



## Columbia Gay Health Advocacy Project

# Have Sex Safely

**Call (212) 854-2878** for information about our services: AIDS education programs; peer counseling on HIV and safer sex; anonymous HIV antibody testing; medical clinic for HIV-infected students (with the University Health Service); HIV-positive support group; help against harassment and discrimination.

Gay men have made significant strides towards safer sexual behavior. Other sexually active people also need to learn about and adopt risk-reduction behavior.

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 follow sexual risk reduction guidelines since repeat exposure to HIV or exposure to other sexually transmitted infections may help to trigger 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.

Two related misconceptions date from the early stages of the epidemic in this country: first, that having many sexual partners somehow in and of itself causes AIDS; and second, that if you have a small number of sexual partners, you are not at risk for AIDS. Limiting the number of your sexual partners is not sufficient precaution against HIV infection. If you are following safer sex guidelines with each partner, the number of partners is irrelevant. If you are not following safer sex guidelines, then your risk of infection is high if you have repeated sexual contact with one infected partner or if you have multiple partners thereby increasing the odds that you will have contact with an infected person.

### Sexual Risk-Reduction Guidelines

A brief description of *safer sex* guidelines was coined by volunteers at an AIDS service organization early in the epidemic: "On me, not in me."<sup>1</sup>

More detailed risk-reduction guidelines divide common sexual behaviors into three categories of risk for transmitting HIV: high-risk, lower-risk, and no-risk. Behaviors in the high-risk category generally involve contact of blood or semen with a mucous membrane. Avoid high-risk sexual activities. No-risk behaviors involve no contact between bodily fluids and mucous membranes 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, semen. These fluids occasionally contain HIV, but at a low concentration that makes infection much less likely. Saliva is almost certainly safe, and it is unlikely that the virus enters the body through the mucous membranes of the mouth.<sup>2</sup> 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 part-

ners 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 most sexually active people 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

High-risk 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 sex and you do not explicitly know that both you and your partner are uninfected, avoid high-risk sexual activities.

#### 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. Use adequate lubricant to reduce abrasion or other damage to the vagina or rectum; infection can happen even if no abrasion occurs. 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 or vaginal intercourse has been highly associated with contracting HIV infection. Being the insertive partner during unprotected vaginal or anal intercourse is also known to have transmitted HIV, probably through secretions or menstrual blood in the vagina, or through blood in the rectum.

#### 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.

#### Cunnilingus (Oral Sex) During Menstruation

Cunnilingus is stimulation of a woman's genitals with the lips and tongue. Cunnilingus during menstruation is high-risk for the partner per-

forming cunnilingus because there may be a high concentration of virus in menstrual blood.

### 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. This may not be a likely route of transmission of HIV but is very likely to transmit intestinal parasites which can produce serious medical problems and exacerbate an existing HIV infection.

### 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 Inside Partner's Body

Condoms are an effective barrier to virus transmission.<sup>3</sup> 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). Intercourse with a condom is much safer if the penis is withdrawn before ejaculation.

#### Fellatio Without Ejaculation Into Partner's Mouth

Two studies have attempted to assess the relative danger of oral sex for HIV transmission. These (small) studies indicate no elevated risk for infection or illness due to receptive fellatio (sucking).<sup>4,5</sup> Even if the risk of infection through oral-genital sex is low, semen may contain a relatively high concentration of virus, so it is wisest to avoid contact of semen with the lining of the mouth.<sup>6</sup>

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

<sup>3</sup>Conant, M., et al.: Condoms prevent transmission of AIDS-associated retrovirus. *JAMA* 1986; 255:1706.

<sup>4</sup>Winkelstein, W. et al.: Sexual practices and risk of infection by the human immunodeficiency virus. *JAMA*, Jan. 16, 1987; 257:3:321-325.

<sup>5</sup>Padian, N.: Male to female transmission of human immunodeficiency virus. *JAMA*, Aug. 14, 1987; 258:6:788-790.

<sup>6</sup>Francis, D.P., et al.: The prevention of acquired immunodeficiency syndrome in the United States. *JAMA* 1987; 257:1360.

<sup>1</sup>Gay Men's Health Crisis, New York City.

<sup>2</sup>Schechter, M.T., et al.: Can HTLV-III be transmitted orally? *Lancet*, 1985; 1:379.



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. The small risk associated with cunnilingus is lowered still further if an effective barrier such as a square of latex or plastic wrap (called an "oral dam") is used to separate the genitals from the partner's lips and tongue.

### Oral-Anal Contact (Rimming) With a Barrier

The risk associated with oral-anal contact is made much lower if an effective barrier is used to keep the lips and tongue from contacting the partner's anus.

### 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.

### Condom Information

Condoms can prevent the transmission of HIV, and also provide protection against diseases such as gonorrhea, chlamydial infections, syphilis, and herpes.<sup>7,8</sup> Other methods of birth control, such as using a diaphragm with spermicide, do not provide adequate protection against the transmission of HIV infection and other venereal diseases.

#### Use Condoms Correctly

- Condoms are latex or animal-membrane 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. Use only latex condoms. Do not use animal membrane condoms: they contain pores that pass HIV.<sup>9</sup>
- 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, the penis should be withdrawn 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.
- Store condoms in a cool, dry place, out of direct sunlight.

### Lubricants Should Be Water-Based

Lubrication is important to avoid tearing the condom or abrading body tissue. Always use a water-based lubricant such as *K-Y<sup>TM</sup> Jelly*. Never use oil-based lubricants such as hand-lotion, *Vaseline<sup>TM</sup>*, *Crisco<sup>TM</sup>*, baby oil, mineral oil, suntan lotion, or *Albolene<sup>TM</sup>*, 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.

### Nonoxynol-9 Provides Extra Protection

A spermicide called Nonoxynol-9 is found in some contraceptive jellies and creams as well as in some lubricants. Preparations that contain at least 5% Nonoxynol-9 have been shown to kill HIV and so may provide extra protection when used with condoms.<sup>10</sup> Some brands of condoms are now come coated inside and out with a 5% Nonoxynol-9 lubricant. A number of contraceptive creams, jellies, and foams contain Nonoxynol-9, but not all contain enough. Also, most products intended as spermicides dry out quickly and so do not make good lubricants.

### Additional Guidelines

Sex toys (dildoes, vibrators, etc.) should not be shared. Clean sex toys thoroughly with soap and water.

Douching or enemas immediately before or 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.<sup>11</sup>

Urine may contain the virus. Do not allow urine 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 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 chances of HIV infection.

### Adapting to Risk Reduction

#### Talk About Safe Sex With Your Partners

Men who have had unprotected sex with other men or those of either sex who have shared needles for IV drug use have an increased risk of being infected with HIV. A partner who does not fit either of these descriptions has lower but not zero risk. Bring up the subject of risk reduction with potential sexual partners. Information about level of risk is useful only to the extent that you trust your partner's honesty about this subject. If you cannot talk to your partners frankly then, for

purposes of deciding about safe sex, you should act as if your partners were definitely infected.

### Intuition Is an Unreliable Guide

You cannot tell whether a sexual partner is infected from appearance or social behavior. If you do not know your partners well, then you cannot know their level of risk and you should avoid all high-risk sexual activities.

### Strike A Balance

Some people become so afraid of HIV infection that they give up sex, or alternate abstinence with occasional impulsive episodes of high-risk sex. Others deny that the epidemic has any chance of affecting them and continue high-risk sexual behavior without an appropriate level of concern. Extremes of behavior (anxious and fragile abstinence, unconcerned high-risk sex) may lead to a very high risk of infection. A middle course usually represents a better strategy. You need not give up your sex life nor should you expose yourself to high-risk sexual activity. Many people have been practicing risk-reduction for several years now. They report that although it was sometimes difficult at the beginning, they are now able to enjoy sex that is both safe and satisfying.

### Planning for Risk-Reduction

Learn how to come to an agreement with your partner about the sexual activity you will have together. Think through the issues in advance. This will help you avoid impulsive decisions and give a clear and consistent message to your partner. Have condoms available if you plan to have intercourse. Women hesitant to purchase and carry condoms should be aware that women now buy half of all condoms sold. The use of alcohol or other recreational drugs often impairs judgment; do not make decisions about sexual activity while you are intoxicated.

Try to talk about risk-reduction with your partners before sexual excitement interferes. Many have found that prospective partners interpret raising the subject of risk-reduction well before sex as a sign of intelligence and prudence. Others prefer to wait until they are actually involved in explicit sexual activity; follow this course of action only if you can stick to your decisions about risk-reduction and if you know that your partner will respect your wishes.

Ask yourself the following questions:

- Have you been practicing risk-reduction consistently?
- If not, what issues or circumstances interfere?
- How can you resolve these issues or avoid these circumstances?

If you are having difficulty avoiding high-risk sex, get help and support from an AIDS organization in your community. Many such organizations run "safe sex workshops" designed to help with this problem.

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<sup>7</sup>Winkelstein, op. cit.

<sup>8</sup>Rieijmeijer, C. et al.: Condoms as physical and chemical barriers against human immunodeficiency virus. *JAMA*, Mar. 25, 1988; 259:12:1851-1853.

<sup>9</sup>CDC: Condoms for prevention of sexually-transmitted diseases. *MMWR*, Mar. 11, 1988; 37:9:133-137.

<sup>10</sup>Hicks, D., et al.: Inactivation of LAV/HTLV-III infected cultures of normal human lymphocytes by nonoxynol-9 in vitro. *Lancet* 1985; 2:1422.

<sup>11</sup>Winkelstein, op. cit.