficult to understand by some students; TS: telephone survey



# Here's the Deal on Prevalence

- Excellent reviews & meta-analyses of HIV risk
- Missing population-based samples for most regions  
(Heywood & Smith, 2012)
  - Lacking behavioral frequency  
(McBride & Fortenberry, 2010)
- No meta-analysis of global prevalence of anal intercourse  
– or other forms of anal sex



# But What About Anal “Sex”?

- Our public health response to HIV has narrowly focused on forms of anal pleasure that pose the greatest risk for transmission: fucking
- Most surveys don't ask about forms of anal sex “other” than intercourse
- No solid data for lesbians or transgender people
- Marginalizes diverse forms of anal pleasure, and the diversity of people who enjoy that diversity



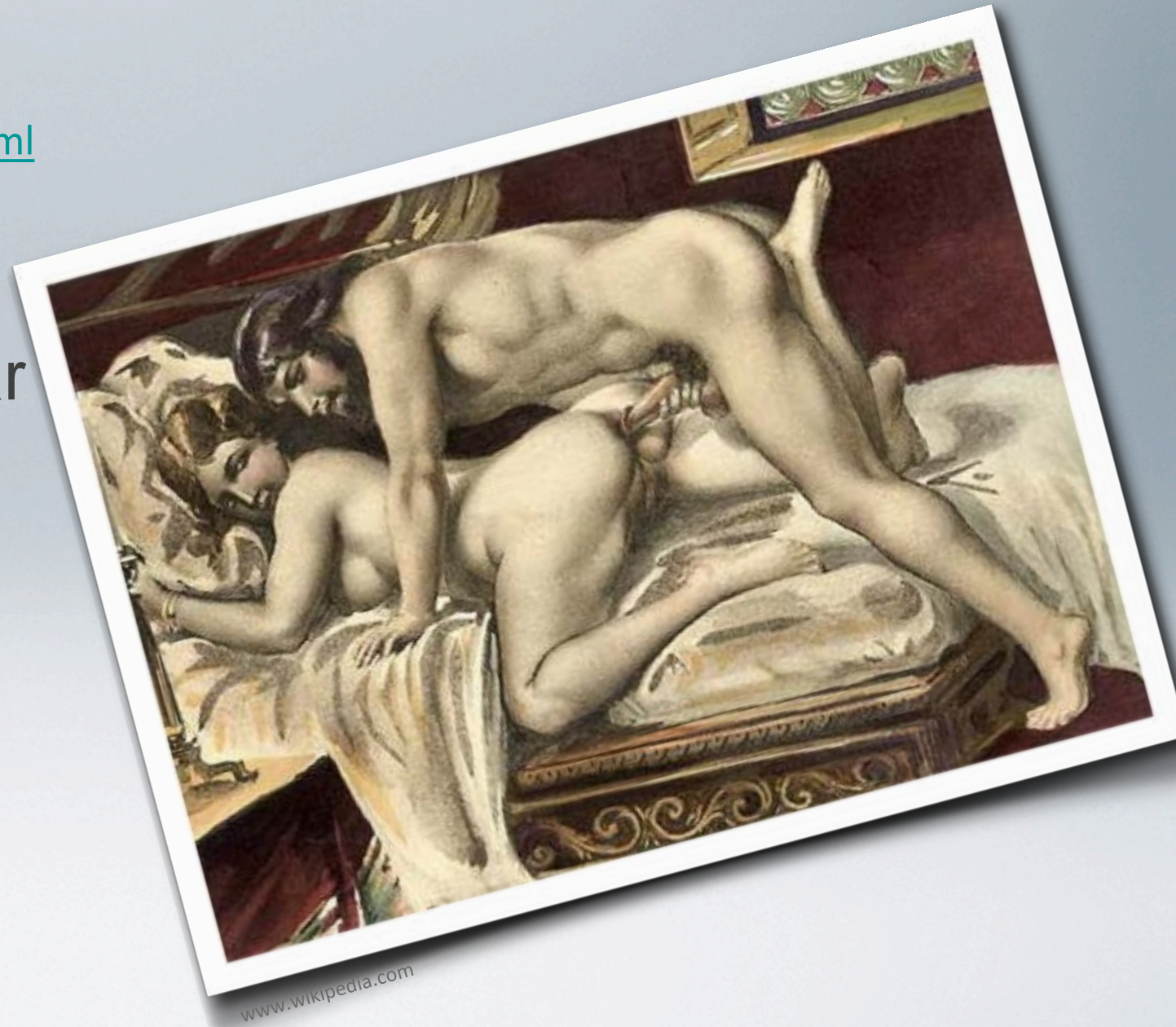


# Case Study: Public Health Messaging

## NYC 2010

[www.nyc.gov/html/doh/html/pr2010/pr016-10.shtml](http://www.nyc.gov/html/doh/html/pr2010/pr016-10.shtml)

- 100,000 women engage in anal sex with men each year
- 23% of these women were likely to use condoms
- 61% of MSM were likely to use condoms for anal sex





# Case Study, NYC 2010

“For both men and women, the overall message is clear: Never engage in unprotected anal sex. Use a condom every time.”



# Case Study, NYC 2010

“For both men and women, the overall message is clear: Never engage in unprotected vaginal sex. Use a condom every time.”

Wait.<sup>16</sup> Are you telling us to go extinct!



## Eating cats or dogs (for example)

A taboo is a prohibition, often lacking justification and of unknown origin – specific to a given culture



# “Clinician’s bias” reinforces the taboo

- Health workers see people who need help, so we are more likely to see people with anal health problems
- The job reinforces a taboo (“It’s dangerous! I’ve seen horrible things happen to people who don’t use condoms! That’s bad! Don’t do it!”)
- Yet telling people to stop doesn’t stop them, despite our best intentions
- And if we communicate the taboo, then we resign people to expect the harm they feel during anal sex, even though the harm is preventable
- We can reframe prevention as helping people have better sex, rather than just preventing HIV



# Biomedical Interventions on the Horizon

- To end the epidemic we have to offer more than just a single HIV prevention tool – it's more than condoms these days, thankfully!
- People may eventually use biomedical interventions without condoms – and that's better than the alternative of no prevention
- Health workers have to tolerate our bias against anal pleasure enough to promote the benefits of anal health, without narrowly focusing on HIV – and then eventually bridge to HIV prevention
- Basic information about anatomy and pleasure is a start



# Pleasure is a Radical Assumption

“We attempt to expand the way that anal sex is often discussed as a problem in and of itself in the field of Public Health, by beginning with **the radical assumption that anal sex causes, first and foremost, pleasure.** And pleasure is a good thing. The ways in which we seek and enjoy pleasure are related, both as cause and consequence, to STI’s and HIV, to mental health, to drug use, and to the other areas that are of concern to the field of Public Health. We do not, however, go around with the sole objective of preventing HIV, we go around living and loving, playing, fucking, licking, because it feels good. And because it is good to feel good.”

- Keletso Makofane, MSMGF Blog  
[msmgf-blog.blogspot.com/](http://msmgf-blog.blogspot.com/)



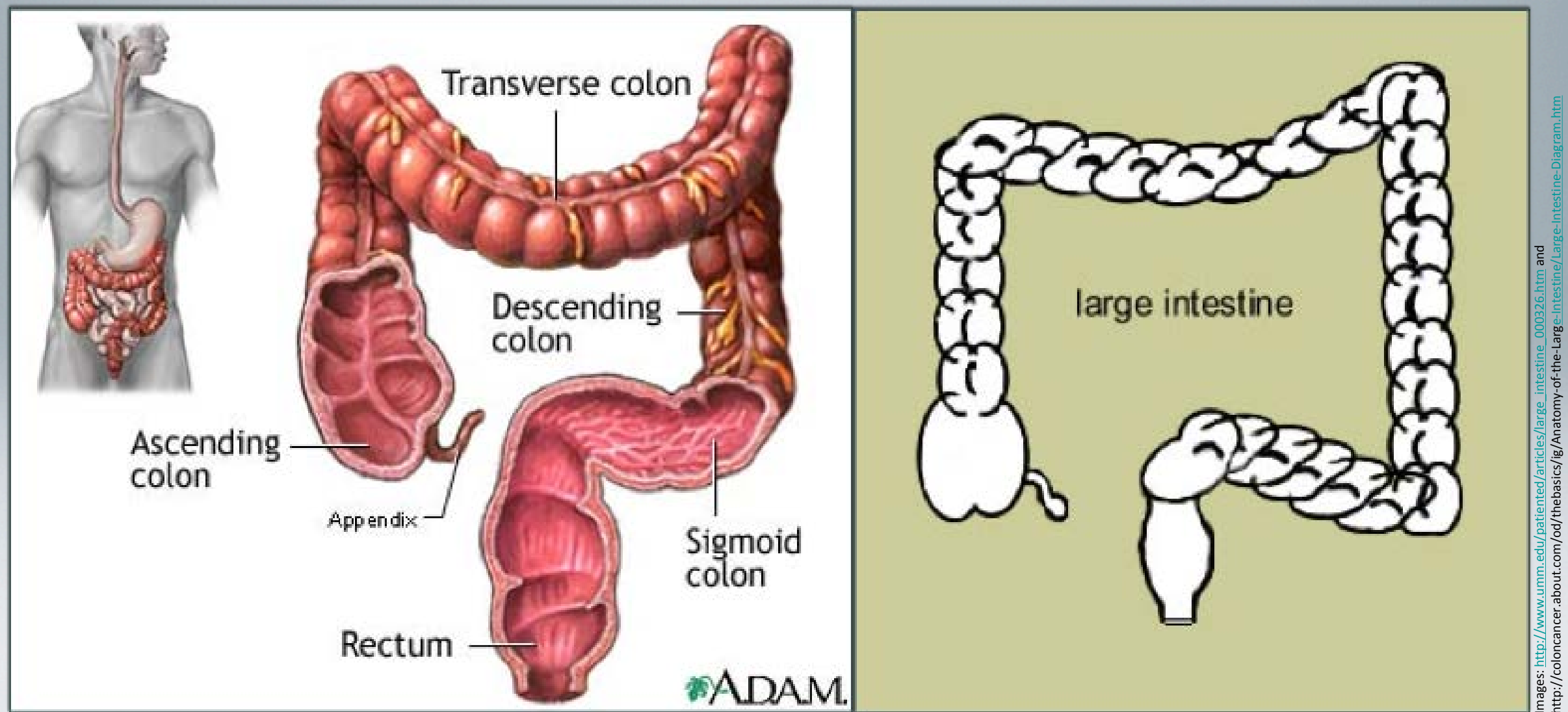
# Some Basic Questions Clients Ask – That You Can Easily Learn to Answer!

1. “When I’m getting fucked, it feels like I’m gonna pee then like I’m gonna cum - but nothing comes out. What’s going on?”
2. “Usually I orgasm only from my clitoris. But last night I came during anal sex. What the fuck is going on?!”
3. “Sometimes I get tense when I’m bottoming, even though I’m enjoying it – and it’s really annoying me.”
4. “The last thing I want to do is leave shit on someone’s dick. What can I do about it?”
5. “Look – I’m not going to stop douching. Is there anything I need to know?”
6. “When I fucked this guy, his dick went soft. Am I doing something wrong?”
7. “I’ve heard some questionable things about lube. What’s the story?”
8. “Bleeding is normal, right?”
9. “I’ve heard about male multiple orgasms – is that really possible for a man?”
10. “Can I tighten things up down there? I’m a little afraid I’ll get loose if I get fucked too much.”



# Anatomy Roadmap

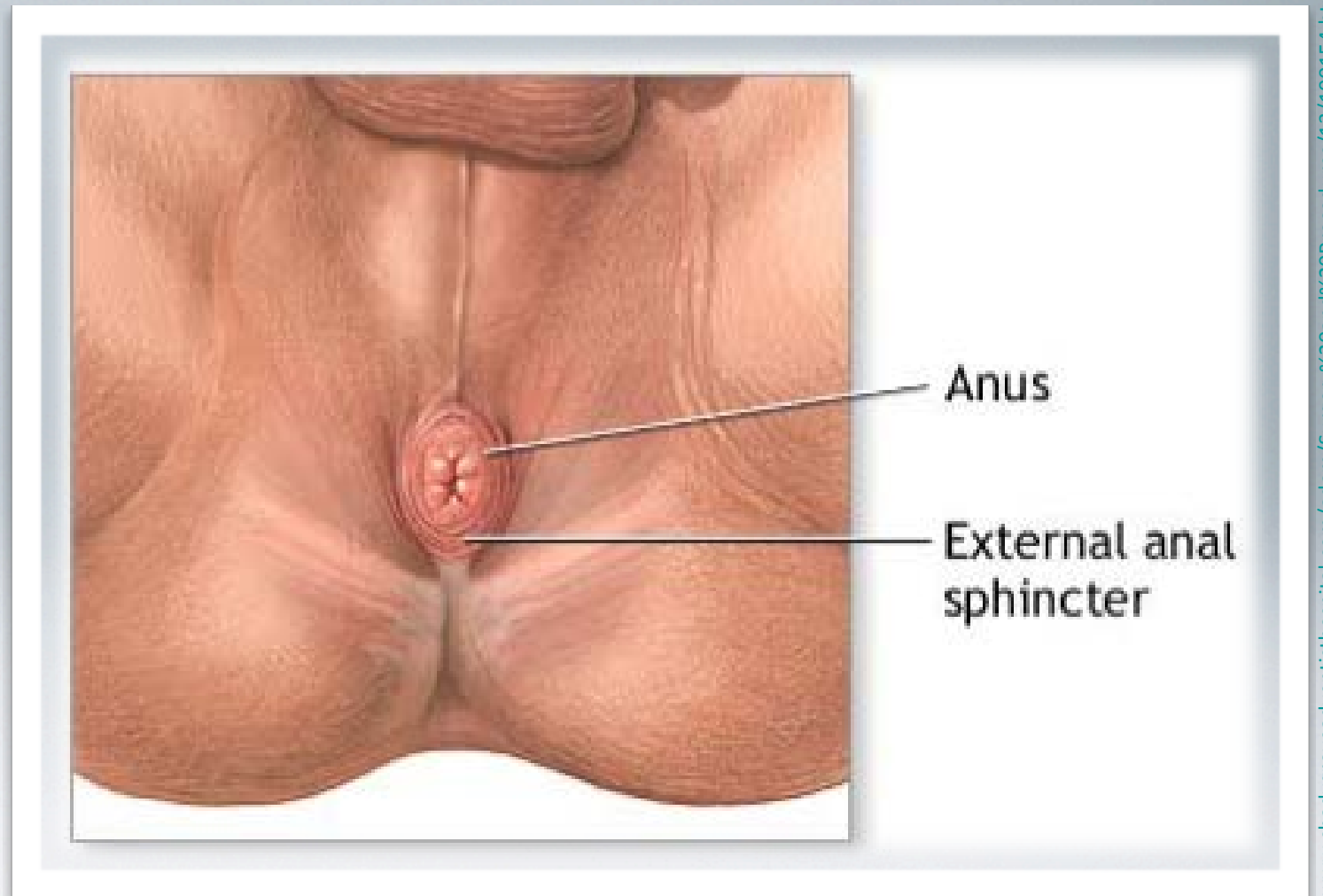
Here's the last of the digestive tract – let's look at each of the major anal erogenous zones: anal canal then rectum





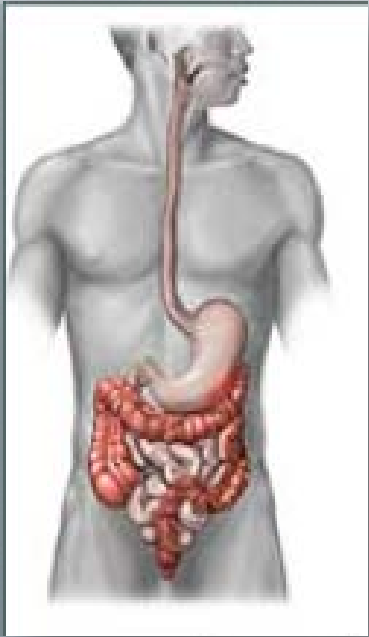
# Anatomy: the Anus

- The anus is the asshole, visible externally as the opening of the anal canal
- It is densely packed with nerves and is very sensitive to touch, which may be pleasurable
- It's erotic regardless of gender – anyone with an asshole has the potential to feel anal pleasure



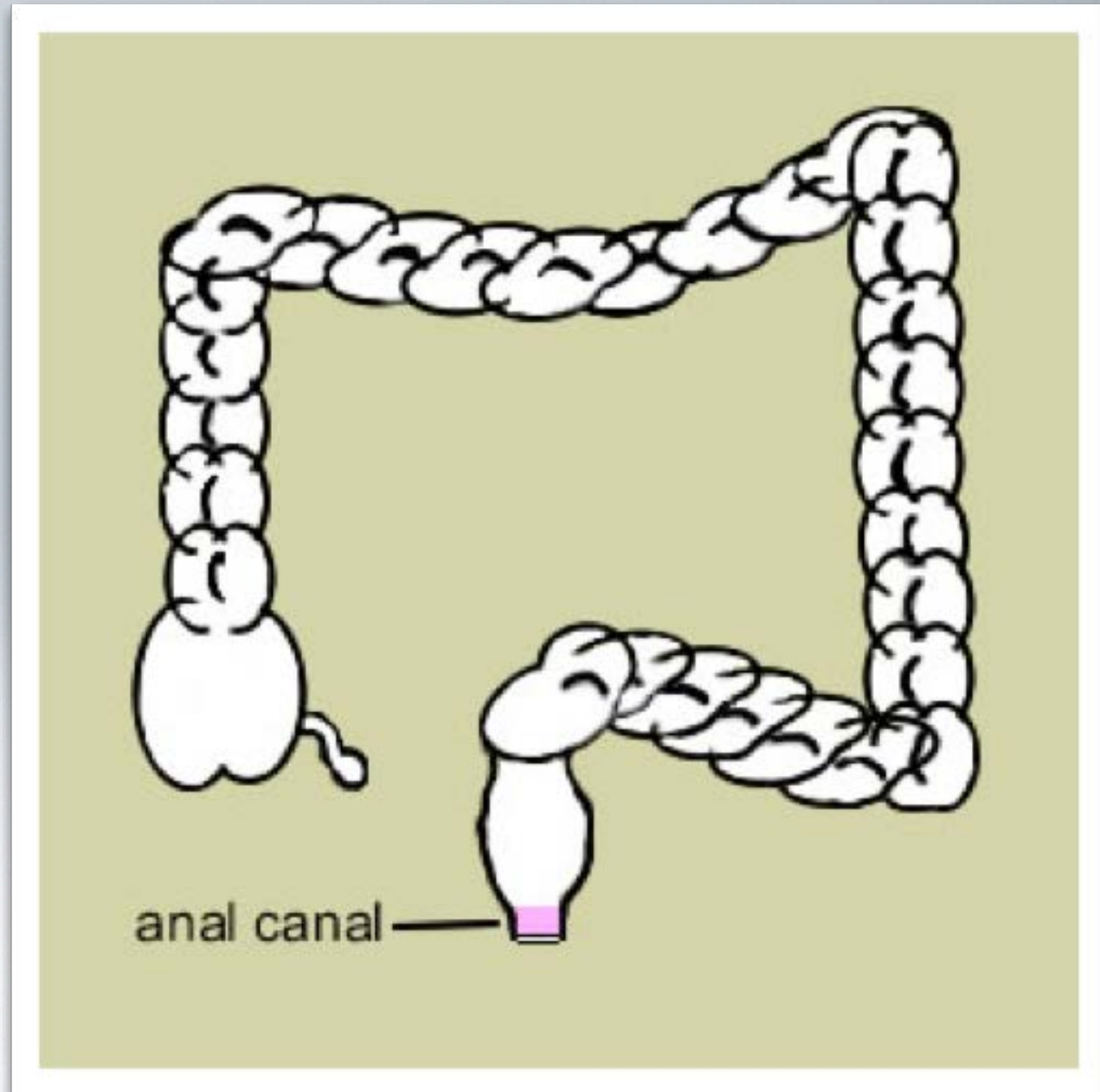
: [www.shadygroveadventisthospital.com/adam/Surgery%20and%20Procedures/13/100154.html](http://www.shadygroveadventisthospital.com/adam/Surgery%20and%20Procedures/13/100154.html)





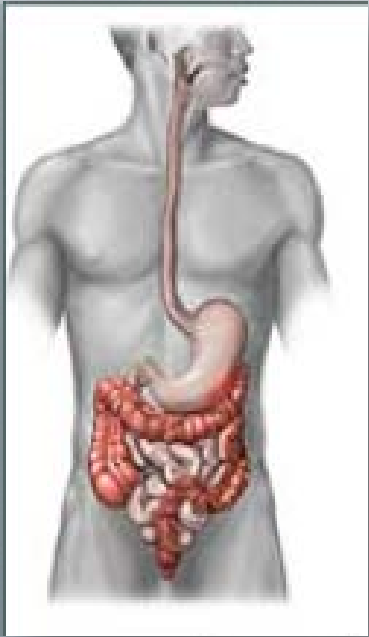
# Anal Canal

- Just beyond the anus is the anal canal (the first few cm / inches)
- Two rings of muscle close and open the anal canal



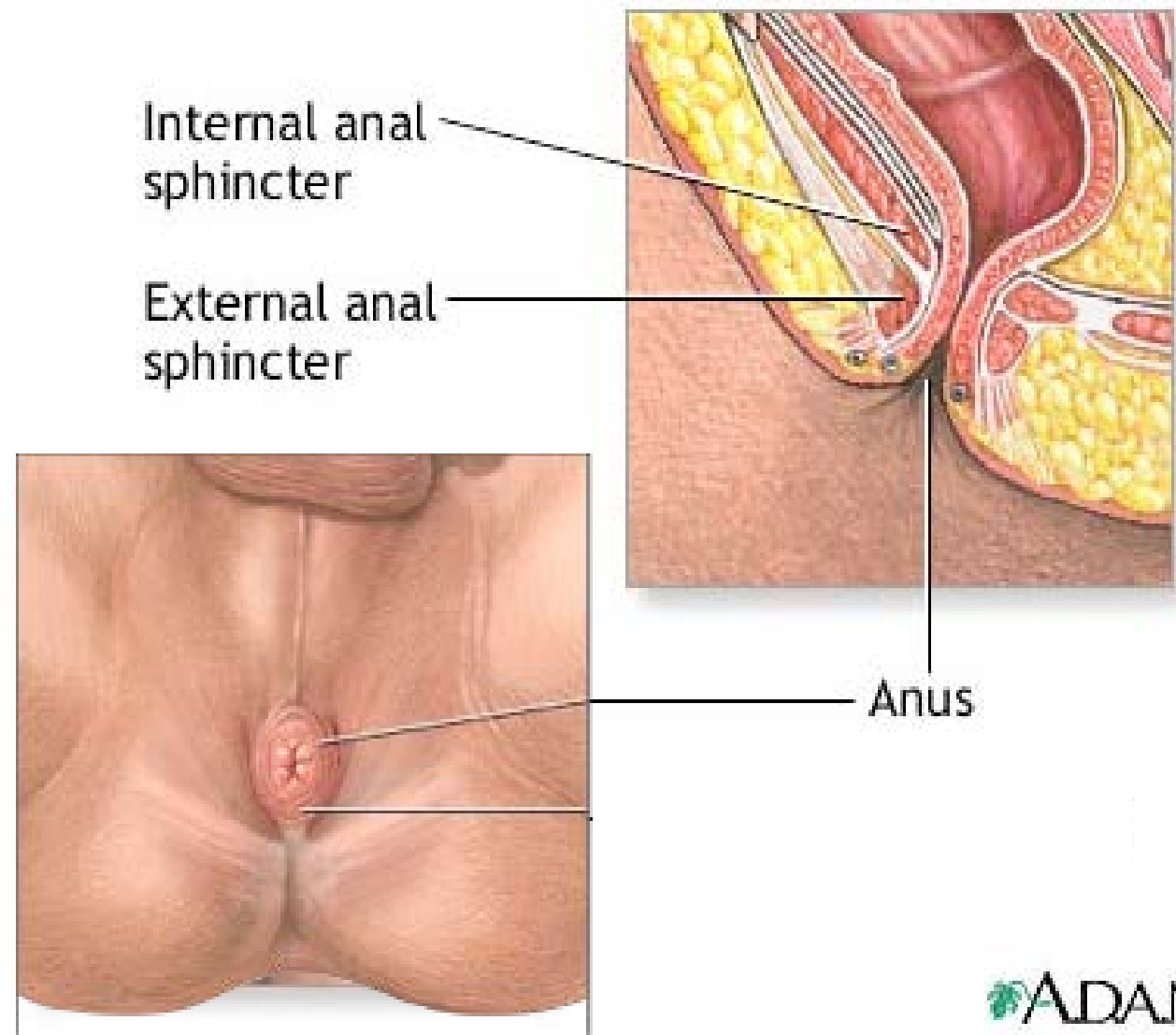
<http://coloncancer.about.com/od/thebasics/ig/Anatomy-of-the-Large-Intestine-Diagram.htm>





# Anal Canal

- The anal canal is made of two sphincters at the end of the rectum
- A sphincter is a circular muscle that contracts and expands
- These two muscles open and close sort of like your mouth!



ADAM.

[www.shadygroveadventisthospital.com/adam/Surgery%20and%20Procedures/13/100154.html](http://www.shadygroveadventisthospital.com/adam/Surgery%20and%20Procedures/13/100154.html)



# Anal Canal: Two Sphincters

- The outer sphincter is a voluntary muscle. You control it at will – like your mouth.
- The inner sphincter is an involuntary muscle. You have to relax or feel stimulated to open it.

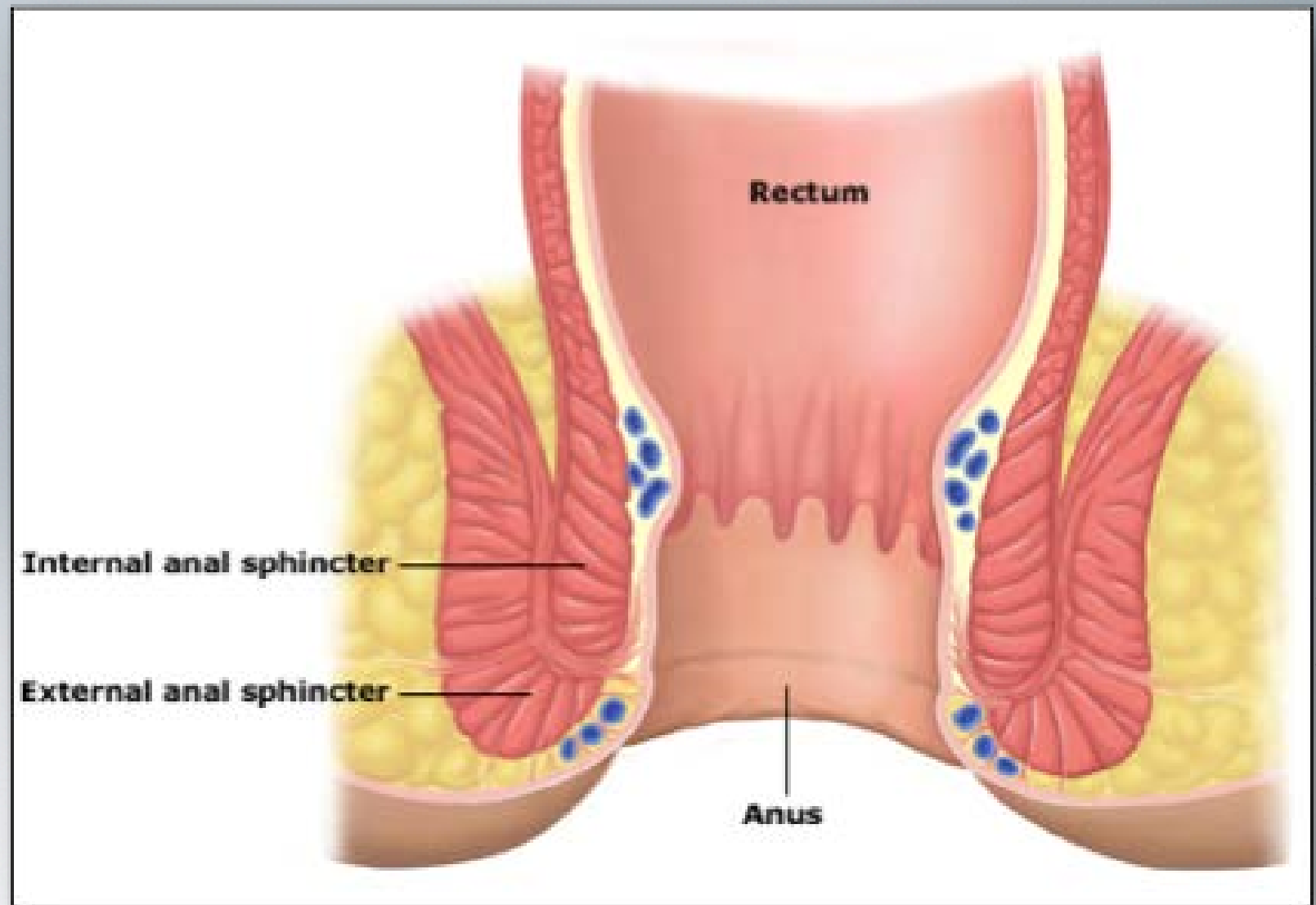


Image: [scientopia.org/blogs/scicurious/2009/05/08/friday-weird-science-ruining-the-mood-blame-the-rain](http://scientopia.org/blogs/scicurious/2009/05/08/friday-weird-science-ruining-the-mood-blame-the-rain)



# Anal Canal

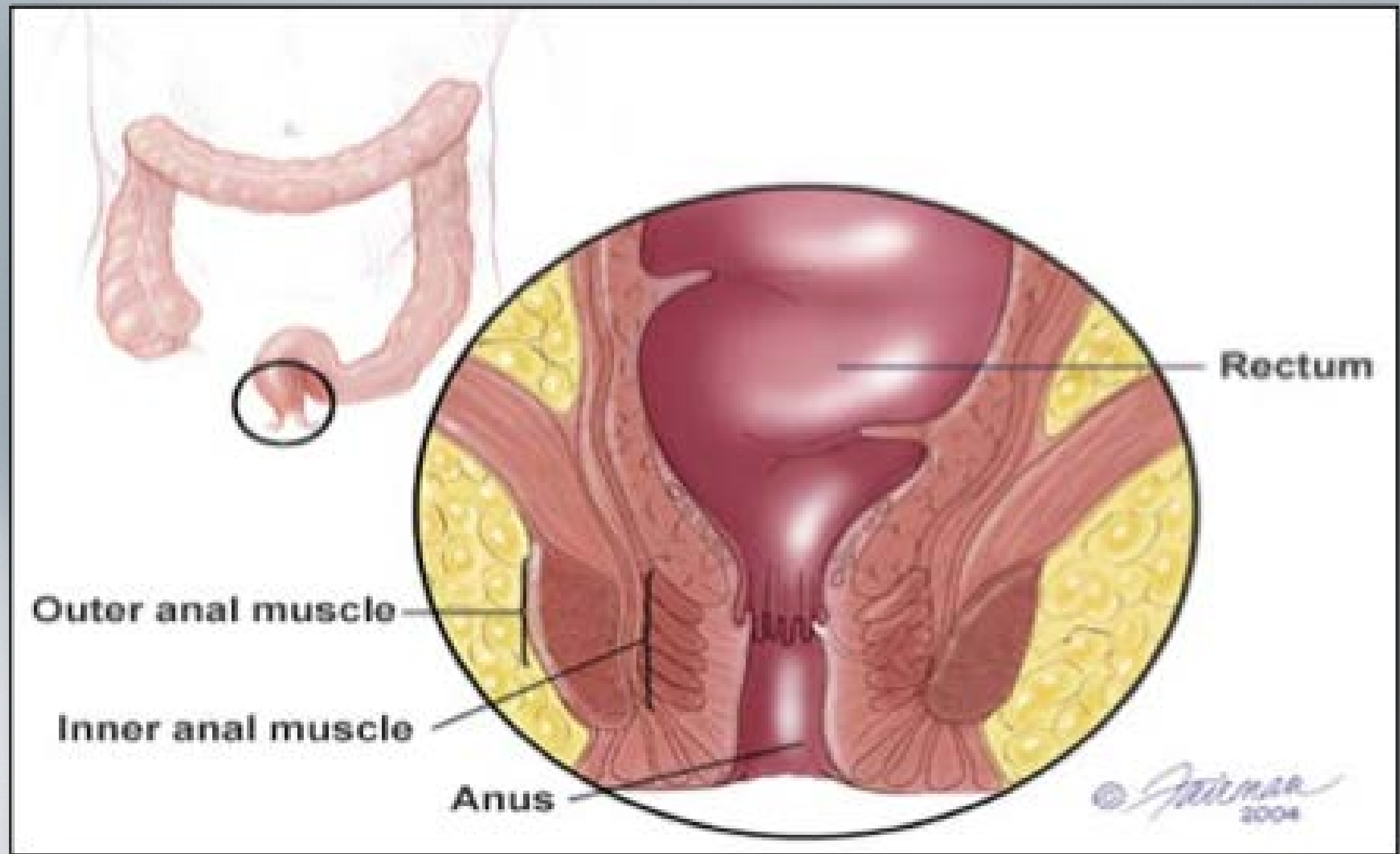
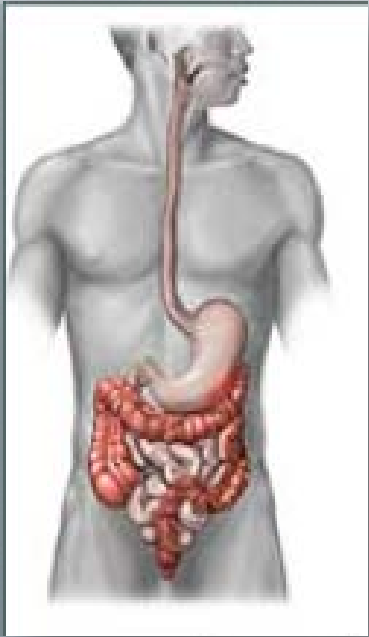


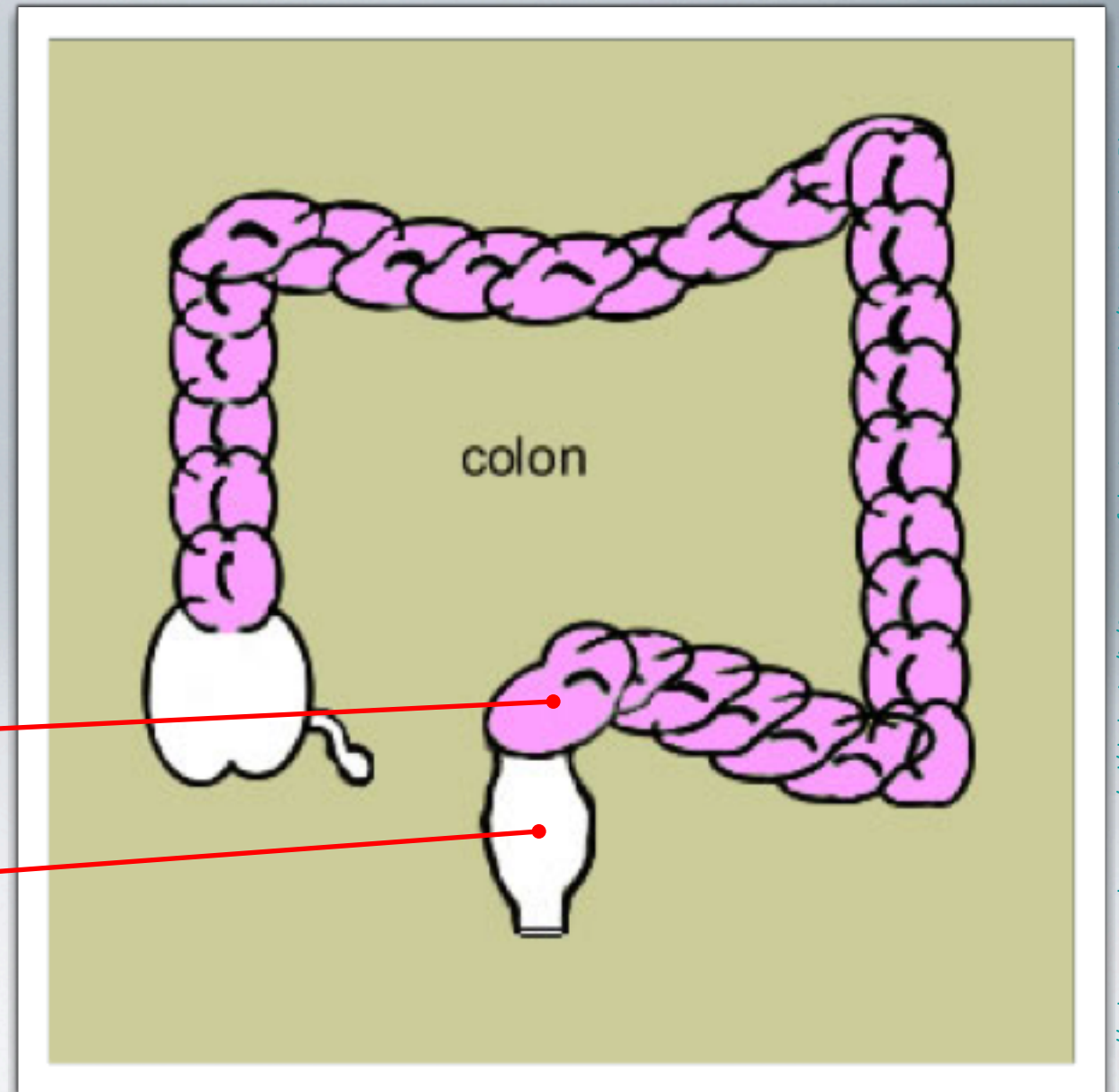
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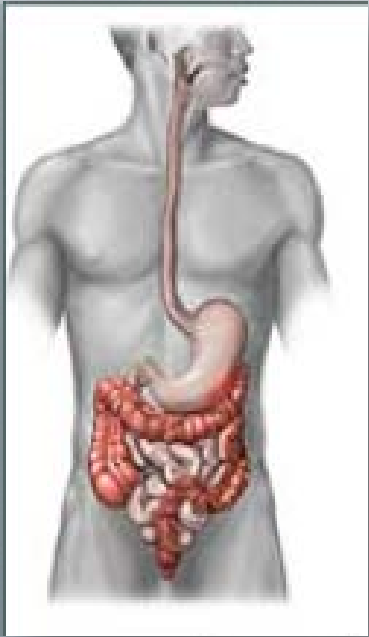
# Colon

- Colon is about 2 m (6 ft) long
- Part of the digestive system
- Moves waste (gas & shit) from small intestine to the rectum
- **Sigmoid colon** is the S-shaped end of the colon, leading into the **rectum**



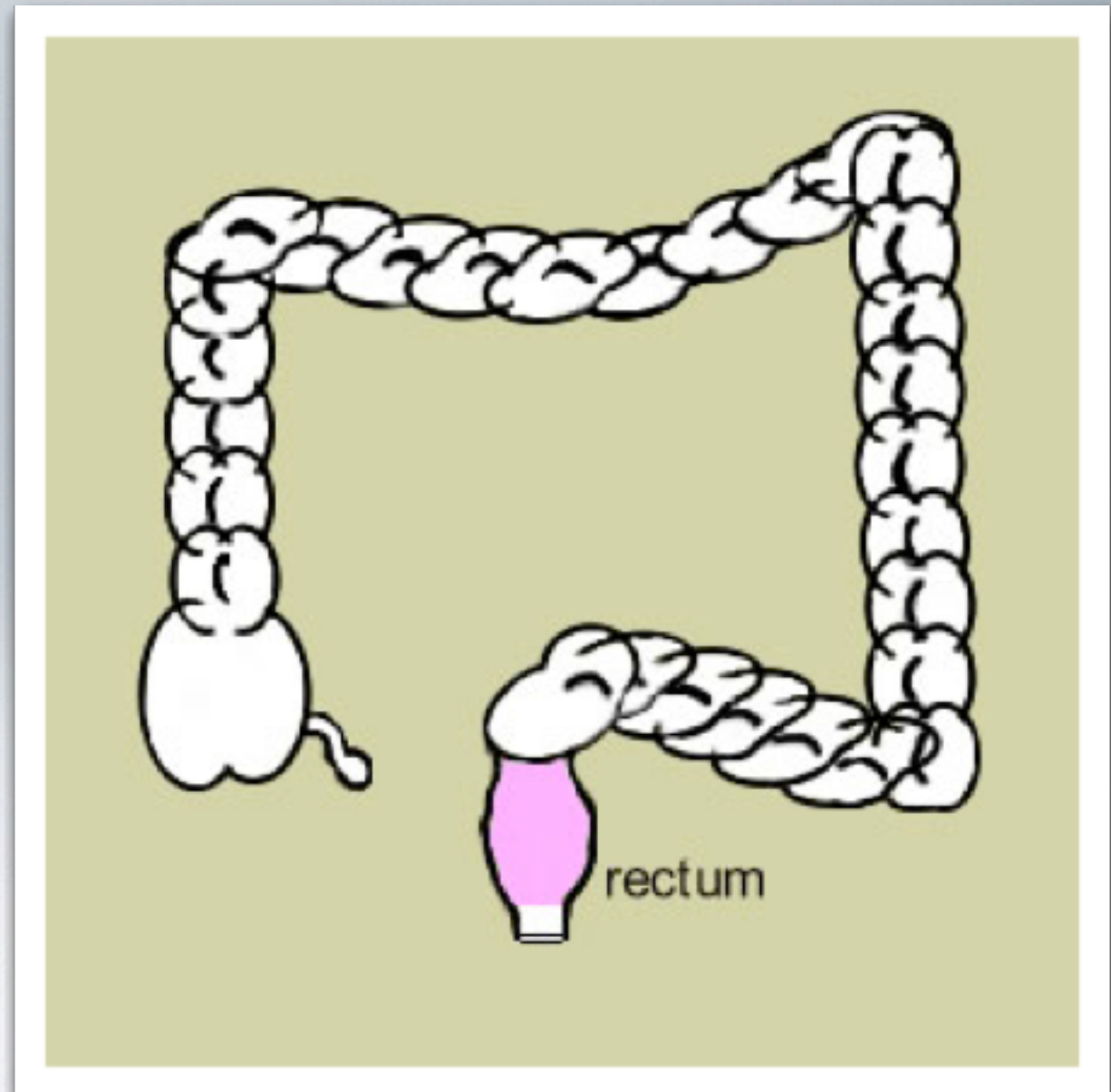
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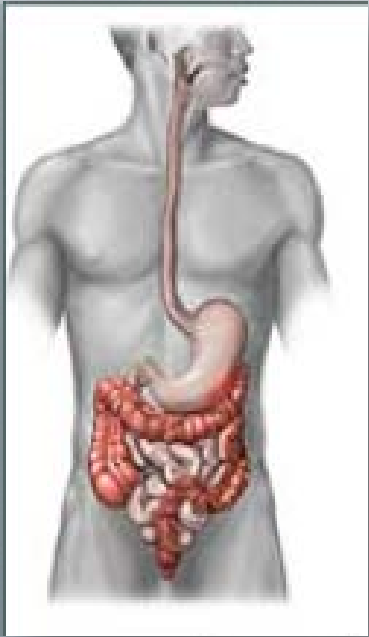
# Rectum

- The rectum is about 12-23 cm (5-9") long, and 1 cm (½") wide – and stretches
- Serves as a warehouse for poop & gas right before release – that means it's **generally free of crap** and readily accessible erotically
- When the rectum fills, we feel the urge to relax or release, called the 'rectal reflex'



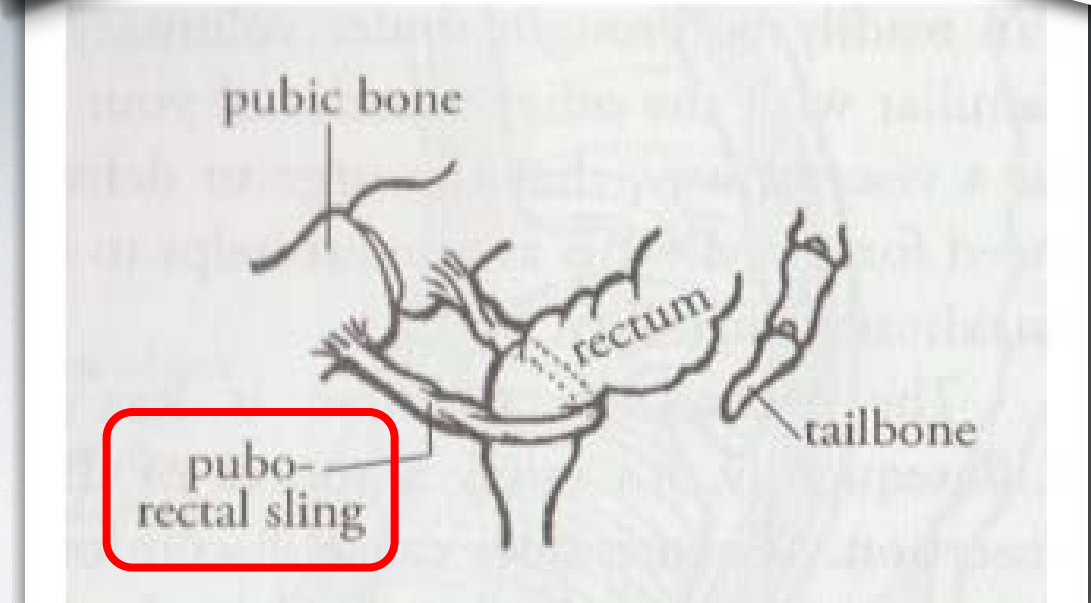
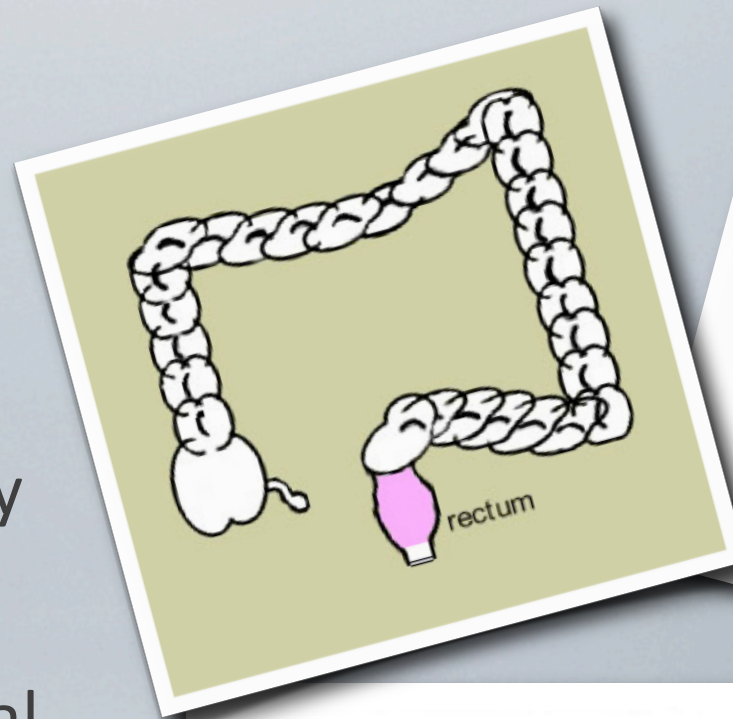
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# Rectum – Rectal Reflex

- When gas or shit leaves the sigmoid colon and enters the rectum, we feel the urge to empty our bowels
- That feeling of fullness is the rectal reflex – the urge to shit or fart when the rectum is full
- Fullness communicates to the pubo-rectal sling – the muscle responsible for 80% of continence in the body: “It’s time to go!”



Images: Jack Morin. Anal Pleasure and Health: A Guide for Men, Women and Couples, 4th Edition Revised. Down There Press: May 2010



# Rectal Reflex & S-shape of the Rectum

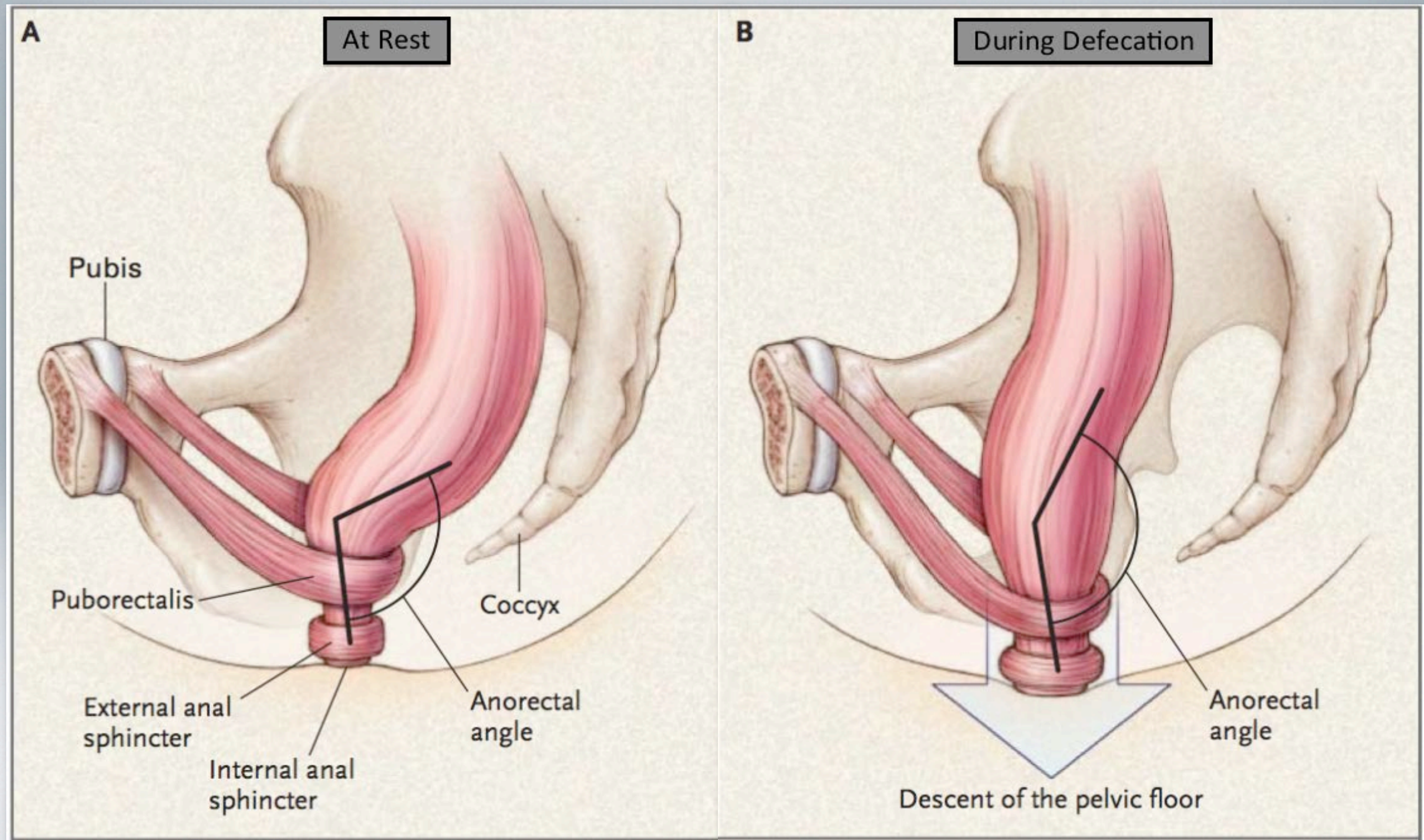


Image: Lembo, A., & Camilleri, M. (2003). Chronic constipation. The New England Journal of Medicine, 349(14), 1360-1368.



# Three Factors Disrupt the Rectal Reflex

- ignoring the urge
- resisting a fart
- absence of adequate fiber

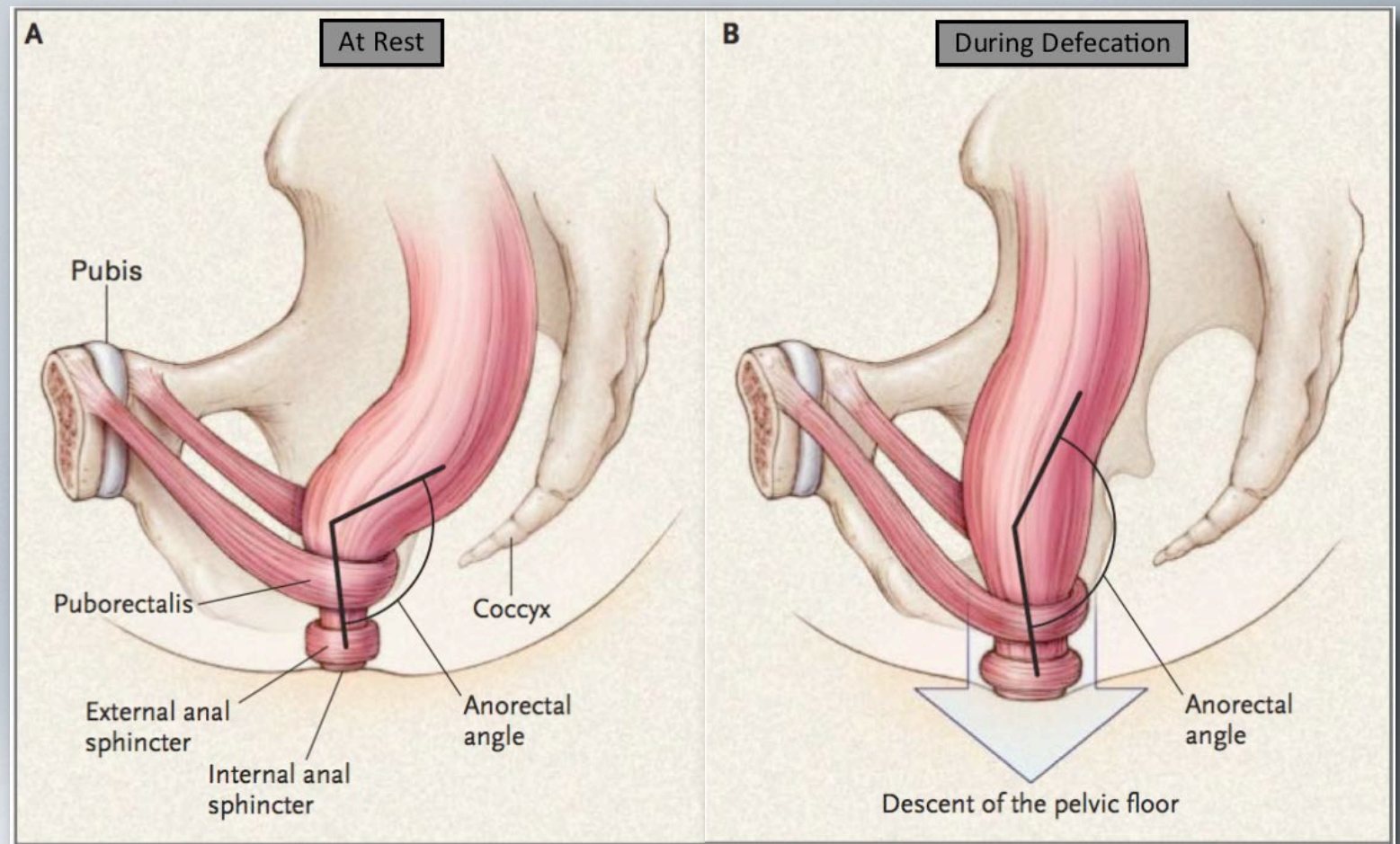


Image: Lembo, A., & Camilleri, M. (2003). Chronic constipation. *The New England Journal of Medicine*, 349(14), 1360–1368.

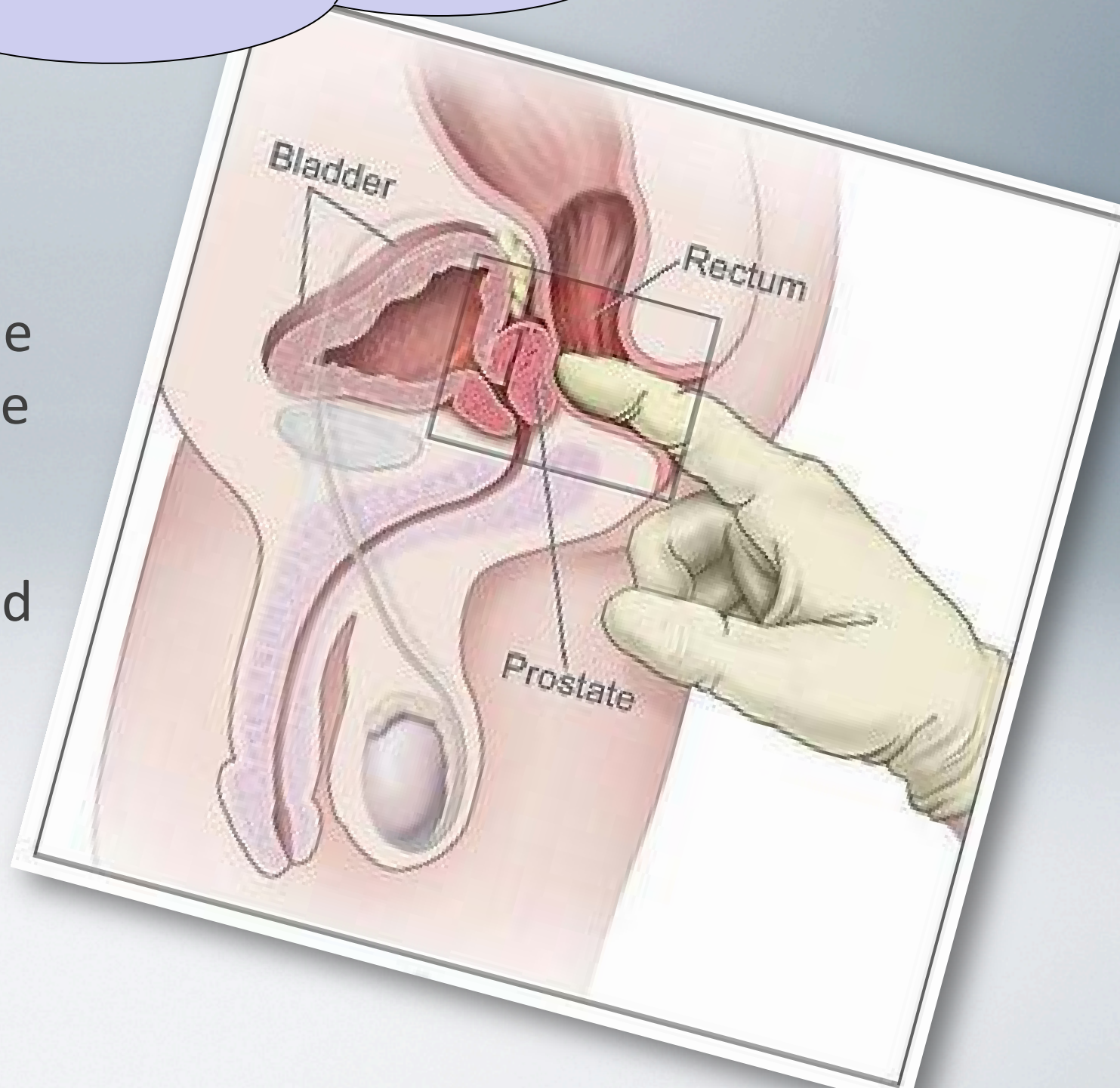
In certain positions, penetration can poke the pubo-rectal sling, triggering the rectal reflex – even though you don't have to pass gas or faeces. The key is to pay attention to the rectal reflex when you actually fart or shit – so that when you use your ass erotically, you're aware of the difference in sensation and can relax.



Kofi

*When I'm getting fucked, it feels like I'm gonna pee then like I'm gonna cum - but nothing comes out. What's going on?*

- Welcome to your prostate!
- You can feel it about 4 cm inside the rectum, pressing toward the belly button
- It's right next to the bladder and the urethra passes through it
- But what's so great about the prostate?

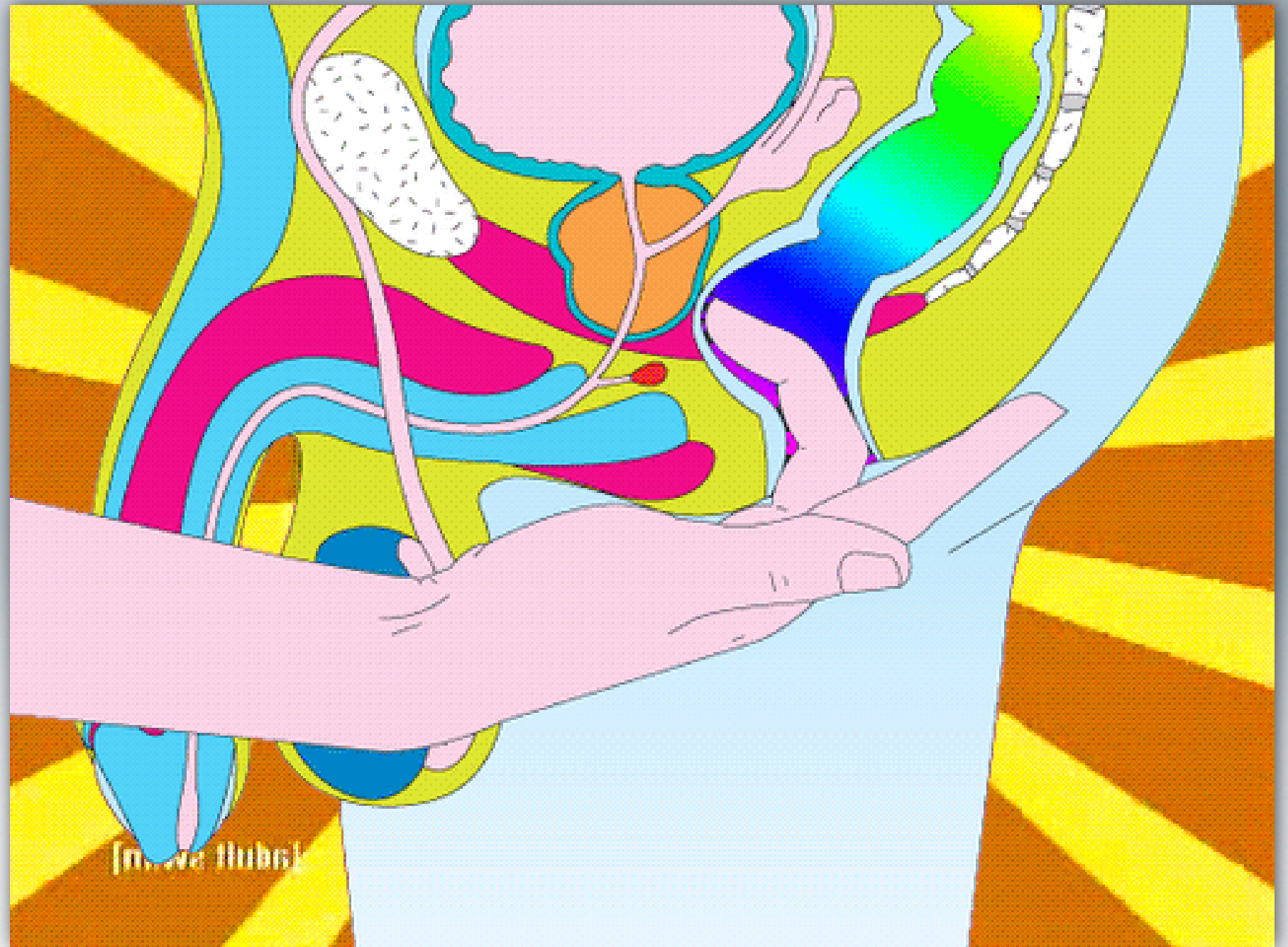




# Pressure on the Prostate Hits the P-Spot

The sensation of **orgasm** results from the pressure of muscle contractions around the prostate

This can happen even without ejaculation – cumming and orgasm are different things



This URL has a cool animation!

[litford.net/geekulture/2010/11/psychedelic-prostate-examination/](http://litford.net/geekulture/2010/11/psychedelic-prostate-examination/)



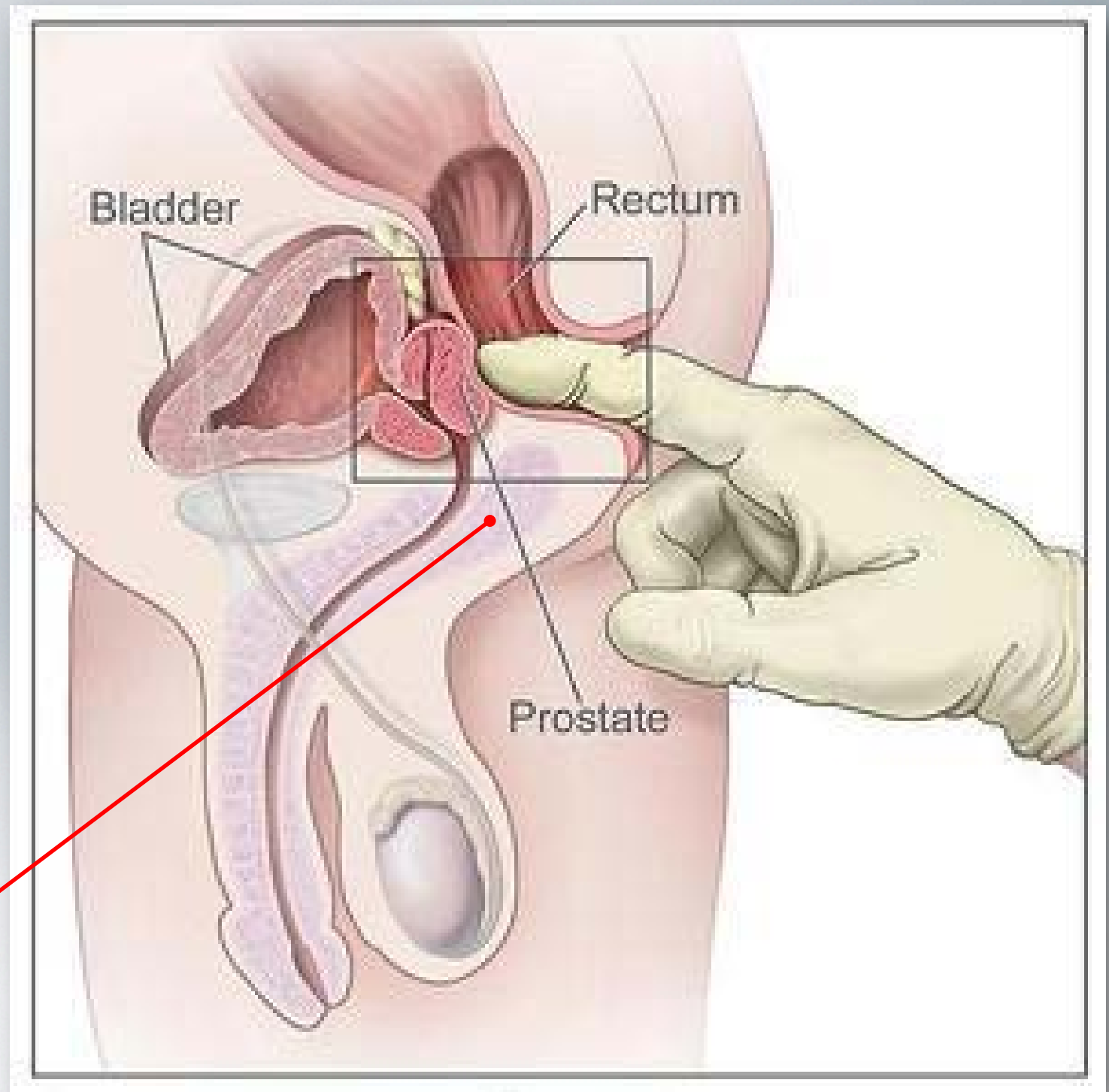
# Prostate: The P-Spot

Rubbing the prostate through the rectal wall can produce orgasm or heighten orgasm and ejaculation

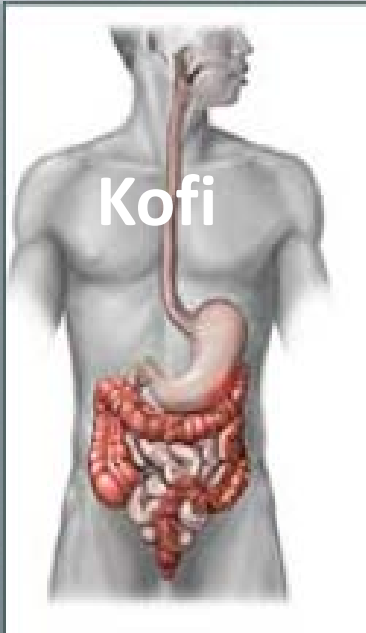
It might feel like peeing at first, because it's close to the bladder

It's like the G-spot in female anatomy!

Also the bulb of the penis is right there too



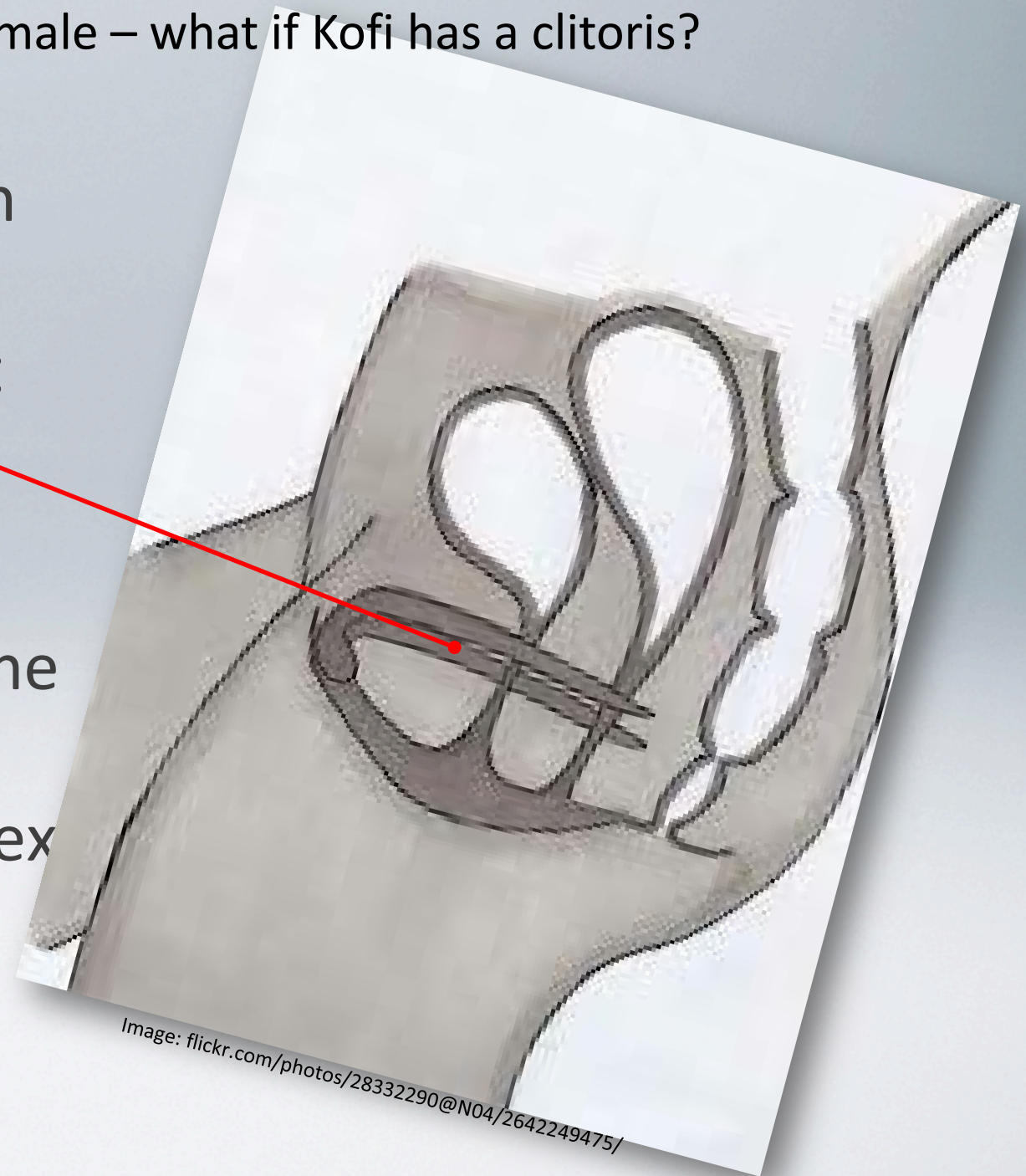




*Usually I orgasm only from my clitoris.  
But last night I came during anal sex.  
What the fuck is going on?!*

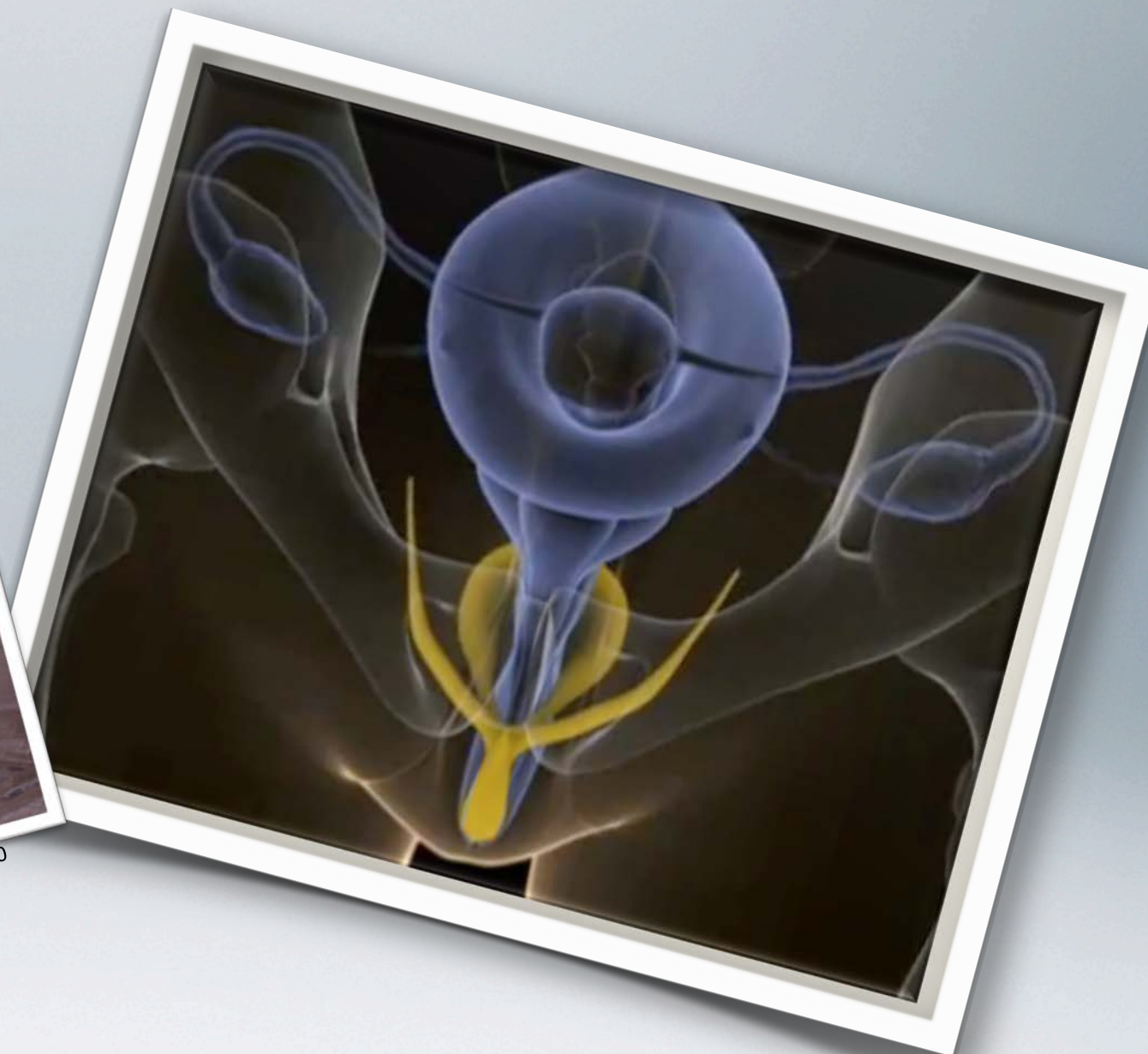
Did we assume Kofi was cisgender male – what if Kofi has a clitoris?

- Welcome to Kofi's clitoris – an organ whose sole purpose is pleasure – and it has legs that extend into the pelvic floor musculature
- The legs of the clitoris allow the experience of pleasure and possibly orgasm during anal sex in the rectum





# Legs of the Clitoris



For a great video about the legs of the clitoris, go to:  
[blog.museumofsex.com/the-internal-clitoris/](http://blog.museumofsex.com/the-internal-clitoris/)  
It's really amazing!



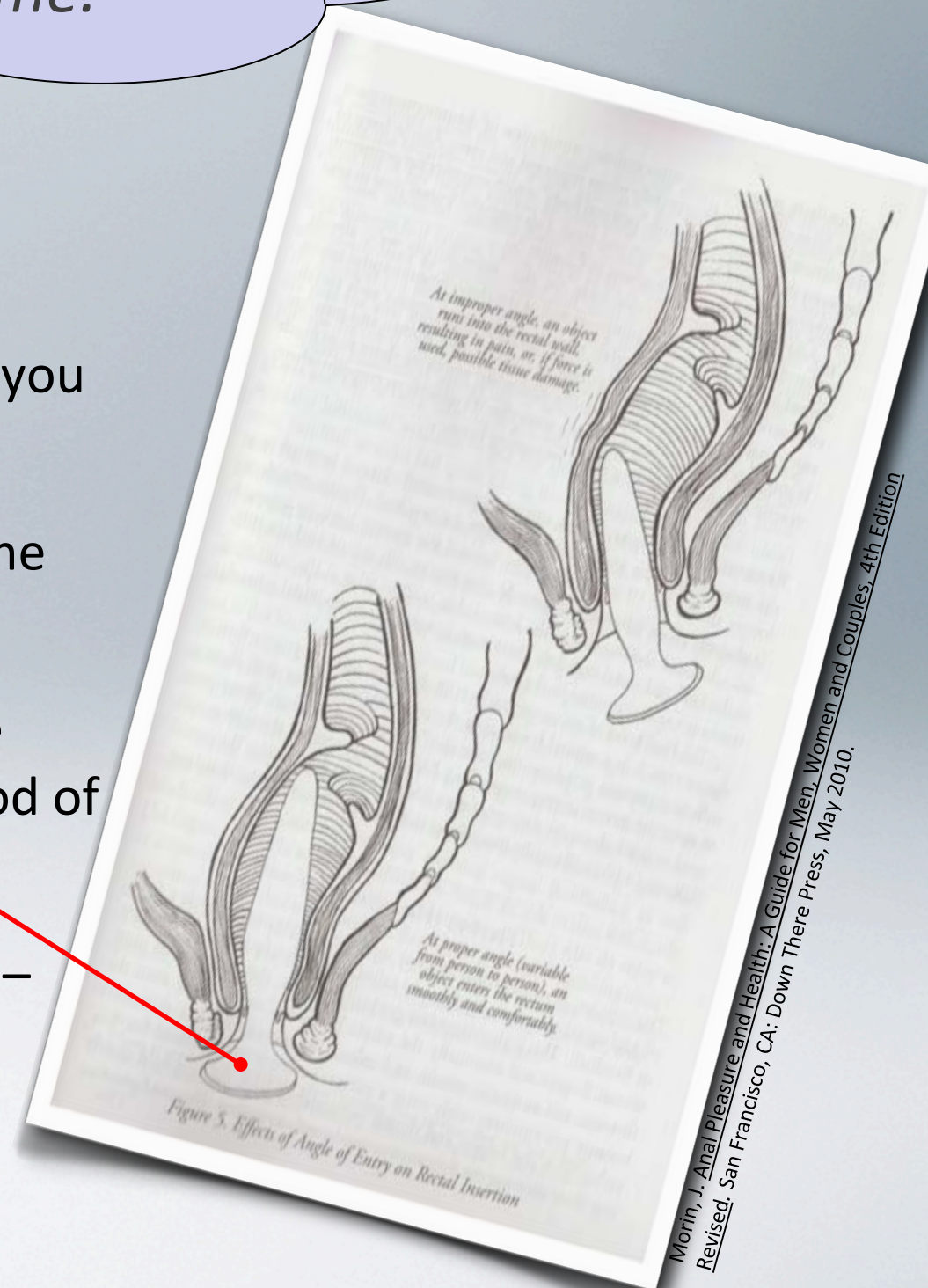
# Let's Get to Some More Questions!



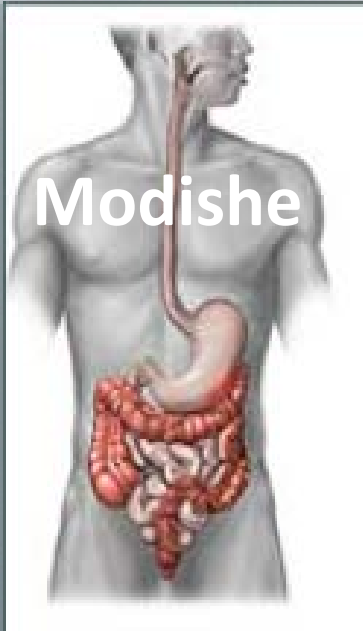
Tendai

*Sometimes I get tense when I'm bottoming, even though I'm enjoying it – and it's really annoying me.*

- It's likely stimulation of the pubo-rectal sling!
- Get to know your rectal reflex – DO NOT PUSH when you have to shit or fart – just relax (and enjoy)
- Play with flared bottom sex toys or objects – follow the rectum, don't poke it
- Play with positions – bottom squatting on top, on the side, can take out the S-curve and lessen the likelihood of hitting the sling
- It varies with the shape of what you're putting in too – dicks, for example, differ in shape & size
- The rectal reflex & pubo-rectal sling respond to psychological as well as physical stimulation

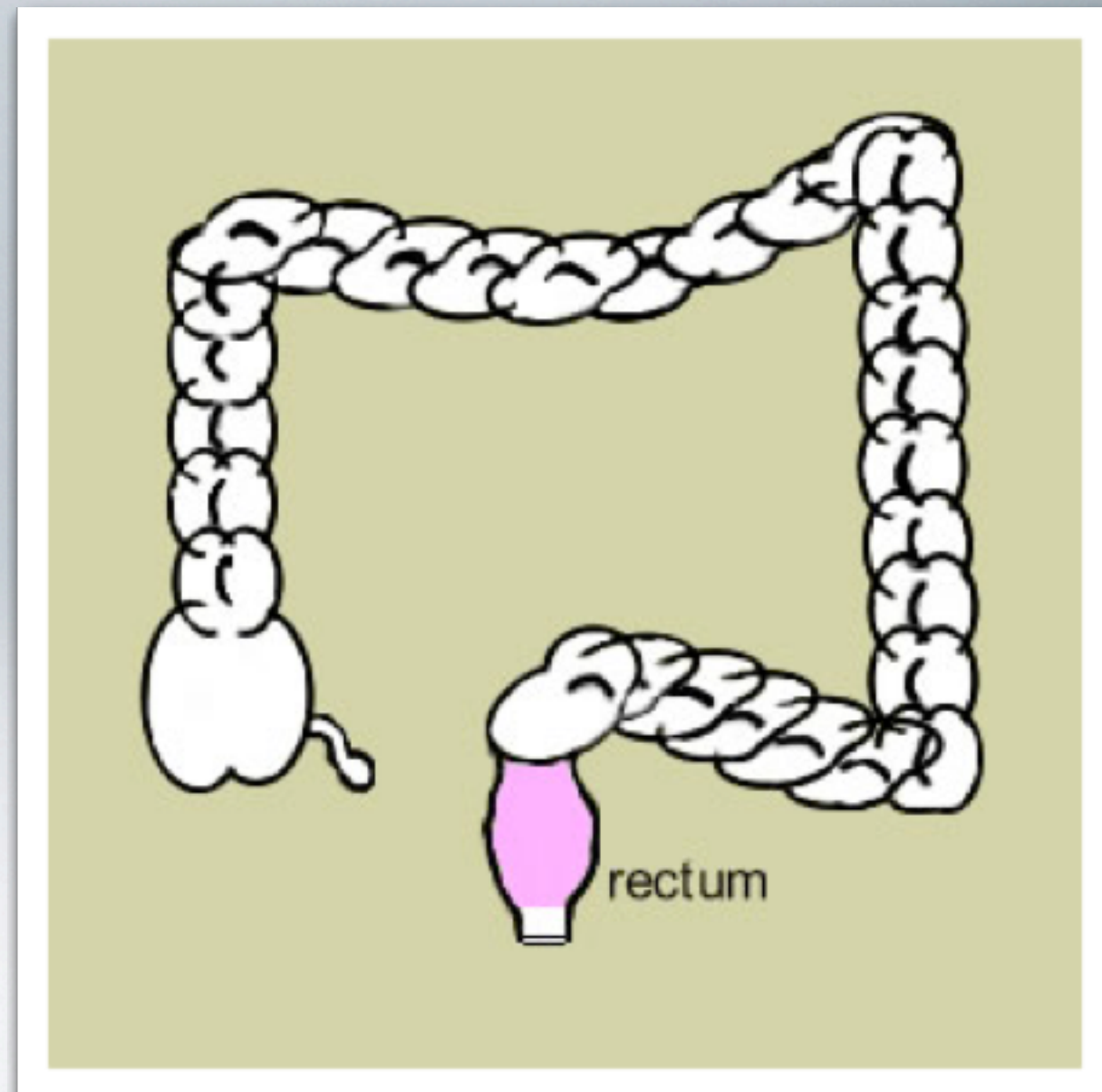




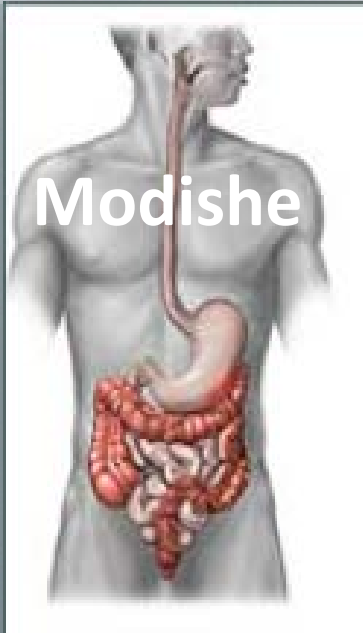


*The last thing I want to do is  
leave shit on someone's dick.  
What can I do about it?*

- Fiber (“An apple a day keeps the shit away...”) can regulate bowel movements; supplements (psyllium, flaxseed) can help with planning & expectancy
- Probiotics/yogurt post-antibiotics
- Entering the sigmoid colon increases the likelihood of encountering faeces

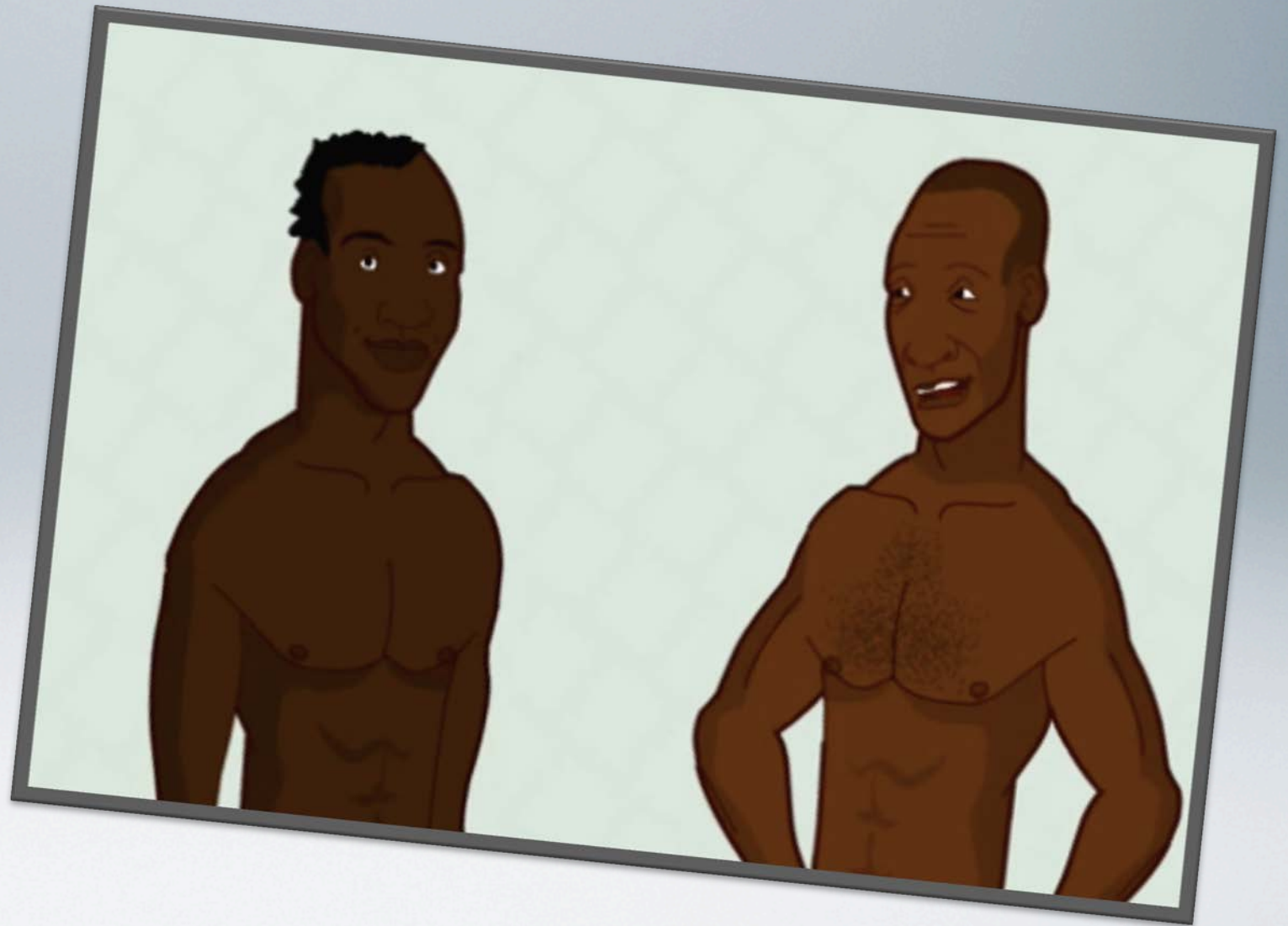




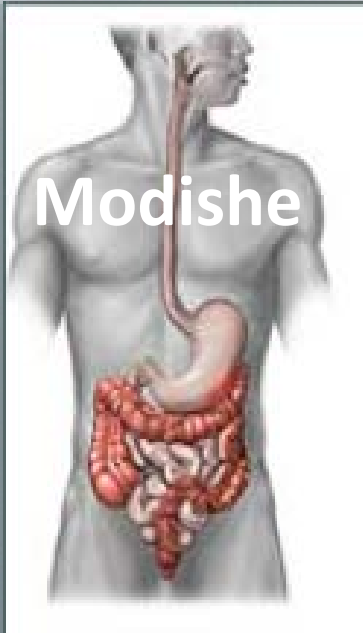


*The last thing I want to do is  
leave shit on someone's dick.  
What can I do about it?*

- The **internal condom** (also known as the 'female condom') might be handy here for this person's concerns while bottoming
- Check out the video on the right in Dioula, Moree, French, and English at [youtube.com/user/SWF32x?feature=watch](https://youtube.com/user/SWF32x?feature=watch)



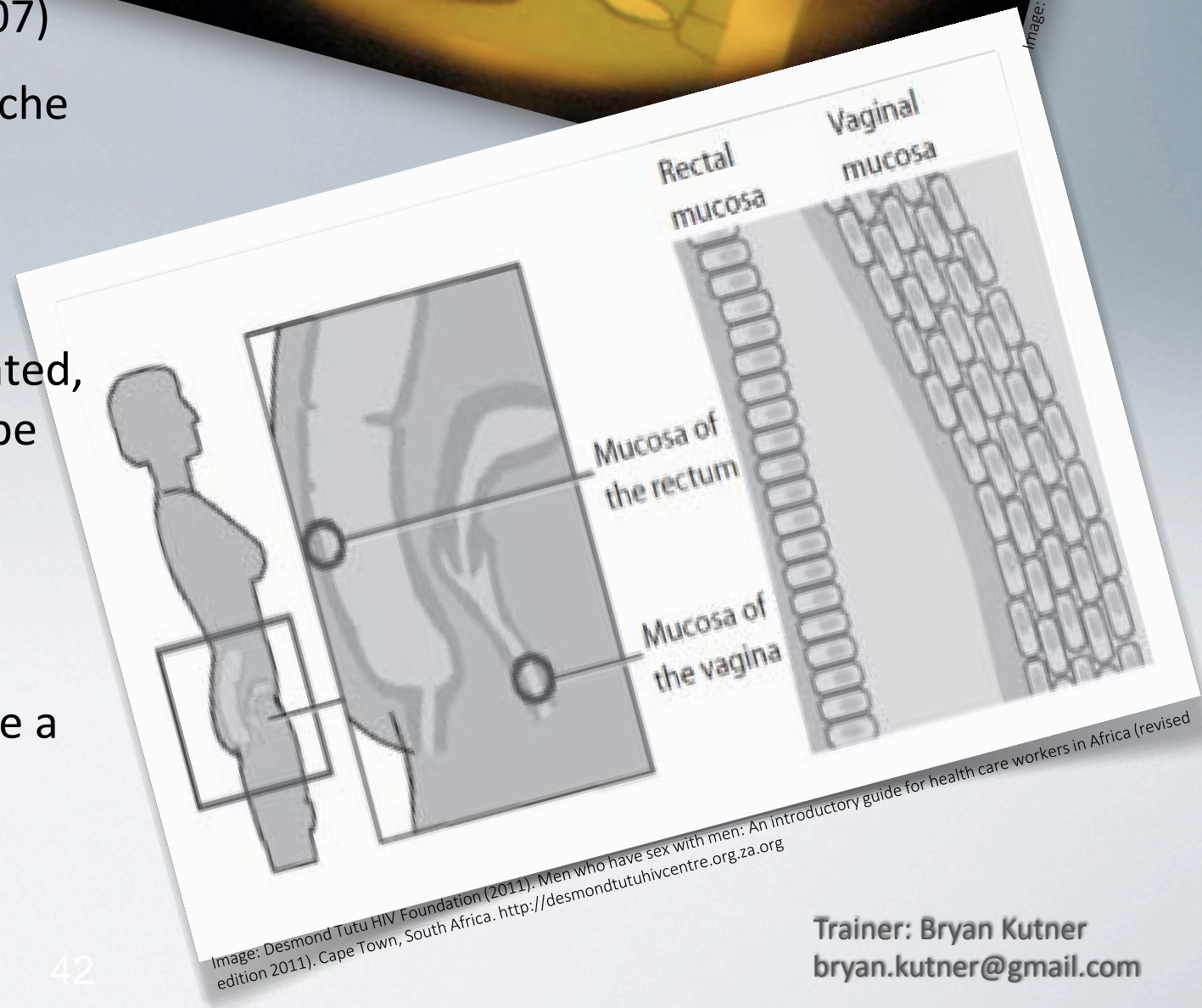




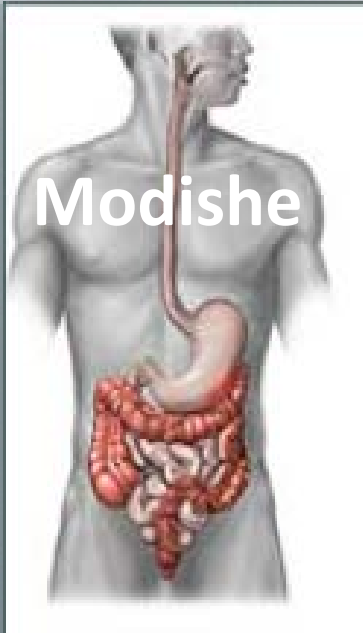
*Look – I'm not going to stop douching. Is there anything I need to know?*



- Douching may be common, especially among poz men (Carballo-Diequez et al., 2007)
- With adequate fiber, you won't need to douche or use an enema - but HIV med side effects, enteric illnesses can loosen bowels & added fiber may be contraindicated
- Rectal mucosa is 1 cell thick, not very lubricated, easily tears with inserted objects without lube
- Douching removes natural lubrication and compromises rectal lining integrity
- If you're committed to douching, use warm water and a smooth tipped, lubricated device a few hours before sex

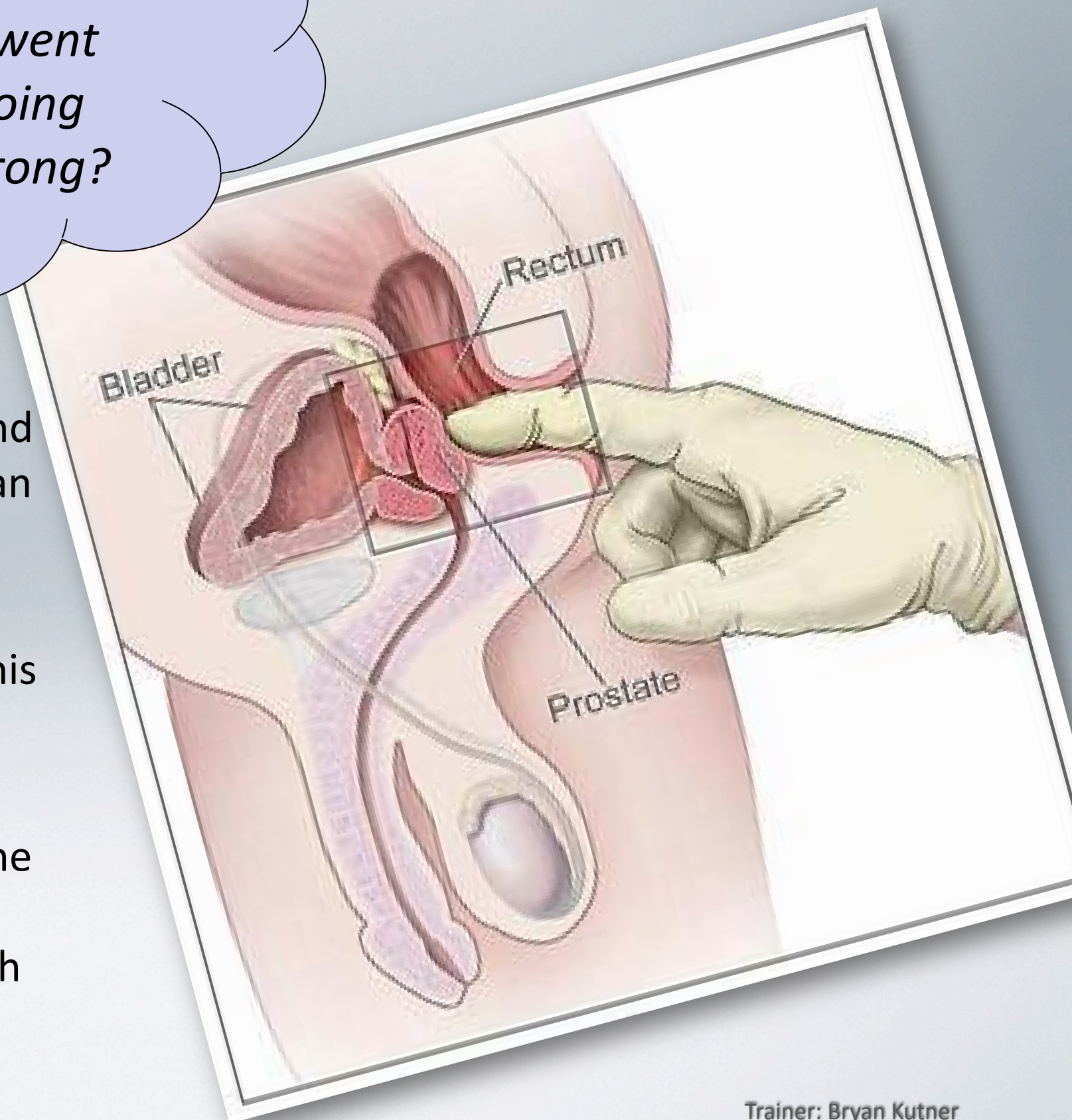




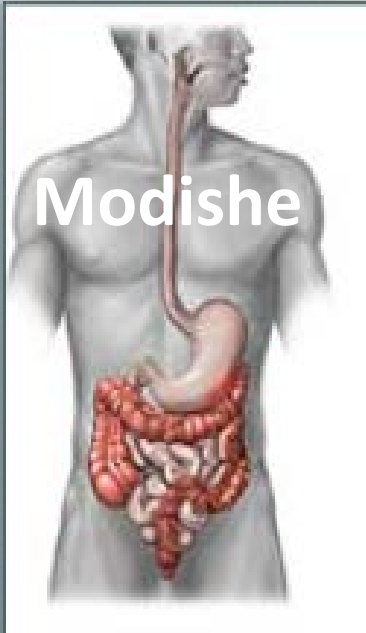


*When I fucked this guy, his dick went soft. Am I doing something wrong?*

- Remember how the bulb of the penis extends into the body? And pressure against the prostate can feel like orgasm?
- This guy of yours might just be experiencing more pleasure in his ass than on his dick
- It's actually pretty common to migrate erotic attention from the penis to the ass while getting fucked or rimmed or played with





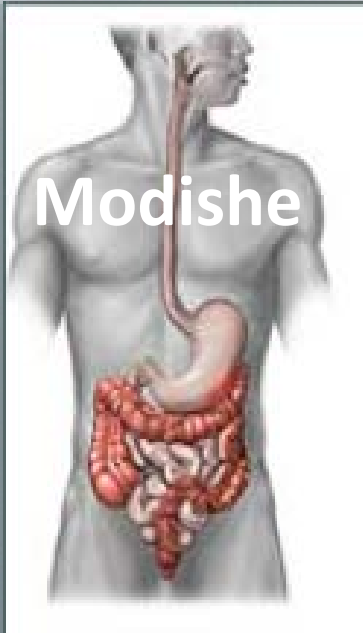


*I've heard some questionable things about lube. What's the story?*

- Lubricants prevent tearing in the rectum; anal sweat & rectal mucous typically aren't enough to prevent tears
- Not all lubes work the same, some may harm – but we have only a few studies
- Oil isn't recommended – bacteria, latex
- Rectal microbicides are on the horizon!
- Stay tuned for MSMGF's upcoming webinar on lube access & safety
- In the meantime, check out IRMA's link for a more thorough written response

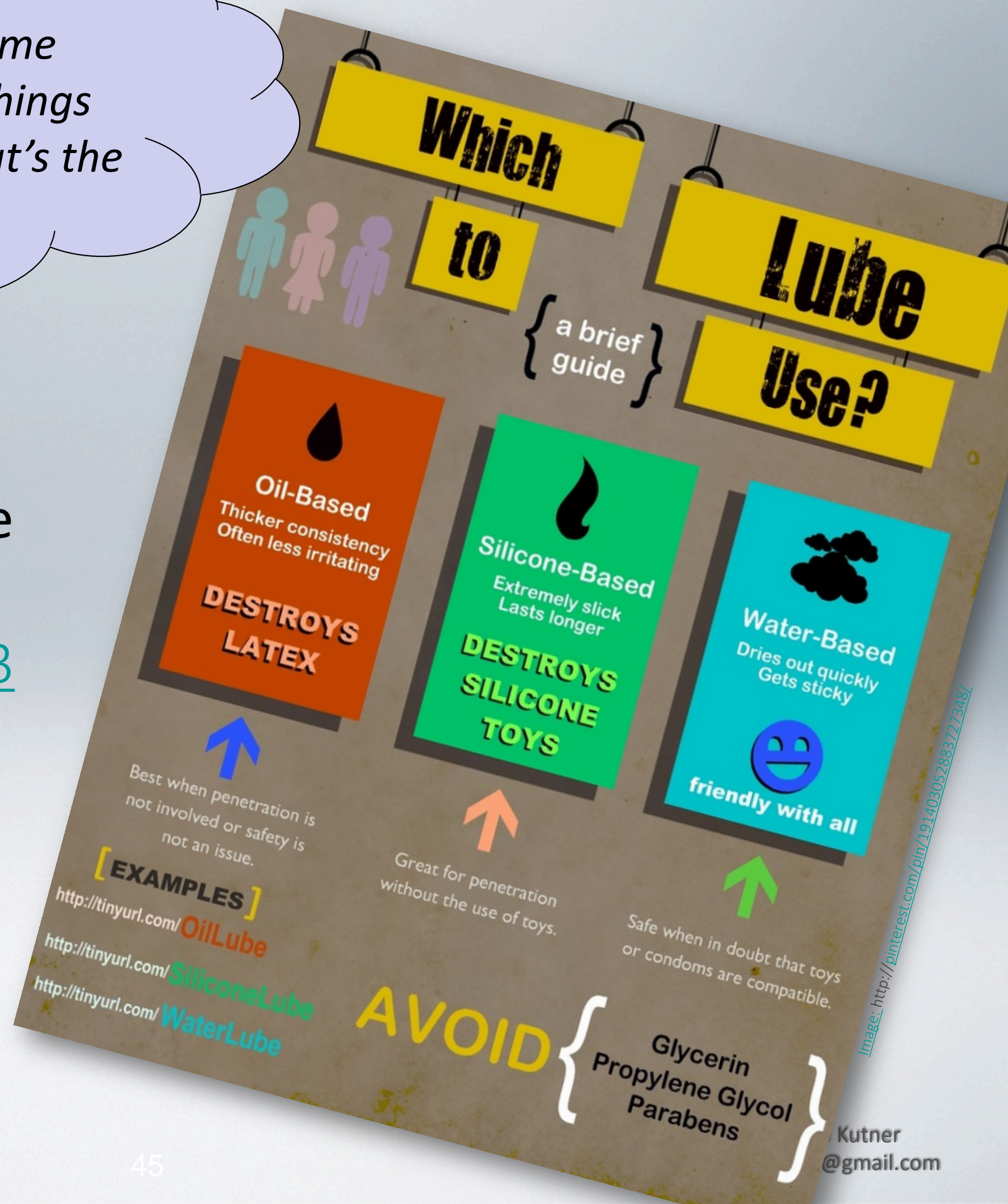




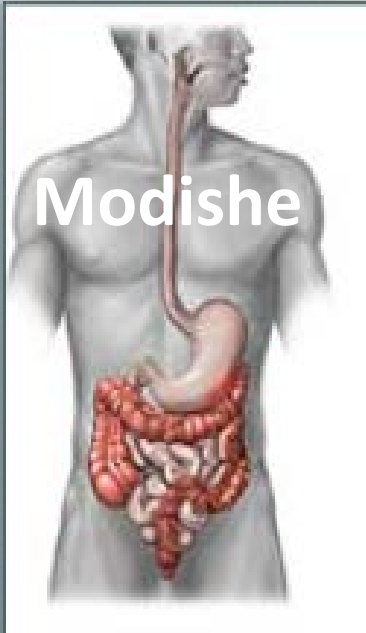


*I've heard some questionable things about lube. What's the story?*

Here's a quick guide to which kinds of lube to use available at [pinterest.com/pin/191403052883727348/](http://pinterest.com/pin/191403052883727348/)





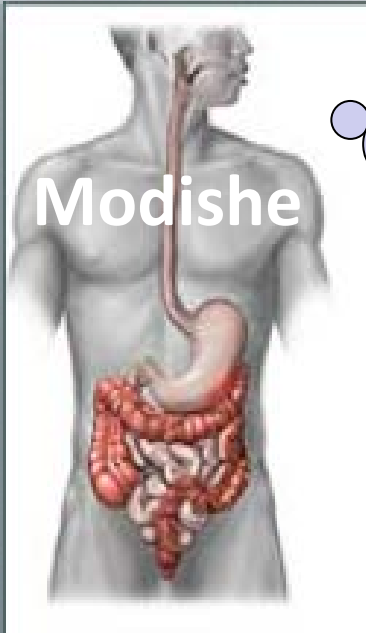


*Bleeding is normal,  
right?*

- Pain is a signal of *potential* damage and blood is a sign of actual damage
- Don't worry – it's likely not permanent, but just from not using enough lube
- Because of the anal taboo, people expect pain and therefore suffer bleeding rather than take measures to prevent it
- Using lubrication, only inserting smooth objects (no RuPaul nails!), adequate fiber, going slowly with a new partner
- If bleeding is regular for you, seek medical advice!

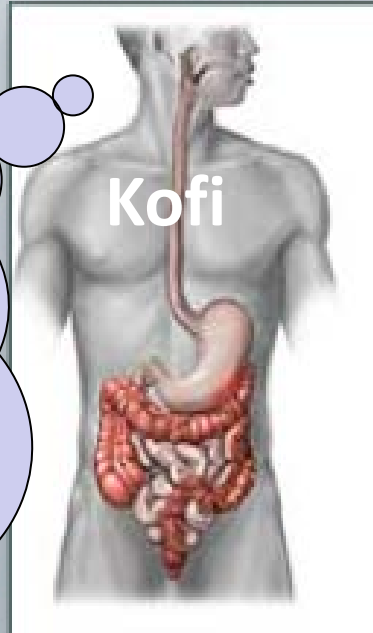




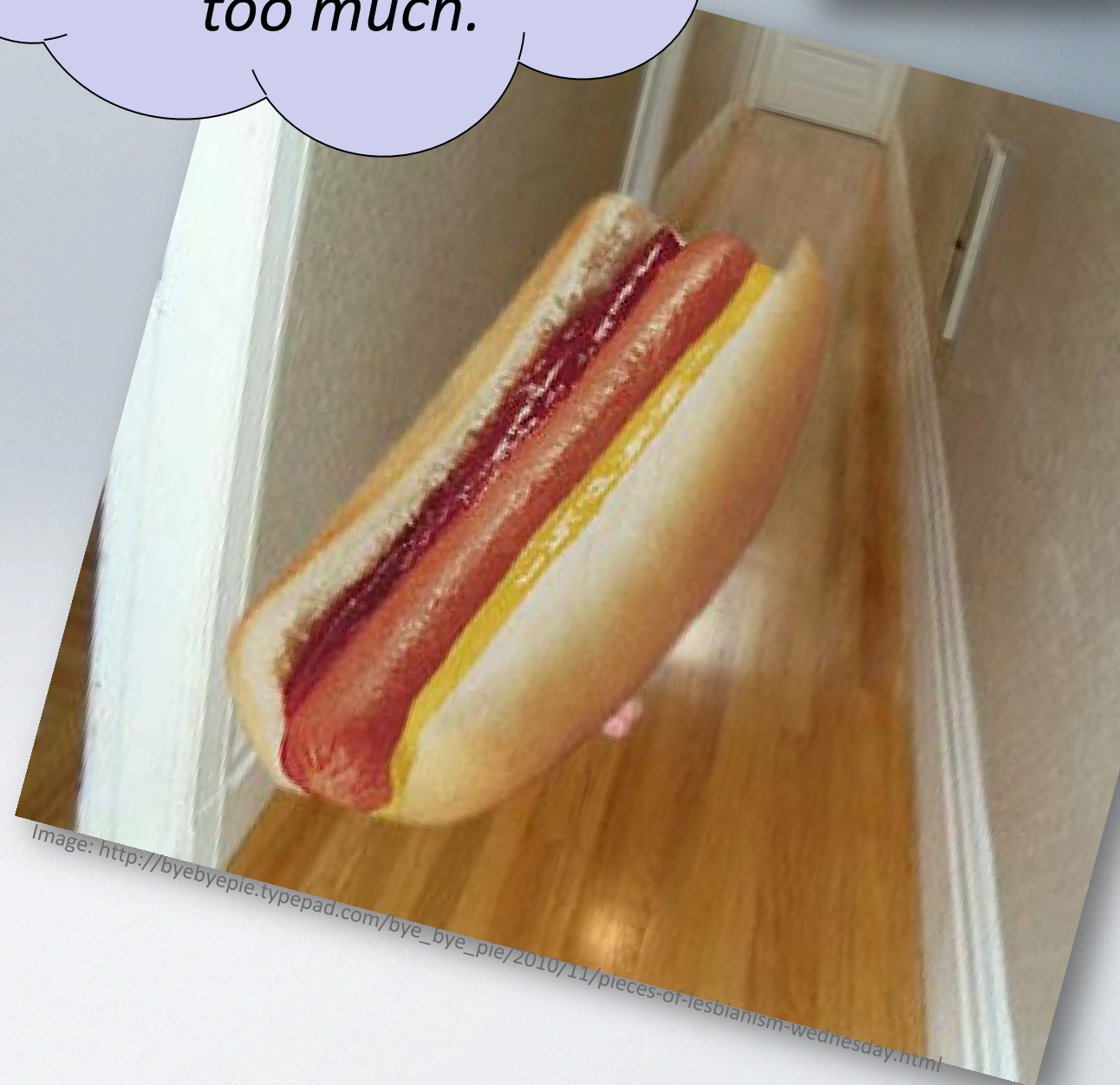


*I've heard about male multiple orgasms – is that really possible for a man?*

*Can I tighten things up down there? I'm a little afraid I'll get loose if I get fucked too much.*



- Excellent questions! Both answers have to do with your pelvic floor muscles
- If you're enjoying sex without pain, you're exercising those muscles
- Exercising pelvic floor muscles increases blood flow, control, and intensity of orgasm!





# Pelvic Floor Muscles

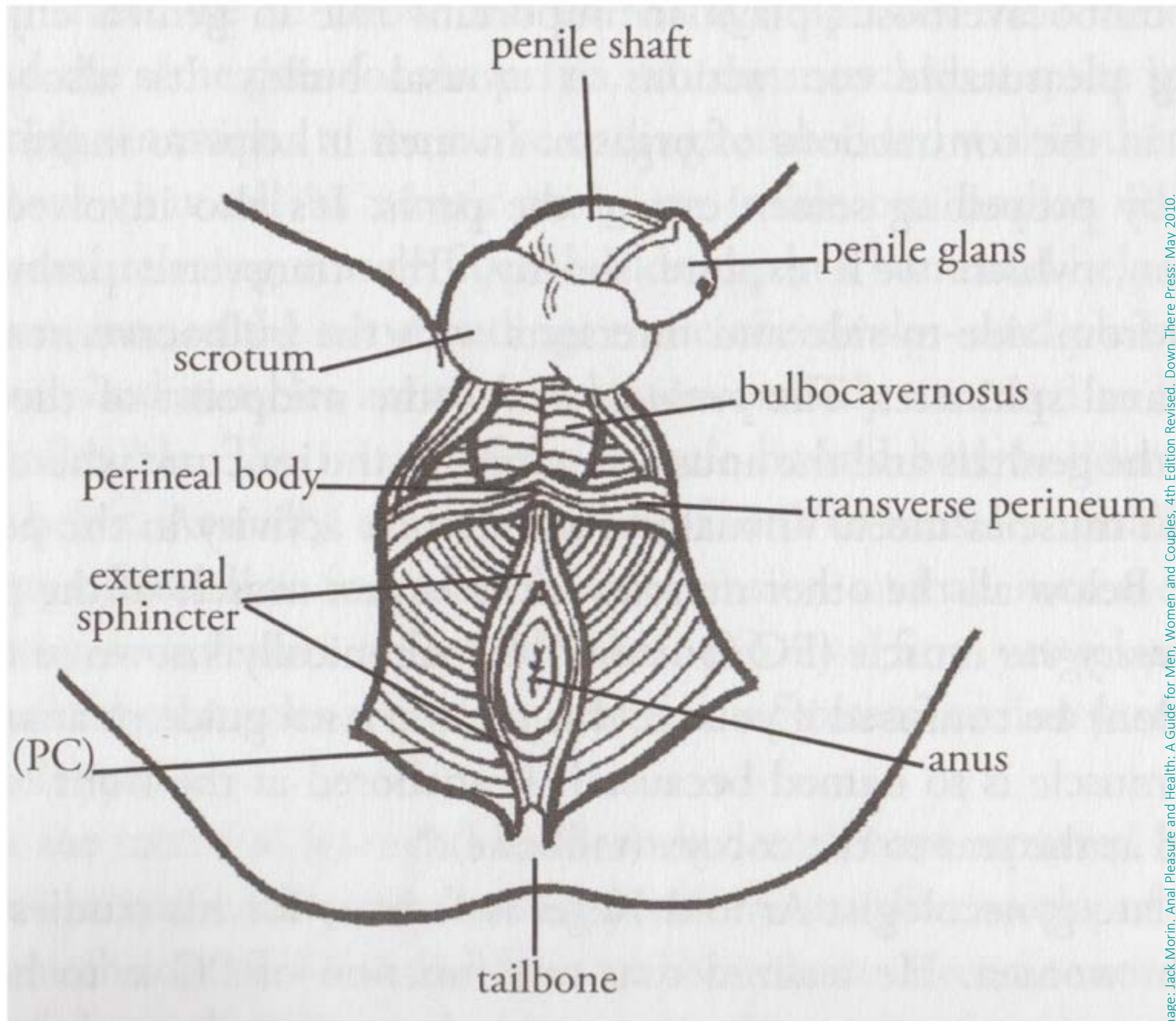


Image: Jack Morin. Anal Pleasure and Health: A Guide for Men, Women and Couples, 4th Edition Revised. Down There Press: May 2010.



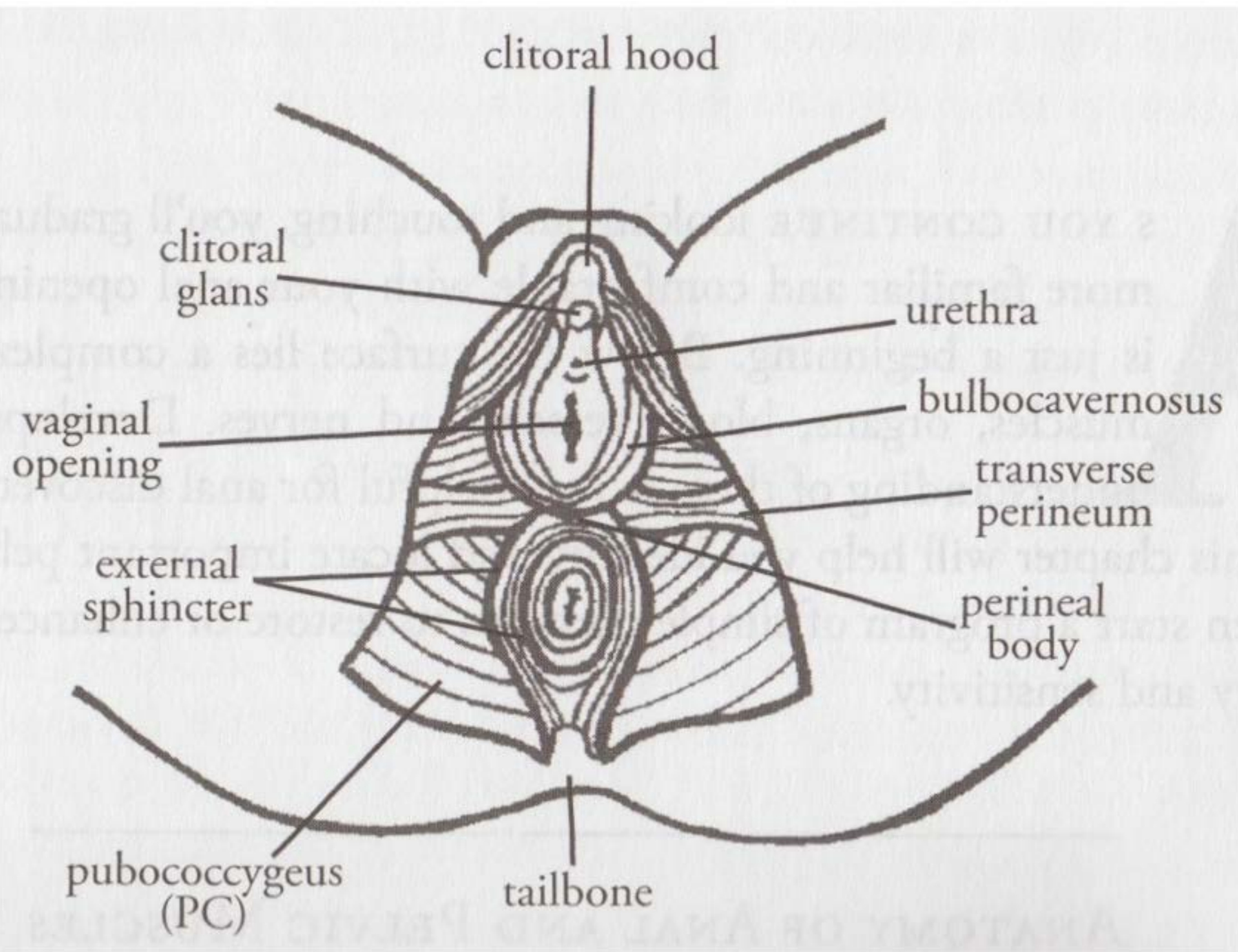


Image: Jack Morin. Anal Pleasure and Health: A Guide for Men, Women and Couples, 4th Edition Revised. Down There Press: May 2010.



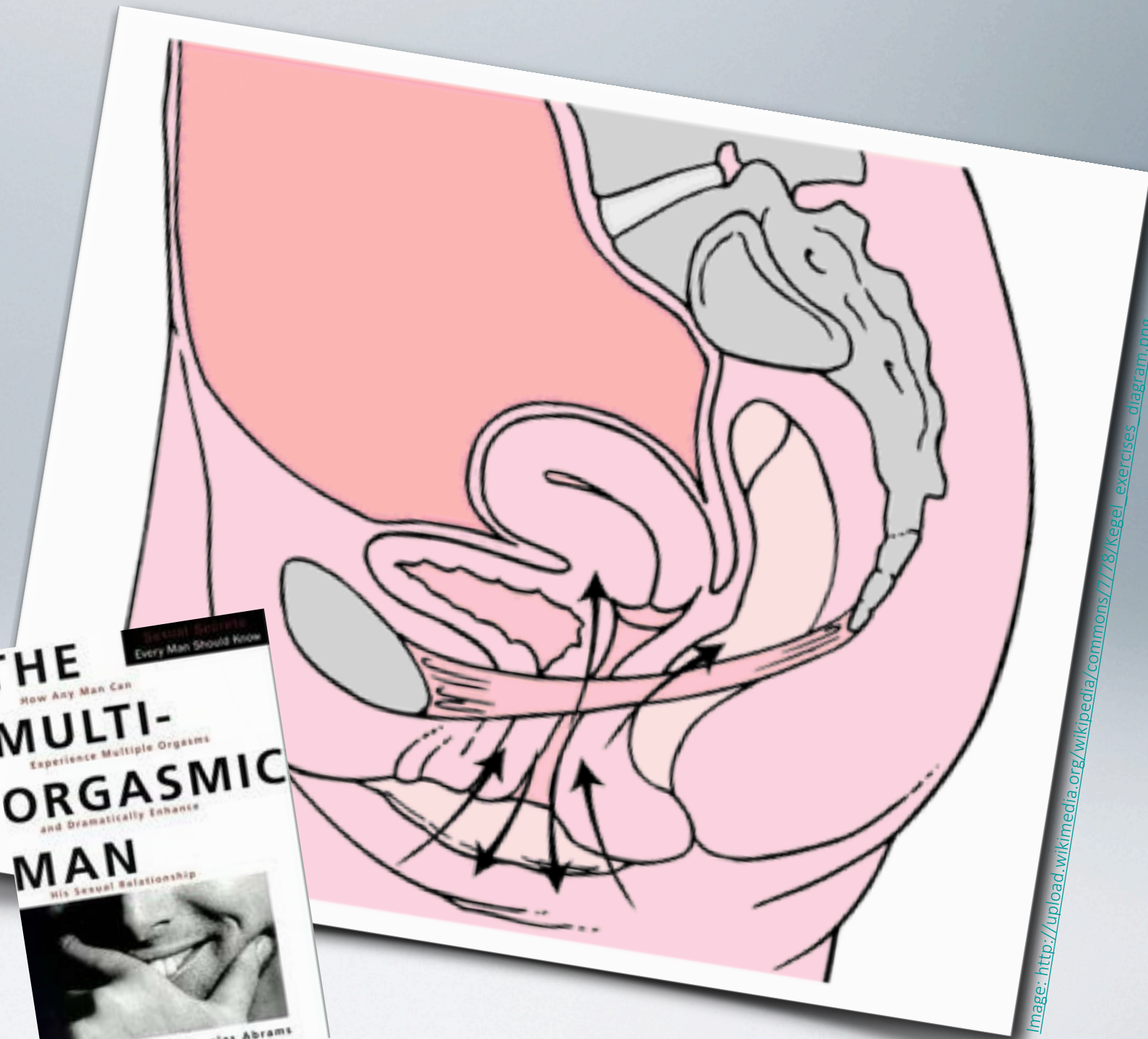
# Pelvic Floor Muscles: Kegel Exercises

By exercising these muscles, you can both develop the capacity for multiple orgasm and also strengthen your anal muscles

Let's try a few right now

Google or Wikipedia "Kegel exercises" for instructions

Check out this book on becoming multi-orgasmic with male genitalia (Chia, M. & Abrams D., 2010)

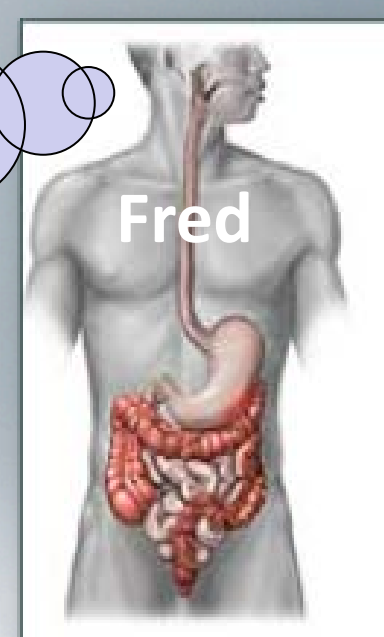
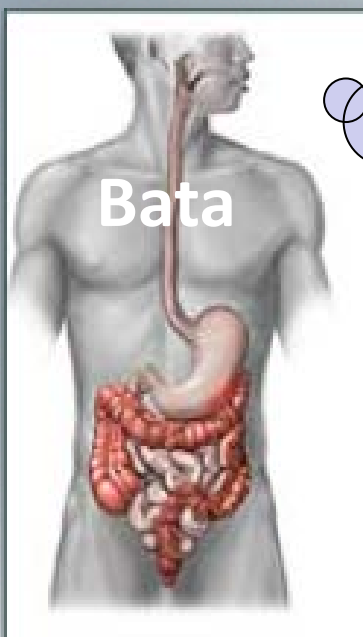
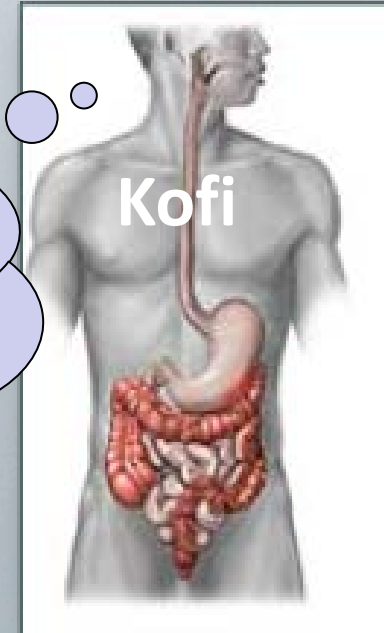
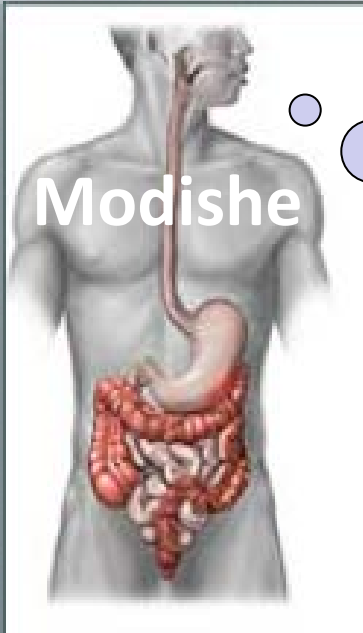




# Audience Questions & Answers







*Sex while I'm high is amazing. I'm afraid if I stop, sex will just be boring.*

*I can't use a condom while fucking. Is there anything else I can do?*

*My viral load is undetectable now and I just have condomless sex with other positive guys.*

*We've been dating for a few months and already slipped once. I'm thinking about doing away with condoms.*

Depending on your perspective, these may be more difficult to respond to while still respecting the client's autonomy



# Which Brings Us to What We Didn't Cover

## Counseling Interventions

Ways to communicate  
about anal pleasure &  
health that lead  
naturally toward  
conversations about HIV  
prevention


## HIV Harm Reduction

Extending support, being empathetic, and  
encouraging **solutions** that both minimize  
harm (to self and to others) and respect self-  
determination and autonomy



# If you're not sure what these are...

## HIV Harm Reduction

- Use of external or internal condoms
  - Routine HIV testing
  - Routine STI testing, whether symptomatic or not – if possible
  - Establishing a limited # of partners
  - Serosorting
  - VMMC (voluntary medical male circumcision)
  - Negotiated safety within relationships
  - Selecting lower risk sex
  - Strategic positioning
  - Ejaculating outside the body
  - TasP (treatment as prevention)
  - PEP (post-exposure prophylaxis)
  - PrEP (pre-exposure prophylaxis)
- 

Some work far better than others at preventing HIV – not all are available globally yet

**Don't know what these are? Check out MSMGF's Compendium & other webinars!**

[msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec1MSMGF\\_TechBulletins2012.pdf](http://msmgf.org/files/msmgf/documents/TechBulletins/EN/Sec1MSMGF_TechBulletins2012.pdf)



# A Fistful of Additional Resources

The first is the “Bible” of anal pleasure and health. Easy to read, pretty gender inclusive, and very helpful!

- Morin, Jack (2010). ***Anal Pleasure and Health: A Guide for Men, Women and Couples***, 4th Edition Revised. Down There Press: San Francisco, CA.
- **10 Rules of Anal Sex.** [sexuality.org/authors/morin/analrule.html](http://sexuality.org/authors/morin/analrule.html)
- **Kinsey Institute.** Sexual health info. [kinseyconfidential.org](http://kinseyconfidential.org)
- **PrEP.** Easy to follow community education on PrEP to prevent HIV. [men.prepfacts.org](http://men.prepfacts.org)
- **Terrence Higgins Trust.** Excellent harm reduction publications on MSM sex. [tht.org.uk](http://tht.org.uk)
- **Know Your Risk.** A guide to harm reduction for MSM. [knowtherisk.org.au](http://knowtherisk.org.au)
- **International Rectal Microbicide Advocacy.** Lube safety, and microbicide research & advocacy. [rectalmicrobicides.org](http://rectalmicrobicides.org)
- **MSMGF.** Of course! [msmgf.org](http://msmgf.org) and [msmgf-blog.blogspot.com/](http://msmgf-blog.blogspot.com/)



# References

- Baggaley, R. F., White, R. G., & Boily, M. C. (2010). HIV transmission risk through anal intercourse: systematic review, meta-analysis and implications for HIV prevention. *International Journal of Epidemiology*, 39(4), 1048–1063.
- Boily, M. C., Dimitrov, D., Abdool Karim, S. S., & Masse, B. (2011). The future role of rectal and vaginal microbicides to prevent HIV infection in heterosexual populations: implications for product development and prevention. *Sexually Transmitted Infections*, 87(7), 646–653.
- Carballo-Diequez, A., Bauermeister, J. A., Ventuneac, A., Dolezal, C., Balan, I., & Remien, R. H. (2007). The Use of Rectal Douches among HIV-uninfected and Infected Men who Have Unprotected Receptive Anal Intercourse: Implications for Rectal Microbicides. *AIDS and Behavior*, 12(6), 860–866.



# References

- Halperin, D. T. (1999). Heterosexual anal intercourse: prevalence, cultural factors, and HIV infection and other health risks, Part I. *AIDS Patient Care and STDs*, 13(12), 717–730.
- Heywood, W., & Smith, A. M. A. (2012). Anal sex practices in heterosexual and male homosexual populations: a review of population-based data. *Sexual Health*, 9(6), 517.
- McBride, K. R., & Fortenberry, J. D. (2010). Heterosexual Anal Sexuality and Anal Sex Behaviors: A Review. *Journal of Sex Research*, 47(2-3), 123–136.
- Morin, Jack (2010). *Anal Pleasure and Health: A Guide for Men, Women and Couples*, 4th Edition Revised. Down There Press: San Francisco, CA.**



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The face-to-face version of the broader Smarter Sex series was piloted at the Harm Reduction Coalition's NYC Training Institute ([www.harmreduction.org](http://www.harmreduction.org))



# Contact Information

If you have continuing questions or would like a face-to-face training on this topic, feel free to contact the presenter:

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