

COLUMBIA

Gay Health Advocacy Project

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HAVE SEX SAFELY

AIDS is a sexually-transmitted illness that does not discriminate on the basis of sexual orientation. Therefore, heterosexuality is not a protection against AIDS. Gay men have made significant strides towards safer sexual behavior. Other sexually active people also need to learn about and adopt risk-reduction behavior. If this does not occur soon, heterosexual men and women may eventually be in the same situation that many gay men face today.

It is never too late to begin protecting yourself against HIV. Even if you have reason to believe you have already been infected, it is always to your benefit to avoid further exposure, since multiple exposures may help to trigger the illness. Follow the risk-reduction guidelines below in any future sexual encounter. Simply reducing the number of different sexual partners provides no protection if you continue high-risk sexual activities as defined below.

Sexual Risk-Reduction Guidelines

The risk-reduction guidelines divide common sexual behaviors into the following three categories of risk for transmitting HIV: high-risk, lower-risk, and no-risk. Behaviors in the high-risk category involve the contact of blood or semen with mucous membranes and therefore are extremely dangerous: high-risk behaviors should be avoided at all costs. No-risk behaviors do not involve any exchange of bodily fluids and are therefore completely safe.

The situation is less clear-cut in the case of the lower-risk category. Behaviors in this category involve some risk of mucous membrane contact with bodily fluids other than blood or semen. These fluids occasionally contain HIV, but at a low concentration that makes infection much less likely. Saliva is almost certainly safe, and it seems that the virus is unlikely to be transmitted through the mucous membranes of the mouth.¹ It is impossible to prove that lower-risk behaviors will never transmit the virus but these behaviors are much less dangerous than those in the high-risk category. In cases where one or both sexual partners may be carrying the virus, the partners should carefully discuss exactly which lower-risk activities are acceptable to both of them.

The greater the chance that your partner is infected, the greater the risk of infection through sex. Men who have had unprotected sex with other men and people who have shared needles for IV drug use are statistically at greatest risk of being infected, but all sexually active people with multiple partners are at some risk for HIV infection.

In the following pages, common sexual activities are listed with a brief explanation of why they are considered to be high-risk, lower-risk, or no-risk.

High-Risk Activities

These activities have a high probability of transmitting HIV infection, especially if either partner is a man who has had unprotected sex with other men or is a man or woman who has shared needles. If you have multiple partners you should probably avoid high-risk sexual activities whether or not your partners fall into these categories.

Vaginal or Anal Intercourse Without a Condom

If ejaculation (coming) occurs while the penis is inside the vagina or rectum the mucous lining of the vagina or rectum is exposed to semen, which may contain a high level of HIV. Also, intercourse may cause abrasion to the lining of the vagina or the rectum, allowing the virus to enter the bloodstream directly. Adequate lubrication helps reduce abrasion.

Using a condom to contain the semen lowers the risk of infection considerably but not sufficiently since condoms may break or leak. If ejaculation occurs and semen escapes, there is a dangerous risk of infection. For this reason, intercourse with a condom is considered lower-risk only if the penis is withdrawn before ejaculation.

Being the receptive partner during unprotected anal intercourse has so far been the single sexual activity most highly associated with contracting AIDS. Being the insertive partner is also a high-risk activity since the penis may be exposed to blood during unprotected intercourse, whether vaginal or anal.

Fellatio (Sucking) with Ejaculation into Partner's Mouth

Fellatio is stimulation of the penis with the mouth. Fellatio is high-risk if the man ejaculates (comes) inside the mouth, since this exposes the mouth's lining to semen. The risk is considerably lowered if the man wears a condom or if the penis is withdrawn before ejaculation. It is common to have small cuts and sores in the mouth — even brushing your teeth can cause abrasions which may provide a route of entry for the virus in semen.

Cunnilingus (Oral Sex) During Menstruation

Cunnilingus is stimulation of a woman's genitals with the lips and tongue. Cunnilingus during menstruation is high-risk because virus in menstrual blood may enter through small cuts and sores in the mouth. The risk is for the partner performing cunnilingus.

Oral-Anal Contact (Rimming)

Oral-anal contact is stimulation of the anus with the lips and tongue. It is high-risk because blood that may be present in the rectum may contact the lining of the mouth. The risk is for the partner performing the oral-anal contact.

Lower-Risk Activities

These activities have only a small chance of transmitting HIV infection. When having sex with a man who has had unprotected sex with other men or with people who have shared needles, discuss which, if any, lower-risk sexual activities you are willing to perform.

Vaginal and Anal Intercourse with Condoms and Without Ejaculation

Condoms are an effective barrier to virus transmission. Using a condom lowers the risk of infection considerably. However, condoms may break or leak. If ejaculation occurs and semen escapes, there is a dangerous risk of infection. Be sure to use condoms correctly (see the section below on condoms). Because condoms are not completely reliable, intercourse with a condom is much safer if the penis is withdrawn before ejaculation.

Fellatio Without Ejaculation into Partner's Mouth

The risk of infection through oral-genital sex is low, but since semen may contain relatively large amounts of virus it is wisest to avoid contact of semen with the lining of the mouth. If fellatio is not continued to ejaculation, the mucous membranes of the mouth are not exposed to semen. This lowers the risk of fellatio considerably. However, it is not known whether pre-ejaculatory fluid ("pre-cum") contains virus. (Pre-ejaculatory fluid is a viscous, clear fluid that is secreted from the penis some time prior to the ejaculation of semen itself.) The risk is further reduced if the head of the penis is never placed in the mouth or if a condom is worn.

Cunnilingus Not During Menstruation

If menstruation is not occurring, the mucous membranes of the mouth are not exposed to blood. This lowers the risk of cunnilingus considerably. However, vaginal and cervical secretions sometimes contain a low concentration of virus.

Oral-Anal Contact (Rimming) With a Barrier

The risk associated with oral-anal contact is made much lower if an effective barrier such as a square of latex or plastic wrap (called an "oral dam") is used to separate the anus from the partner's lips and tongue.

Deep Kissing (French Kissing, Tongue Kissing)

Studies have indicated that the virus is sometimes present in saliva but only at very low levels. There is no evidence that exchange of saliva transmits the virus, even in prolonged deep kissing. No cases of AIDS transmitted by kissing alone have been reported.

No-Risk Activities

Mutual Masturbation, Rubbing Bodies, and Kissing Skin Are Examples

If there is no exchange of body fluids in a sexual activity, there can be no transmission of the virus. This is true whether or not your partner is infected.

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Condom Information

Condoms can prevent the transmission of HIV, and also provide protection against diseases such as gonorrhea, chlamydial infections, syphilis, and herpes. Other methods of birth control, such as using a diaphragm with spermicide, do not provide protection against the transmission of HIV infection and other venereal diseases.

Use Condoms Correctly

- Condoms are latex or animal-skin sheaths that fit over the erect penis and act as a barrier to prevent semen or pre-cum from escaping while the penis is inside the vagina or rectum. Latex condoms are preferable.
- The condom should be put on the penis after it is hard, not before. Put on the condom before the penis comes in contact with the genitals or with the anus.
- Condoms come packaged either rolled-up or loose. If the condom is rolled-up, determine which side is the inside of the condom, place that side against the tip of the penis and roll the rest of the condom down to the base. The condom should fit snugly so that it does not slip off during intercourse. If the condom is packaged unrolled, draw it over the penis like a glove.
- When putting on a condom, leave about one-half inch of room at the tip to avoid semen bursting the condom upon ejaculation. If the penis is uncircumcised, retract the foreskin before putting on the condom.
- If intercourse is continued to ejaculation, withdraw promptly afterwards.
- In any case, the condom-covered penis should be withdrawn from the vagina or rectum before the penis becomes soft. During withdrawal, hold the rim of the condom firmly against the penis so that the condom cannot slip off and no semen can escape.
- Do not re-use condoms.

Use Proper Lubrication

Lubrication is important to avoid tearing the condom or abrading body tissue. Always use a water-based lubricant such as K-Y® Jelly. Never use oil-based lubricants such as hand-lotion, Vaseline,® or Crisco,® since these may damage the latex of the condom. Put a drop of lubricant inside the tip of the condom before it is put on the penis. Too much lubricant inside the condom may lead it to slip off during intercourse. Use a generous amount of lubricant on the outside of the condom.

Additional Guidelines

Remember that the lining of the rectum is fragile. Do not engage in activities that might damage the rectum. Sex toys (dildoes, vibrators, etc.) should not be shared. Clean sex toys thoroughly with soap-and-water.

Douching immediately after sex does not help protect you against infection and may even increase the risk of infection by damaging natural protective barriers of the vagina or rectum.

Urine may contain the virus and so should not be allowed to enter the mouth or come in contact with open cuts on the body.

If you have sores or abrasions on your genitals, anus, or mouth, avoid activity that brings these into contact with your sexual partners. If you suspect you have another sexually transmitted disease, have only no-risk sex until you are healthy. It is possible that the presence of sores or other sexually transmitted diseases may increase your likelihood of infection.

A spermicide called Nonoxynol-9 is found in some diaphragm contraceptive jellies and creams as well as on some lubricated condoms. It has been shown to kill HIV and so may provide extra protection when used with condoms.