

## CHAPTER 10

**S**ex that we say yes to and actively participate in can be pure pleasure, allowing us to express desire, playfulness, intimacy, vulnerability, and power. Unfortunately sex can also expose us to the risk of pregnancy and to sexually transmitted infections (STIs). In most cases, STIs can be treated. However, some STIs, if left untreated, can cause serious long-term health consequences, including chronic pain, infertility, cancer, and even death.

How do we enjoy pleasure and also protect our health? How can we explore our sexuality and avoid infection and unwanted pregnancy? Many of us know the basic answers, but in the heat of the moment, most of us have, at some point, failed to use the protection that would be in our best interests. Fortunately, we can help ourselves by better preparing for those moments.



This chapter talks about sex-positive ways to protect yourself and your partner(s) from STIs. Please see Chapter 9, "Birth Control," for ways to prevent unwanted pregnancy. For details on the different types of STIs, along with STI diagnosis and treatment, see Chapter 11, "Sexually Transmitted Infections."

## WHY PRACTICE SAFER SEX?

Safer sex refers to steps you can take before and during sexual activity that are known to reduce the risk of STIs. The term "safer sex" is used instead of "safe sex" because sex with a partner is never guaranteed to be 100 percent safe.

Many of us have heard of HIV, the virus that causes AIDS, and other STIs such as gonorrhea, chlamydia, HSV (herpes simplex virus), and HPV (genital human papillomavirus, a leading cause of cervical cancer and genital warts). What we may not know is how common they are. While it's hard to know exact numbers, it is estimated that there are approximately 19 million new STI infections in the United States each year, with about half of the new cases occurring in young people age fifteen to twenty-four.<sup>1</sup> Approximately one in four young women between the ages of fourteen and nineteen in the United States is estimated to be infected with one or more of the most common STIs: HPV, chlamydia, herpes, or trichomoniasis.<sup>2</sup>

More than two dozen bacterial, viral, or parasitic infections are known to be transmitted largely or exclusively through sexual contact. Many people do not know that they are infected because they have never been tested and because most STIs have no noticeable symptoms. Bacterial and parasitic infections are commonly treated with antibiotics or other prescription drugs. There is no cure for viral infections; treatment aims to prevent or reduce symptoms. Having an untreated STI can make you more

## SAFER-SEX BASICS

Safer sex refers to sexual practices that can reduce or eliminate exposure to STIs, usually by preventing the exchange of blood, semen, or vaginal fluids. Using condoms consistently and correctly is an essential component of safer sex.

vulnerable to a second STI (including HIV), and it may cause the symptoms of a second infection to be more serious or painful.

Some STIs, such as herpes and HPV, and genital ulcer diseases such as syphilis and chancroid (a bacterial infection characterized by painful sores) can be transmitted from contact with skin that is not covered by a condom. The risk is reduced only when the infected area or site of potential exposure is protected.

## THE TALK

Whether you are considering sex with someone new or negotiating sexual choices in a long-term partnership, there are key questions to consider. When and how do you talk with your partner(s) about sexually transmitted infections? Which activities have a lower—or higher—risk of STI transmission? How do you decide which protection is best for you—and then follow through on your decisions?

Thinking about these questions and talking through the answers with your sexual partner(s) are the first steps toward enjoying your sexuality while staying safe. It can be good to know that those conversations can be comfortable—and empowering. One twenty-two-year-old says:

## TEN MYTHS ABOUT STIs

1. **You can tell by looking if someone has an STI.** There is no way to know for sure who may have HIV or another STI. Many people don't know themselves that they are infected. Many STIs are silent diseases, meaning that they produce few, if any, symptoms.
2. **Being sexually exclusive with one partner will keep me safe.** A monogamous relationship reduces the risk of infection, so long as neither partner came to the relationship with an existing infection. However, many people enter new relationships not knowing if they are infected with an STI, and people don't always tell the truth about their past or present sexual practices. If you are having sex with only one person but that person has other partners, you can be exposed.
3. **If he pulls out before he comes, I can't get infected.** Pre-cum—drops of fluid that the penis discharges during arousal—can contain HIV, other STIs, or even sperm. It's best to use a condom as soon as the penis is erect.
4. **My birth control will protect me from STIs.** Condoms are the only birth control method that offers dual protection against pregnancy and STIs. The pill, hormonal injections and implants, diaphragms, and the IUD do not protect against STIs.
5. **Lesbians don't get STIs.** All women who engage in certain sexual activities are at risk for STIs, though the risk is less for women who have sex only with other women. Some STIs can be transmitted between women by genital-to-genital or oral-to-genital contact that involves the exchange of vaginal fluids or by sharing sex toys, and some can be transmitted by skin-to-skin contact.
6. **I have an STI and we've already had sex, so there's no point using protection.** Practicing safer sex is still essential. Your partner may not yet be infected, and even if you share an STI, you could have different types or strains of the same infection that could make the infection worse for both of you. Or your partner could unknowingly have a different STI, which could speed up the progression of your current infection. You and your partner can pass an infection back and forth if you're not both treated.
7. **I am too young (or too old) to get an STI.** Girls and women of any age who are having sex can contract an STI. Adolescent girls have the highest risk because their cervix cells don't produce as much protective cervical fluid as, and are more susceptible to infection than, the adult cervix. Tears in the vaginal wall, which are more common in postmenopausal women owing to decreased production of natural lubricants, can increase susceptibility to bacteria and infections.
8. **STIs happen to other people, not me. Besides, you can't get an STI the first time you have sex.** Anyone engaging in certain sexual activities with someone who has an STI can contract an STI, whether it's the first time or the hundredth.

**9. My partner and I fool around naked and have oral sex, but we haven't gone all the way, so we're not at risk.** Not having anal or vaginal intercourse decreases your risk of getting an STI, but some infections can be spread by oral sex and by skin-to-skin contact. You can contract HPV, for example, if your partner is infected and you rub your genitals together. Herpes is transmitted by genital or oral contact with a developing or existing sore; the virus can also be spread without symptoms.

**10. We shower before sex so we won't**

**spread infections.** Lather up if you want to, and then cover up. Washing the genitals, anal area, and hands before and after sex, and between anal and vaginal or oral contact, is good hygiene and may cut down on urinary tract infections, but washing does not prevent STI transmission. (Douching, by the way, is never a good idea; it may even push infections higher up in the vagina and affect other reproductive organs, and it alters the vaginal flora, making you susceptible to other infections.) After you wash, don't forget to reach for that condom or dental dam.

*In the past, I've mostly had sex with people I've flirted with, hooked up with, or had sex with more than one time—that is to say, I haven't had many one-night stands without any flirting or courtship leading up to sex. In these contexts, I've found it easy to have check-ins about STI status before getting too hot and heavy. I've had friends stop sweaty make-out sessions to check in, and had hookups that seemed to be headed toward sex stay as just making out because of explicitly communicated worries about STIs. These have always been comfortable conversations (in my experience) that are about respecting each other and wanting to have fun, and not about shame or stigma.*

*As someone who's received good sexual education from a young age, I've always thought of STIs as just part of the picture, if you're ever going to have casual hookups. That is to say, I don't get freaked out by folks who have STIs; I expect people in my community (including potential lovers) to have experiences with them, and the best thing I see to do is to keep*

*myself educated and to continue to have open conversations about how to stay safe.*

A thirty-two-year-old woman acknowledges that it took awhile to take charge of protecting herself:

*I get tested often and, as far as I know, I have not contracted anything, but it horrifies me that I have left my fate in other people's hands too often. At thirty-two, I finally have the fortitude to demand safe sex and verbal communication about any future partner's sexual history, or I will simply not get involved. It just took a little too long to get here.*

Agreeing to use protection can help both of you feel more relaxed and intimate. You may find that you are better able to explore and enjoy sex when you are more confident that you will not get (or give) a sexually transmitted infection—and being assertive about safer sex can help you be more expressive about your sexual desires and preferences.

It's best to talk with your partner(s) about STIs before having any kind of sex. It may be hard to do, but it's an important part of protecting your health and that of your partner(s). If possible, start with a casual conversation when you are not being sexual, or try an icebreaker, like, "What kind of condoms do you like best?" or "Have you ever tried flavored condoms?"

Many people find it helps to talk first with friends or health-care providers about how to introduce the topic and which conversational strategies work best. For some, humor is a great way to help pave the way for more serious discussions. If talking about safer sex is extremely difficult, either because you're uncomfortable or because there are safety concerns, see "It's Not That Easy: Challenges to Protecting Ourselves," p. 269.

Here are some suggested questions to ask each other:

- Has either of us, or any of our other/previous partners, ever had an STI? When? What was it? Did it ever come back?
- Have we or any of our other/previous partners ever been tested for an STI or had an abnormal Pap test?
- Have we both obtained preventive sexual health care, including STI screenings?
- How many sex partners have each of us had in the last six months? Were they male, female, or both? What are we doing or have we done with our other partners to make sex safer?
- Are alcohol and other drugs involved when we have sex?
- What do we each usually do to make sex safer?
- What are we going to do right now to prevent infection?
- If we're finding it difficult to talk about these subjects, what can we do to create an environment where it's okay to talk about STIs?

If you think you or your partner may have an infection, it's best to abstain from sexual contact

### SAFER SEX AT ANY AGE

According to the "National Survey of Sexual Health and Behavior" released in 2010, only 25 percent of those age fifty and over who were single, had a new sex partner, or had multiple partners within a year said they had used a condom the last time they had sex. Almost 40 percent had never been tested for HIV.<sup>3</sup> Older women are often not tested for STIs, in part because we are not seen as sexual. It's important to let your health care provider know if you are starting a new relationship, if you have more than one sexual partner, or if you think you should be tested for STIs for any reason. You have the right to request STI testing and should not be required to give your reasons for wanting it, if you prefer not to.

until both of you have been tested and treated—and until you both know the potential risks of sexual contact and how best to protect yourselves. In the meantime, enjoy safer activities, such as massage or mutual masturbation. (For more information on screening, testing, and treating STIs, see Chapter 11, "Sexually Transmitted Infections.")

### JUST USE IT

The "just do it" message of popular culture suggests that sex should be completely spontaneous. We rarely see couples on television or in movies discuss sexually transmitted infections or reach for the condoms before the lights go out.

*Tip:* Keep barriers handy. Many of us have had experience with needing protection only to find it wasn't within reach—in which case we're more inclined to do without. At home, keep protection next to your bed or near where you might have sex. Also keep a few condoms or dental dams in your purse or bag; replace them regularly in case the packaging gets damaged

But in the real world, people every day are talking, planning, and taking precautions to protect each other's health. With knowledge and communication today, we can avoid health problems tomorrow—and that makes sex a lot more fun.

### I HAD UNSAFE SEX—WHAT SHOULD I DO?

If you've had unprotected sex with someone and you're not sure about the person's history, you should have an STI check before having sex with anyone else. Most STIs are symptom-free, so testing is necessary to rule out infections. It's also a good idea to talk to your health-care provider about STIs that may not show up right away after exposure and get advice on whether you should be retested later.

Some STIs can be prevented even after exposure. If you have unprotected sex with someone who you either know or think might have HIV or hepatitis A or B, you may be able to get medication from your health-care provider that will prevent the infection from developing. It's important to act immediately, if you need to do this. (For more information, see "Decreasing Risk After Exposure," p. 286.)

## HOW TO PREPARE FOR (ALMOST) EVERY SEX ACTIVITY

Some sexual activities carry a much greater risk of contracting or transmitting an STI. One way to think about it is to imagine a risk ladder, with the lowest-risk behaviors at the bottom and the highest-risk behaviors at the top. The higher you go on the ladder, the more you need to ensure that you have the appropriate tools to help you stay safe. The following sexual activities are rated by how risky they are when performed without protection.

### ACTIVITY-SPECIFIC SAFER-SEX RECOMMENDATIONS

#### High Risk

##### *Anal Intercourse*

This is a high-risk activity for STIs, much more so than vaginal intercourse because the tissue lining the rectum is very fragile and, unlike the vagina, the rectum does not self-lubricate. The rectum's lining tears easily, making it is easy for viruses, bacteria, or other germs to get into the bloodstream. For sufficient protection, your partner should use a male or female latex condom with plenty of lubricant. (Female condoms can be adapted for use in the rectum; see below.) Thicker lubricants are suggested for the safest anal sex.

Massaging the anus with a finger or sex toy, or oral-anal sex play, can be a pleasurable prelude to anal (or other) sex, and it may help relax the muscles so that the condom is less likely to break during penetration.

##### *Vaginal Intercourse*

The vaginal lining can easily get tiny tears or abrasions that allow HIV and other infections into the bloodstream. Female or male condoms

## TOP TEN SAFER-SEX TIPS

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- 1. BYOC** (bring your own condom). Don't rely on a partner to have condoms, dams, or lube. Always have your own supply, and check the expiration dates before use.
- 2. Role-play safer-sex conversations with friends.** Brainstorming strategies for dealing with difficult responses and practicing what to say can help you to be more comfortable and assertive when the time comes to talk about it for real. The best input and advice may come from people who share your experiences and who truly understand your concerns.
- 3. Create basic limits and boundaries around safer sex in advance.** Writing them down can help remind you that they're important and nonnegotiable.
- 4. Avoid getting so drunk or high** that your judgment may fail you.
- 5. Make safer sex part of sex,** rather than something that interrupts sex. For example, put on male or female condoms together.
- 6. Don't rush into higher-risk activities.**
- First take your time with low- or no-risk activities, which can help build trust and communication (and also feel really good).
- 7. If you have a history of sexual or other abuse** and feel this interferes with your ability to be safe, seek the help of a therapist, counselor, or support group to assist you in your healing and to help you select partners and sexual settings that make you feel comfortable.
- 8. Choose partners who don't put all the responsibility for safer sex on you.** Look for partners who are comfortable putting safety discussions on the table.
- 9. Work toward being able to talk more candidly about sex and sexual health with friends and partners.** It's easier to be safe when you don't feel ashamed.
- 10. Don't feel bad about yourself if you find this difficult.** Many of us were taught that talking about sex isn't "romantic" or that "nice girls don't." But we can, and we do—and it gets easier with practice.

offer the best protection. Use a lubricated latex, nitrile, polyisoprene, or polyurethane condom (not lambskin) with added condom-safe lubricant, if desired. No other method of protection has been conclusively proved to prevent STI transmission (including HIV). (For specific tips on proper condom use and lubricants, see "Condoms 101," p. 266.)

## Medium Risk

*Oral Sex on a Man*

While this is not as risky as vaginal or anal sex, it still carries a risk of transmitting or contracting STIs, especially if you have just had dental work or have open cuts in your mouth. And if you have oral herpes (HSV-1), you can transmit it through unprotected oral sex. For maximum protection, use a condom as soon as the penis is

## KNOW YOUR RISK

SEXUAL ACTIVITY (FROM MOST RISKY TO LEAST RISKY)	TOOLS FOR SAFER SEX
<b>High Risk</b>	
Being on the receiving end of anal intercourse	Male or female condom, lubricant
Vaginal intercourse	Male or female condom, lubricant
<b>Medium Risk</b>	
Oral sex on a man	Male condom, lubricant
Oral sex on a woman	Dental dam or other barrier, lubricant
Rimming (licking your partner's anus)	Female condom, dental dam, or plastic wrap
<b>Lower Risk</b>	
Dildos, sex toys	Soap and water, condoms
Deep manual sex (sometimes called fisting) and finger play	Soap and water, latex gloves
Water sports (sex partners urinate on each other)	Soap and water

erect, before any oral contact, since the pre-cum (drops of fluid that the penis discharges during arousal) can contain HIV. Use a new condom each time. If licking plain latex doesn't do it for you, try using a flavored condom.

### *Oral Sex on a Woman*

This carries some risk, especially if the woman has her period or any open sores, like genital shaving cuts. And if you have oral herpes (HSV-1), you can transmit it through unprotected oral sex. For maximum protection, cover your partner's vulva and/or anus with a barrier, such as a dental dam, a cut-open latex glove or condom, or a female condom.

### *Rimming*

Licking your partner's anus carries some risk of STI transmission. For protection, use a female condom inserted rectally or a dental dam.

### Low Risk

#### *Dildos, Sex Toys, and Vibrators*

Shared toys can transmit some STIs from one partner to another. Wash all toys thoroughly in hot soapy water between use. For extra protection, you can clean a sex toy with 10 percent hydrogen peroxide, or soak it for twenty minutes in a 10 percent bleach solution (one part household bleach, nine parts water). Make sure to rinse all toys with water after cleaning with chemicals. If you're sharing a dildo with a partner or partners and washing is not an option, use a condom on the dildo.

#### *Deep Manual Sex and Finger Play*

Deep manual sex (putting a hand or several fingers into the rectum or vagina) is low risk for the person doing the inserting, although it is possible to get an STI if you have sores, cuts, or cracks on your hands or fingers. Deep manual sex carries some risk for the person on the re-

## EXTRA PRECAUTIONS

Take extra precautions during sexual activities that may involve blood, which is a very effective transmitter of some STIs. For people with HIV, for example, the highest concentration of HIV is usually found in the blood, with less in the semen and still less in the vaginal secretions. Direct contact with even small amounts of blood, including menstrual blood, can transmit infections, including HIV or infectious hepatitis B and C.

If engaging in bondage or S/M (sadomasochism), negotiate first with your sex partner(s) to limit the chances of blood, semen, or vaginal fluids entering the vagina or coming into contact with irritated or cut skin. If an abrasion or cut does happen, clean it well with running water, cover it with a bandage, and keep it away from body fluids. Clean any S/M gear after use.

ceiving end, because the internal tissue can be easily bruised or worn away. While this may not by itself cause STI transmission, it could put you or your partner at risk of infection if you have unprotected intercourse before healing has occurred. Finger play (playing with the vagina or labia or touching your partner's anus) is less risky.

For protection for deep manual sex, consider using latex gloves. For finger play, you can use finger cots, which cover only a single finger. Change them with each use.

### Water Sports

This term refers to sex partners urinating on each other. This is relatively low risk, as long as

there is no blood in or mixed with the urine. Men's urine carries a slightly higher risk because urine comes through the same channel—the urethra—as semen, and might pick up a virus or trace bacteria as it leaves the body. Protect your eyes, and avoid any broken skin or cuts. Urine itself is sterile.

### Other Less-Risky Activities

Kissing, hugging, massages, hand jobs, and mutual masturbation are all low risk.

Avoid getting your partner's semen or vaginal fluids on your skin if you have small cuts or sores. Also avoid getting semen in your eye during sex play, as STIs can be transmitted this way.

## BARRIERS THAT WORK

Male condoms, used on the penis during vaginal and anal intercourse and oral sex, are the most accessible and best-known barrier protection. When used consistently and correctly, male condoms are highly effective in preventing STIs. Most male condoms are made of latex. People with latex allergies can also get good protection from nitrile, polyurethane, and polyisoprene male condoms. Lambskin condoms do *not* provide STI protection. Using a lubricant with a condom can help prevent condom breaks and also prevent tears or abrasions in the vagina.

Female condoms, which are designed to be inserted into a woman's vagina, can also be used for protection. While most women use these vaginally, some also prefer them to male condoms for protection during anal sex. The only female condom currently approved for sale in the United States is the FC2. It can be used for vaginal and anal sex, and for oral sex on a woman. While the research on female condoms is not as extensive as that on male condoms, consistent and correct use of the female

## FLUID BONDING

Fluid bonding means sharing body fluids with only one person, and using protection with all others. This reduces risk, though only if you have both been tested beforehand for the full range of STIs. Fluid bonding requires that both partners use protection consistently with other partners and never have unprotected sex with anyone else, not even "just this once." Exposure to several partners, either your own or your partner's partners, increases your chances of getting an STI.

*I started having safe(r) sex with everyone but my primary partner about a year and a half ago, and my concerns about STIs changed with that new context. Now I'm obligated to keep not only myself but also my partner STI-free, and I take that very seriously. It has to do with the practicality of being fluid bonded and both STI-free, and also with this pact that we made that's got to do with keeping our relationship primary. Now I don't feel like I can push boundaries at all when it comes to safe sex.*

condom appears to provide a level of protection against STIs, including HIV infection, similar to the male condom.<sup>4</sup>

Both male and female condoms offer protection against HIV, gonorrhea, and chlamydia, which are spread through body fluids. Condoms also offer some protection against infections like herpes simplex virus (HSV) and human papillomavirus (HPV) that are spread through skin-to-skin contact. But these infections can still be transmitted by sores or warts that may not be

visible and by contact with parts of the genitals not covered by the condom. Because the female condom covers more surface area, it may potentially offer more protection against HPV and herpes than male condoms.

You can get female condoms at some retail drugstores (including CVS and Walgreens), HIV/AIDS outreach clinics, family-planning clinics, and sex shops, and on some college campuses. You can also buy them online, including at Amazon.com. A pack of five condoms costs about \$12. If you've used female condoms in the past and found that they were too noisy, you might want to give them another try—they have recently been redesigned, and the material now used is nitrile, which is soft and quiet.

Other barrier methods can be used for mouth-to-vagina or mouth-to-anus contact, or to protect infected areas not covered by a condom. Squares of latex (dams) are available online, in some drugstores, at Planned Parenthood centers, and at sex shops. (For more information, see "Dental Dams and Do-It-Yourself Barriers" below.)

## CONDOMS 101

The following guidelines provide basic information on male and female condom and lubricant use for safer sex. (For more information on condom use for birth control, see Chapter 9, "Birth Control.")

- Store condoms in a cool, dry place. Do not use a condom if the packaging is torn or damaged.
- Avoid using a condom that's been in a pocket or the bottom of a purse for a long time, or in a glove compartment or vending machine, where it may have been compromised by heat or otherwise damaged. Never use condoms that are brittle, sticky, or an unusual color.

## DENTAL DAMS AND DO-IT-YOURSELF BARRIERS

If you're engaging in mouth-to-vagina or mouth-to-anus contact, you can protect yourself and your partner by using a barrier such as a dental dam. These rubber sheets, also used by dentists, tend to be small and thick, although some sex boutiques carry ones that are larger, thinner, and flavored. A special kind of dam, Sheer Glyde, has been approved by the FDA specifically for safer sex.

Female condoms can also be used for oral sex on a woman. Once the female condom is inserted in the woman's vagina, gently pull the outer ring forward and use the condom as a barrier between your mouth and your partner's vagina and anus. Many women like this because it is already lubricated. You don't need to hold the female condom in place with your hands once it is in, and the ring can also be moved over the clitoris to increase your partner's pleasure.

The following do-it-yourself (or DIY) techniques may have some merit in extreme circumstances. However, there is no guarantee of quality control when you make or use these and you may be increasing the risk of barrier failure.

- You can adapt a male condom to use as a barrier by vertically cutting it with scissors.
- You can also turn a latex glove into a barrier: First, wash out the powder, then cut off the four fingers, and slit it up the side, leaving the thumb intact. Try lubricating the side that touches your partner. Be sure to keep the same side against her vulva, and keep track of which side is which so you don't touch the body fluids you are trying to avoid.

Remember that male and female condoms, dams, and other barriers don't protect you from getting infected in places they don't cover.

- Check the expiration date on each condom before you use it. Generally, condoms without spermicide are good for up to five years; condoms with spermicide last about two years. If you are not sure how old a condom is, throw it away and use a new one.
- Put the condom (male or female) on before any genital, oral, or anal contact occurs. The male condom has to be on the penis when it's erect and before it touches your body, especially the vulva, mouth, or anus. Likewise for a female condom; insert it before any skin-to-skin contact occurs.
- Use a new condom each time you have sex.

Have more than one with you in case you have sex again or if a condom is damaged. If you are having both anal and vaginal intercourse, put on a new condom after anal intercourse and before beginning vaginal intercourse. Or try what this woman suggests and insert female condoms in both the anus and the vagina.

*They can be lubed well (inside and out), then inserted—one into the anus and a second one into the vagina. When this is done, the male or other insertive partner can go back and forth*

*freely from anus to vagina as the couple's energies desire without fear of infection.*

If you or a partner experiences irritation with latex male condoms, don't despair! The irritation may be due to spermicide (chemicals that kill sperm) on the condom, so try a brand without spermicide. If you experience itching, a rash, or dryness, you might be sensitive to latex. Try using a polyurethane, polyisoprene, or nitrile condom. Sometimes vaginal irritation with condoms can be due to attempting intercourse too soon, before you're aroused enough and the vagina is lubricated.

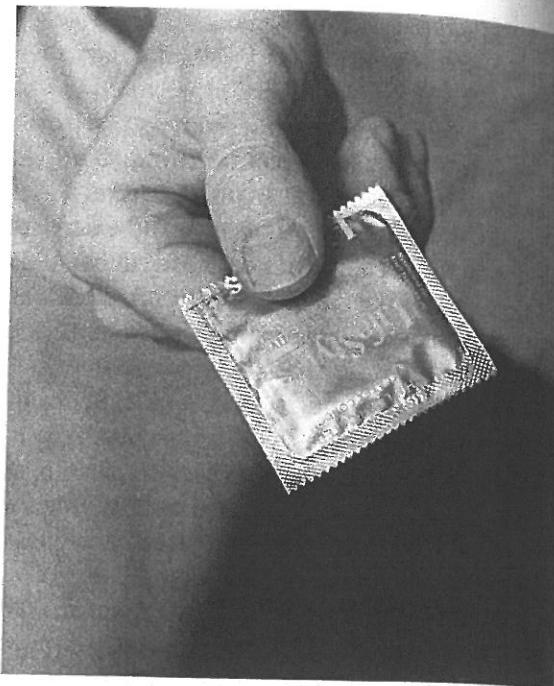
## LUBRICANTS

Lubricants help to prevent condom breaks and also prevent tears or abrasions in the vagina or rectum. They can also make sex more pleasurable for you and your partner. Use only water-soluble lubricants, not oil-based ones, with latex condoms. Oil-based products include Vaseline, baby oil, suntan lotion, massage oils, and some hand creams. These can damage a latex condom within minutes and destroy its protection.

Oil-based lubricants, however, have no effect on nitrile or polyurethane condoms. If you prefer oil-based lubricants, make sure that the condom you are using is made of polyurethane, polyisoprene, or nitrile.

Lubricants can be applied directly to the clitoris, labia, or anus, or inside the vagina. Putting a tiny amount in the tip of a male condom

The birth control chapter has more information on condom use. For detailed instructions on how to use a male condom, see p. 213. For instructions on how to use a female condom, see p. 216.



may give the man extra pleasure—which could be a plus in persuading him to use condoms. Be careful to use only a tiny drop, and only in the tip, not the sides, so the condom won't get loose and slip off.

You can use prelubricated male condoms. However, avoid using condoms prelubricated with spermicide, as the main ingredient, Nonoxynol-9 (N-9), can cause vaginal and rectal irritation and increase STI risk. (For more information, see "Safety of Nonoxynol-9 When Used for Contraception," p. 223.) Many condoms are available without added N-9; visit your local pharmacy to find a brand that works for you.

For more information on lubricants, see "Lubrication," p. 177.

## IT'S NOT THAT EASY: CHALLENGES TO PROTECTING OURSELVES

Female and male condoms, gloves, and dental dams are known to stop the transmission of STIs, including HIV. Yet many of us don't protect ourselves consistently or effectively. Why?

### OUR OWN ATTITUDES

*Who, me? . . . I'm not a gay man or an addict . . . I'm too young . . . I can tell who's infected . . . I love him so much—he'd never do anything to hurt me . . . If I bring a condom, he'll think I'm a slut . . . I'm a lesbian, why do I need protection? . . . I'm afraid he'll refuse . . . She's too important to risk losing . . . I can't carry condoms around—my mother would find them . . . He knows I need the drugs, so I can't make trouble . . . I'm not worth protecting . . . He'll get mad . . . Talking about sex is too embarrassing . . . I just can't deal . . .*

Many of us have had at least one of these thoughts or conversations in our heads or with friends. Even when we know what's right, it can be incredibly difficult to follow through. It's all too easy to forget that our health—and our partners' health—is *our responsibility*.

A woman who works in HIV prevention says:

*It can be particularly awkward when you are in love and don't want to do anything to upset your partner or to imply that you can't trust each other. When love comes into the relationship, condoms often go out the window.*

Another woman says it is one thing to talk about being responsible—and much harder to take action in the moment.

*It is hard to imagine murmuring into someone's ear at a time of passion, "Would you mind slipping on this condom just in case one of us has an STI?" Yet it seems awkward to bring it up any sooner if it's not clear between us that we want to make love.*

Or, to put it more directly:

*A condom seems to pour cold water on the romance by saying, "Okay, to be brutally honest, we've both slept with other people." The condom seems like a statement of distrust: "You could give me a disease; you could kill me."*

Sometimes, you might be the one resisting safer sex—maybe because you think that a partner will like you more if you agree to sex without condoms. Some of us may feel that using barriers implies we are untrustworthy or "dirty," or that if we suggest using a barrier, a partner may make those kinds of assumptions about us. Others feel that condoms reduce intimacy or closeness.

If you are the resistant partner, check in with yourself and balance what you know about risks to your health or that of a partner with attitudes that discourage using protection.

### OVERCOMING OBSTACLES

Other factors may make it more difficult to acquire and consistently use protection.

- **Drug and alcohol use.** Even with the best of intentions, intoxication can compromise judgment and weaken resolve to use protection. If a sex partner is also under the influence of drugs or alcohol, practicing safer sex becomes even less likely.
- **Lack of information.** Unprotected sex is more common when information about STIs and pregnancy risk is not available. You can

obtain solid information from health-care providers at family-planning clinics such as Planned Parenthood. Other sex-positive and comprehensive sources of information can be found in Recommended Resources.

- **Cost and access:** These remain formidable obstacles for many women. Call a health clinic or Planned Parenthood and explain that you'd like to discuss safer-sex options but your resources are limited. Many clinics offer safer-sex supplies free. At the very least, you can almost always get condoms from clinics just by walking in the door, without even having to register as a patient.

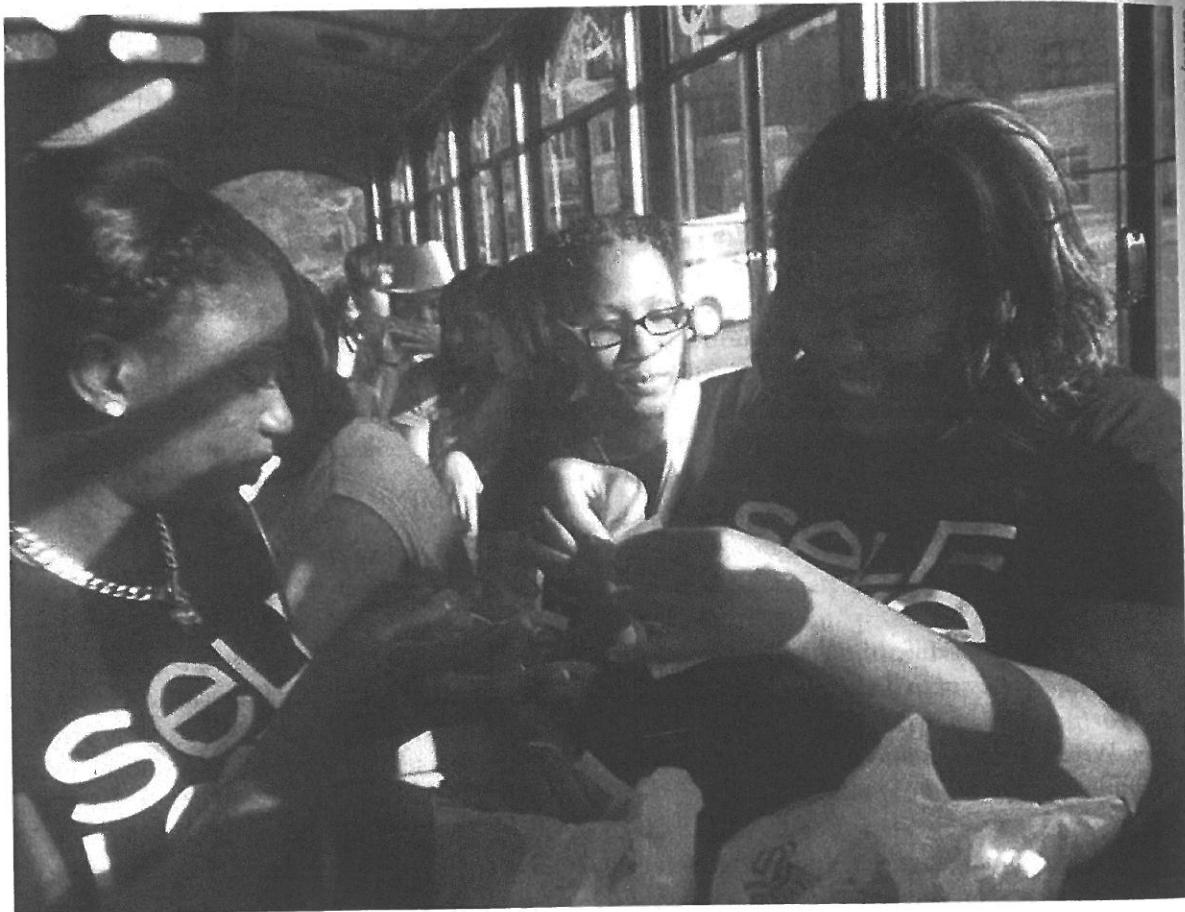
#### WHEN A PARTNER RESISTS SAFER SEX

*Look, I know how to protect myself. But it's just not that easy. When I hand him a condom, he says, "What's the matter, baby? Don't you trust me?" What am I supposed to say to that?*

For many of us, a partner's resistance to safer sex may be the most challenging obstacle we face.

Some people feel that sex isn't as good with barriers, or that barriers reduce intimacy.

Some men are afraid they won't stay hard with a condom on, even though the base of



Young Women of Color HIV/AIDS Coalition prepare to pass out condoms.

Courtesy of YWCHAC

male condoms usually helps maintain an erection. Partners who are used to being in charge sexually may resent it when women initiate safer sex. Many sex workers' clients refuse to pay for protected sex, or they pay more for sex without condoms. A lesbian may believe there's no HIV or other STI risk for lesbians. Suggest using protection, and your partners may feel that you're accusing them of sleeping around or of using drugs.

Negotiating safer sex can be especially difficult in abusive or controlling relationships. Talking about safer sex is more risky for some of us; even if we understand that we need to speak up in order to protect our lives and health, it may be almost impossible, or even dangerous, to do so. The choice may be between unsafe sex or violence, abandonment, or homelessness. If your partner reacts to your request to practice safer sex with threats or with physical or emotional violence, see Chapter 24, "Violence Against Women."

Being honest and direct with our sex partners is an excellent goal. But the *most* important thing in the short term is to reduce your risk of pregnancy or of contracting HIV or another STI. If you are not yet at the point where you can insist on safer sex (and your partner is male), here are a few things women have tried.

- With a new partner, say that you always use condoms because they are your preferred method of birth control.
- Say that you are about to get your period—or that you think you may have a minor infection—and want to use something so your partner isn't exposed. Even though it doesn't feel good to make up reasons, it may still be safer than not using anything for protection.
- If you use a female condom, point out that it's your body, your female condom, and your choice to protect your health and the health of your partner.

For more ideas about how to respond if you ever feel pressured to have sex without a condom, visit the American Social Health Association's page on negotiating condom use at [ashastd.org/condom/condom\\_negotiation.cfm](http://ashastd.org/condom/condom_negotiation.cfm).

## EMPOWERING OUR SCHOOLS AND COMMUNITIES

Conservative religious groups and political organizations in some parts of the United States have spent considerable energy blocking comprehensive health education in schools and advocating for abstinence-only sex education. Studies have shown that abstinence-only programs are not effective in preventing STIs. A large study of adolescents who pledged to abstain from sex until marriage, for example, found their rates of STI transmission to be similar to those of non-pledgers. The study indicated that even though pledge takers initiated sex later, they were less likely to seek STI testing and less likely to use condoms when they did have sex.<sup>5</sup> Many states also experienced a rise in teenage pregnancy after putting in place abstinence-only curricula and later began to reconsider the approach. For more information on state and federal policies aimed at preventing STIs and teen pregnancies see "Politicizing Reproductive Health," p. 765.)

STI education programs work—if they are supported. School education programs that make condoms available report fewer students having intercourse and a higher level of safer-sex practices among students who are having sex.<sup>6</sup> And studies show that accurate sex information and vaccination against STIs, such as hepatitis B or HPV, do not increase sexual activity among young adults.<sup>7</sup>

We urgently need to keep developing and providing culturally relevant education, prevention, and treatment for everyone, especially young and low-income women who are at high-



est risk. It's imperative for safer-sex education programs to engage the people they serve in designing and implementing programs. Attitudes about sex are shaped in part by community, economic status, and life experiences. Factual knowledge is essential, but cultural awareness is also necessary in discussing potentially successful strategies for negotiating safer sex.

A Latina from Chicago writes that in lower-income communities in particular, "Sexuality is one area over which men still feel like they have some control in their lives. If the women bring home the safer-sex message, we may become lightning rods for the frustration and anger the men feel as a result of racism, unemployment, and poverty. The educational strategy has to be developed by the community itself."

What works best? The nonprofit organization Advocates for Youth lists the following

characteristics of effective sex education, based in part on research by Douglas Kirby and Sue Alford.<sup>8</sup> These are helpful starting points for any group or organization.

- Offer age- and culturally appropriate sexual health information in a safe environment for participants.
- Cooperate with members of the target community, especially young people.
- Assist young people to clarify their individual, family, and community values.
- Assist young people to develop skills in communication, refusal, and negotiation.
- Provide medically accurate information about both abstinence and contraception, including condoms.
- Have clear goals for preventing HIV, other STIs, and/or teen pregnancy.

## THE NYC CONDOM AVAILABILITY PROGRAM

In 1971, the New York City Department of Health started distributing free male condoms in the city's STI clinics. In the 1980s, the onset of HIV/AIDS led to the expansion of free male condom distribution to HIV/AIDS service organizations and organizations serving injecting drug users. In 2005, the Health Department launched a condom-ordering website for easier access and bulk orders. Average monthly condom distribution then rose from 250,000 to 1.5 million.

The primary goal of the NYC Condom Availability Program is to increase consistent male and female condom use to reduce HIV, STIs, and unintended pregnancies in New York City. The program makes condoms more widely available, generates conversation and community buy-in around safer sex through participation in community events, and provides

valuable education and training regarding safer-sex practices. The program strives not only to increase correct and consistent condom use throughout the city, but also to normalize condom use and accessibility.

On Valentine's Day, 2007, the agency set a national precedent with its NYC Condom campaign, in which a standard, premium lubricated LifeStyles condom was packaged in a chic, Gotham-inspired NYC-branded wrapper. The NYC Condom provides New Yorkers with a uniquely cosmopolitan condom while increasing condom use and awareness. In 2009, the NYC Condom Availability Program distributed more than 41.5 million condoms, and the NYC Condom can now be found at over three thousand locations around the city. Free female condom distribution began in 1998 and nearly 1 million free female condoms were also distributed in 2009. For more information on NYC Condoms, go to [nyc.gov/condoms](http://nyc.gov/condoms).

- Focus on specific health behaviors related to the goals, with clear messages about these behaviors.
- Address psychosocial risk and protective factors with activities to change each targeted risk and to promote each protective factor.

- Respect community values and respond to community needs.
- Rely on participatory teaching methods, implemented by trained educators and using all the activities as designed.