

Sexually Transmitted Infections and Safe Sex

Last updated March 1, 2009 version h
(try searching the internet for a later copy if this date is well in the past)

I compiled this fact sheet because I was appalled at:

- 1) how virtually all sources of information fail to convey the staggering change in risk in the past 40 years
- 2) how little practice (or even discussion) there is of sexual behavior that is adapted to avoiding permanent damage/ death while still fulfilling intimacy needs under the new conditions

Almost everyone who reads this will be shocked when they realize how out of touch their understanding and behavior is with the statistics on what's happening:

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STI). An additional 15 million people become infected with one or more STIs each year, roughly half of whom contract lifelong infections. The average sexually transmitted infection rate is at 50% of young Americans, and climbing rapidly. Yet, STIs are one of the least recognized health problems in the country today.

The U.S. has the highest STI rates of any country in the industrialized world. Despite this, there is no national campaign to promote the prevention, treatment and cure of these infections.

Why isn't this on the news every night?

With infection rates this high, unprotected intercourse is like playing Russian roulette with bullets in three of the six chambers. How many times is it advisable to do this? Once? Twice? Not much more than that.

This is a *Radical* change in forty years. To have a 50% chance of contracting a sexually transmitted infection that will be with you until the day you die, you would have to exchange body fluids with something like:

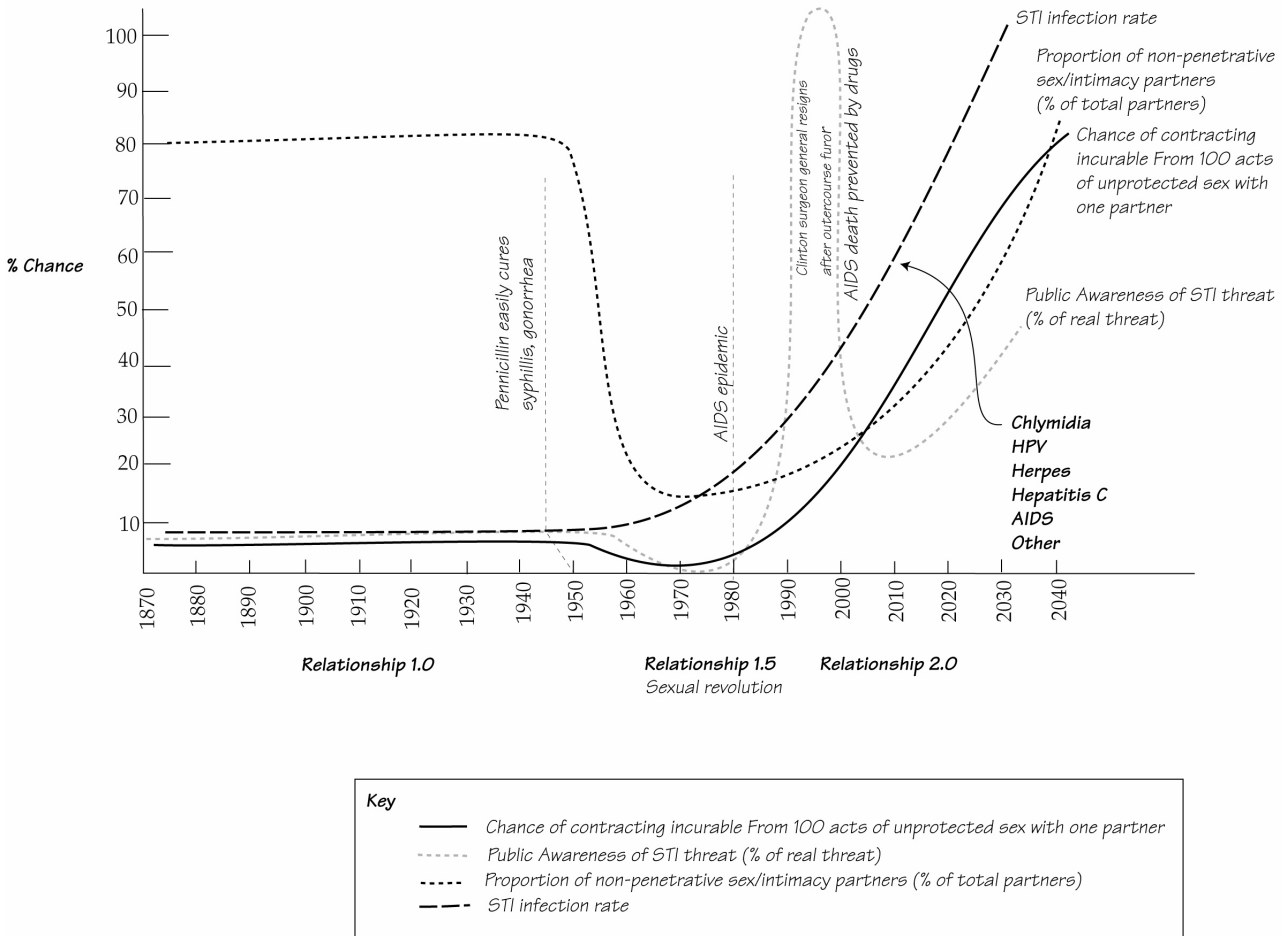
- = 1000 people in 1967
- = 20 people in 1987
- = 2 people in 2007

[my estimates; this depends on many factors and could be off by a factor of two]

Our culture is barely becoming aware of this drastic shift, let alone adapting to it with behavior change. The information in the air—from movies, books, peers—is almost entirely formed under 1970's conditions, and works counter to currently sensible behaviors. In the AIDS epidemic, the "golden boys"—the most beautiful, desirable, successful men, who could sleep with anyone they wanted, were the first to go. They're not dying, in fact they are mostly asymptomatic, but it's safe to say that with average infection rates of 50% for young Americans, the majority of the hottest young folk are carriers of a range of incurable s. Our culture has scarcely begun to take this reality into account, let alone develop a culture of appropriate behavior.

Note: this information is based on a combination of internet research in early 2009, direct personal experience, and conversations with others, as well as memory of studies I've read, etc, some of which are three decades old. I think that the overall gist of this is accurate and more useful than most of what's out there. However, this or that individual data point may not be accurate, as it has not been peer reviewed or exhaustively cross-checked. It doesn't matter for the core points here that, for instance, that the summer of love was in 1967, not 1969, or that condoms reduce risk 80% or 90%. "Better roughly right than precisely wrong" ...but, if your application requires accuracy in this or that detail, double check.

FIGURE: CHANGES IN SEXUALLY TRANSMITTED INFECTION RISK, RISK PERCEPTION, AND SAFE SEX 1900-2040



Right now is the time of maximum peril: danger is high, and awareness is low. In the future, awareness will have caught up, and behavior will have adapted.

It's a pretty tough dilemma; desire for intimacy and sexual release on one side, versus self preservation (guarding against permanent physical damage or death) on the other.

Here's the options, in descending order of safety:

1. Total celibacy
2. Save it for the virgins
3. Enjoy non-sexual physical intimacy (massage, dance, hugging, etc.)
4. Save unprotected sex for a very, very few long-term relationships, screened through a rigorous requirement that you wait to have unprotected sex with someone until you've known them a long time (a year? Five years?), and with extensive, open discussion of their sexual history and their partner's sexual history, testing if their history indicates
5. Have outcourse (sex without exchange of body fluids)
6. Use condoms rigorously (still has 15%± chance of infection)
7. Get infected for life with one thing after another

My assessment is that a combination of options 3-6 is optimal. Outcourse is the closest thing to a solution to a problem that is basically impossible.

In our culture, there is a bright, narrow line between non-sexual relations and sexual relations, which are thought to equal sexual intercourse. It is true that if you just get rushed across in a hurry, it seems like a narrow line. But, if you take the time to linger, you'll find that it is a lot broader and fuzzier than that. Warmer, too. In fact, the longer you hang out there, the more you'll realize it is such a vast and rich a garden of pleasure that one could never hope to explore all of it in a single lifetime.

The trick is that this requires quite a bit of self-restraint (and quite possibly requiring that someone you care about exercise restraint as well). This isn't necessarily easy to do when you're sparking strongly with someone. But, considering the options, this restraint is something our culture is bound to get a lot better at in the future.
The rest of this article is gleanings of interest from the internet on s and safe sex, with commentary.

Highlights:

More than half of all sexually active teens have never discussed STIs with their partner or health-care provider.

Most Americans underestimate their risk of getting an STI. According to recent survey data, only 14 percent of men and 8 percent of women think they are at risk of becoming infected. Because the risk is underestimated — and because many STIs are “silent” in their early stages — many people do not get tested and then inadvertently pass the infection to others. Lack of STI awareness is perpetuated by stigma, secrecy and shame, even between health-care providers and patients. Over half of all adults and over one-third of all teens in 1995 said that their health-care providers spent no time discussing STIs with them.

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual partners with relative impunity. They may conclude that they too are safe from disease. However, most of these diseases were not prevalent 20 to 30 years ago. Prior to 1960, there were only two significant sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics.

A study from Florida looked at couples where one individual was HIV positive and the other was negative. They used condoms as protection during intercourse. Obviously these couples would be highly motivated to use the condoms properly, yet ***after 18 months, 17% of the previously uninfected partners were now HIV positive. That is a one-in-six chance, the same as in Russian roulette.*** Not good odds!

Safe sex means making sure you don't get anyone else's blood, semen, vaginal fluids, or breast milk in your body

Talk smart sex first. Have smart sex later. STIs and unintended pregnancies affect both partners, not just one person. If you feel uncomfortable discussing sex and birth control with your partner, then you shouldn't be having sex.

Respect everyone's right to make his/her own personal decision – including yourself. There is no imaginary "deadline," no ideal age, no perfect point in a relationship where sex has to happen.

The difficult part of outercourse is the temptation of intercourse. This is especially acute if/ when both partners want it at the same time, or if one partner becomes so obsessed with intercourse desire it spoils the enjoyment of anything else. One trick is realizing that the temptation of intercourse—which can be nearly all-consuming—abates drastically (for a while at least) orgasmic release. If orgasm can be achieved without succumbing to intercourse, you're probably out of the woods...for a while.

History

The sexual revolution

The sexual revolution was a one-time, probably never to be repeated event. It was brought about by the unique confluence of general social revolution and two new technologies: penicillin, and the pill. Fear of pregnancy, when that used to mean that the woman would be stuck with the child, and probably the father as well, was the main motivator for abstinence and non-penetrative sex. Even with condoms, one out of ten women will get pregnant in a single year of sex. How many years of sexual prolificacy does it make sense to have with these odds?

The birth control pill eliminated the possibility of pregnancy, transparently, without the need for any awkward conversations, fumbling with birth control devices, or behavior modification in the moment of heat. (Legalized abortion also put a safety net under those who couldn't be bothered to take the pill).

Prior to and during the free sex era, the only STIs of significance were syphilis and gonorrhea. With the advent of widespread, affordable penicillin just after WWII, these went from being horrible, lifelong and occasionally lethal diseases, to the inconvenience of a doctor's visit and a course of penicillin.

Right as the rest of establishment culture was being questioned, recreational drug use was becoming acceptable, and women liberated, the consequences of wanton sex went from being serious and life changing, to minor inconvenience.

For a while it seemed like there was no good reason to not have sex with anyone you had the slightest desire to have sex with.

Human nature being what it is, many, many people did just that. The average number of unprotected sex partners skyrocketed. Many people exchanged fluids with hundreds or thousands of partners. And virtually everyone got away with it, until...

The emotional consequences of multiple, random sexual attachments became so undeniably severe that many people began to question the viability of free love, without attachments.

And, in the 1980s the AIDS epidemic flashed like wildfire through the gay population, and scared the bejeebers out of everyone. Public wasting away and death, starting with the most attractive, sexually active people, is such a spectacular consequence that it really got people's attention.

Behind the AIDS epidemic was the start of a generalized epidemic of STIs that had never been very prevalent before. People's "Fluid exchange networks" became exponentially more extensive and rapid. If someone had unprotected sex with one new person, they were also effectively exchanging fluids with perhaps fifty or a hundred other people who had exchanged fluids with that person. By this means, infections that had been in dozens of people were spread to millions within ten years. Infections that were less likely than being struck by lightning in 1967 are now in tens of millions of Americans, and in some populations as likely to contract from a single act of unprotected sex as flipping a coin and having it come up "tails."

Americans excel at selling stuff with sex, sexualizing everything in the process, down to inhumanly proportioned kid's dolls and thong underwear for grade schoolers. But, Americans are quite prudish and ineffectual when it comes to really dealing with sex and its consequences. This, and the success of the religious right in suppressing sex education and contraception, has seriously hobbled efforts to respond effectively to what by any measure constitutes a national emergency.

At this point, STIs are spreading and mutating faster than treatments are being developed, and it will be many generations, if ever, before this genie is back in the bottle.

What to do?

Making a decision

Is it worth the risk to have sex with this person?

The short answer, the one which you should have ready in the heat of the moment, is "no,"

It is not worth it to have unsafe sex, however hot, for a short-term liaison.

If you are using birth control (you should be) and willing to have an abortion as a back up, the physical risk is dominated by the chance of getting an incurable STI. (Protection from emotional risk is a whole other kettle of fish, for a different article a different day. It is worth noting however, that the emotional sting of things not working out is lessened without adding the injury of permanent infection to the insult of whatever led to the breakup. Also, emotional attachments to people take longer to become deep without intercourse).

If you have unprotected, vaginal sex with 4 average guys, you've probably exposed yourself to two or three different STIs, and probably have contracted one or two of them.

If you sleep with just one hot guy who's been taking advantage of their hotness to sleep with many women, you're risk is probably roughly the same as with the 4 average guys, as there are dozens or hundreds of partners in their sexual network.

At current rates of infection, it probably makes sense to have unprotected sex with only one or two partners, and give the hot, promiscuous guys a pass, unless you want to marry them, infections and all.

If you have intense but non-sexual intimacy with 100 guys and gals, "outercourse" with 20 more, and protected sex with 5 carefully screened long-term partners, and manage to find a clean life partner for unprotected sex/ fathering your children who has been equally careful, your chances of infection total something like 50%, most of it from the condom-protected penetration. If you skipped that part, your chance of infection is close to zero. This is about as good as it gets, short of time-machining your way back to 1967, after penicillin, but before the epidemic.

Questions to ask yourself and your prospective partner

If it feels too awkward to have the whole sex talk in the beginning, delicate stages of the relationship, Take this stand first

We are going to enjoy totally, completely safe sex together until we know each other better and longer.
See "what is safe sex," below

What do you know about safe sex? (these two questions establish how much you're going to have to educate your partner on the basics before moving on to these questions:

What do you know about STIs?

Who is in your fluid exchange network?—How many people have you had unprotected sex with, and who have they had unprotected sex with? How high risk are they? Virgins? Promiscuous Drug users?

Have you had any symptomatic STIs?—If someone has had urinary tract infections and other less serious infections that indicates a high risk for other, asymptomatic but more serious infections. Because 75% of common STIs are asymptomatic, the absence of symptoms does not mean they are clean, however...

What have you been tested for? When?

Can you name which common STIs don't show up on tests, their prevalence, and how to avoid them, if possible?

What have you done to protect yourself and your partners in the past?

Agree on limits to exchange of fluids, things you'll do and not do—see safe sex, below

If they show signs of not respecting them in the heat of the moment, back off on the intimacy.

STI Decision Wizard

This is an idea for a free, web-based tool, hosted by someone like Planned Parenthood, to shed light on the half of this bottom line: what's the risk of my having sex with this person?

The emotional risk is...well, not much you can do about that. The other half of the bottom line—what's the reward? Is something that you'll have to figure out more intuitively, considering how much the experience is likely to enrich your life experience, and for how long?

*The likelihood of contracting a lifelong infection from a single act of sex, or a year of sex with one partner, is the static that is most meaningful, and hardest to come up with, because it involves the synthesis of so much information.

1) The accuracy of the bottom line is dominated by the inaccuracy of the least accurate factor calculated into it. For example, the average infection rates for the more popular infections might be off by 30% due to underreporting and non-symptomatic, un-testable infections. But the transmission rates might be off 50%, because these have hardly been tested.

2) Your particular situation is not average. If you are a teenage woman, your infection chances are about 50% greater due to the physiology of your vagina. If your prospective partner is an uninhibited person who has been having sex with other uninhibited people, it is probably more a question of how many infections they have than if they have any.

This risk could be based on 100 sessions of unprotected vaginal sex. This is roughly a year for the average American couple. For a single act of sex, divide the risk by about ten (the risk increase is not linear; if you're going to get something from someone, it is more likely to happen in the first few sessions, and the additional between having sex with them 100 or 1000 times is a few percent more, not 10 times more. Consider that there's absolutely no point in having unprotected sex with someone you can't see being with for at least a year.

For condom use divide risk by 10.

Sexually Transmitted Infections—Research Notes

Fact Sheet: Sexually Transmitted Diseases in the United States

<http://www.thebody.com/content/prev/art2447.html>

October/November 2001

More than 25 diseases are primarily spread through sexual activity. The trends for each disease vary considerably, but together these infections comprise a significant public health problem.¹

In the United States, more than 65 million people are currently living with an incurable sexually transmitted disease (STI). An additional 15 million people become infected with one or more STIs each year, roughly half of whom contract lifelong infections. Yet, STIs are one of the least recognized health problems in the country today.²

While extremely common, STIs are difficult to track. Many people with these infections do not have symptoms and remain undiagnosed. Even diseases that are diagnosed are frequently not reported and counted. These "hidden" epidemics are magnified with each new infection that goes unrecognized and untreated.³

Incidence and Prevalence

* ***Chlamydia is the most commonly reported infectious disease in the United States.*** Reported Chlamydia rates in women greatly exceed those in men, largely because screening programs have been primarily directed at women. True rates are probably far more similar for women and men.⁹

* **75 percent of women and 50 percent of men with Chlamydia have no symptoms.** The majority of cases therefore go undiagnosed and unreported.¹⁴

* The reported gonorrhea rate in the United States remains the highest of any industrialized country: roughly 50 times that of Sweden and eight times that of Canada.¹⁸

* Ten to 20 percent of women with gonorrhea and Chlamydia develop one of the most serious complications, pelvic inflammatory disease (PID).¹⁹

* An estimated 70,000 people become infected with syphilis each year in the United States.²⁰

* **An estimated 1 million people become infected with herpes each year in the United States, and an estimated 45 million Americans are currently infected.**²⁴

* **An estimated 5.5 million people become infected with HPV each year in the United States, and an estimated 20 million Americans are currently infected.**²⁵

* There are 30 distinct types of HPV that can infect the genital area. Of these, some types cause genital warts and others cause subclinical infections.²⁶

* An estimated 120,000 people become infected with hepatitis B each year in the United States, and an estimated 417,000 Americans are currently infected.²⁷

* Hepatitis B vaccinations have been recommended for people with risk factors since the vaccine became available in 1981.²⁸

* An estimated 5 million people become infected with trichomoniasis each year in the United States.²⁹

* No recent surveys of the estimated number of people currently infected with gonorrhea, syphilis, trichomoniasis, or bacterial vaginosis have been conducted.³⁰

* **Approximately 25 percent of all new STI infections are in teenagers.**³¹

* Young women are biologically more susceptible to Chlamydia, gonorrhea, and HIV.³²

* **An estimated 75 percent of the reproductive-age population have been infected with sexually transmitted HPV.**³³

* Infection with certain types of HPV place women at increased risk for cervical cancer.³⁴

* Research indicates that approximately one percent of sexually active adults in the United States have genital warts.³⁵

* More than one in five Americans -- 45 million people -- are infected with genital herpes.³⁶

* Herpes is more common in women, infecting approximately one out of four, versus one out of five men.³⁷

* Women who are infected with an STI while pregnant can have early onset of labor, premature rupture of the membranes, or uterine infections before and after delivery.³⁸

* Multiple studies and surveillance projects have demonstrated a high prevalence of STIs in persons entering jails and juvenile detention facilities.⁴¹

* **Compared to older adults, adolescents 10 to 19 years of age and young adults 20 to 24 years of age are at higher risk for acquiring STIs: they may be more likely to have multiple (sequential or concurrent) sexual partners rather than a single, long-term relationship; they may be more likely to engage in unprotected intercourse; and they may select partners at higher risk.**⁴²

<http://www.cdc.gov/STI/stats/trends2005.htm>

Sexually transmitted diseases (STIs) remain a major public health challenge in the United States. While substantial progress has been made in preventing, diagnosing, and treating certain STIs in recent years, **CDC estimates that 19 million new infections occur each year, almost half of them among young people**

ages 15 to 24. In addition to the physical and psychological consequences of STIs, these diseases also exact a tremendous economic toll. Direct medical costs associated with STIs in the United States are estimated at up to \$14.1 billion annually.²

This document summarizes 2005 national data on trends in notifiable STIs — Chlamydia, gonorrhea, and syphilis — that are published in CDC's report, Sexually Transmitted Disease Surveillance 2005. These data, which are useful for examining overall trends and trends among populations at risk, represent only a small proportion of the true national burden of STIs. **Many cases of notifiable STIs go undiagnosed, and some highly prevalent viral infections, such as human papillomavirus and genital herpes, are not reported at all.**

Chlamydia: Expanded Screening Efforts Result in More Reported Cases, but Majority of Infections Remain Undiagnosed

Chlamydia remains the most commonly reported infectious disease in the United States. In 2005, 976,445 Chlamydia diagnoses were reported, up from 929,462 in 2004. Even so, most Chlamydia cases go undiagnosed. It is estimated that there are approximately 2.8 million new cases of Chlamydia in the United States each year.¹

<http://www.nytimes.com/2005/06/15/health/15pledge.html>

Most S.T.D. infections are asymptomatic, and therefore, people don't know that they have an S.T.D. unless they get tested. The use of self-report data for S.T.D.'s is therefore extremely problematic."

HPV PREVALENCE

<http://www.ashaSTI.org/>

CDC study finds more women in the U.S. have HPV than previously estimated.

Recent data indicate approximately **1 in 4 women in the U.S. have HPV. The prevalence is highest among younger women in their early and mid-twenties (45%),** but remains at a substantial 20% rate even in the 50–59 year old women.

Prevalence by age was:

- 24.5% ages 14–19
- 44.8% ages 20–24
- 27.4% ages 25–29
- 25.2% ages 40–49
- 19.6% ages 50–59

http://www.ashaSTI.org/news/news_factsheets.cfm

The U.S. has the highest STI rates of any country in the industrialized world. Despite this, there is no national campaign to promote the prevention, treatment and cure of these infections.

Women STIs are more easily passed from men to women than vice versa, which results in higher female rates of infection.

Each year 9 million new cases of STIs occur among young people aged 15–24. Sexually active youth have the highest STI rates of any age group in the country. **By age 25, one-half of all sexually active young people get an STI.** Young people are at greatest risk for STIs because, as a group, they are more likely to have unprotected sex and more than one sex partner. Like adults, many teenagers lack awareness of STIs. **More than half of all sexually active teens have never discussed STIs with their partner or health-care provider. Young women, in particular, are vulnerable to STIs such as Chlamydia and gonorrhea because of changes in the cervix due to puberty.**

Stopping the Spread of STIs **Most Americans underestimate their risk of getting an STI. According to recent survey data, only 14 percent of men and 8 percent of women think they are at risk of becoming infected. u Because the risk is underestimated — and because many STIs are "silent" in their early stages — many people do not get tested and then inadvertently pass the infection to others. u Lack of STI awareness is perpetuated by stigma, secrecy and shame, even between health-care providers and patients. Over half of all adults and over one-third of all teens in 1995 said that their health-care providers spent no time discussing STIs with them.**

An STI Epidemic

<http://www.leaderu.com/orgs/probe/docs/epid-STI.html>

Sexually Transmitted Diseases (or STIs) are at unprecedented and epidemic proportions. Thirty years of the sexual revolution is paying an ugly dividend. While a few STIs can be transmitted apart from sex acts, all are transmissible by the exchange of bodily fluids during intimate sexual contact. I want to discuss the severity of the problem as well as what must be done if we are to save a majority of the next generation from the shame, infertility, and sometimes death, that may result from STIs.

The information I am about to share is from data gathered by the Medical Institute for Sexual Health out of Austin, Texas.(1) All of these statistics are readily available from reputable medical and scientific journals.

Today, there are approximately 25 STIs. A few can be fatal. Many women are living in fear of what their future may hold as a result of STI infection. It is estimated that 1 in 5 Americans between the ages of 15 and 55 are currently infected with one or more STIs, and 12 million Americans are newly infected each year. That's nearly 5% of the entire population of the U.S. Of these new infections, 63% are in people less than 25 years old.

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual partners with relative impunity. They may conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two significant sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics. In the sixties and seventies this relatively stable situation began to change. For example, in 1976, Chlamydia first appeared in increasing numbers in the United States. Chlamydia, particularly dangerous to women, is now the most common STI in the country. Then in 1981, human immunodeficiency virus (HIV), the virus which causes AIDS, was identified. By early 1993, between 1 and 2 million Americans were infected with AIDS, over 12 million were infected worldwide, and over 160,000 had died in the U.S. alone. Over 10% of the total U.S. population, 30 million people, are infected with herpes.

In 1985, human papilloma virus (HPV), began to increase. This virus will result in venereal warts and will often lead to deadly cancers. In 1990, penicillin resistant-strains of gonorrhea were present in all fifty states.

By 1992 syphilis was at a 40-year high. As of 1993, pelvic inflammatory disease (PID), which is almost always caused by gonorrhea or Chlamydia, was affecting 1 million new women each year. This includes 16,000 to 20,000 teenagers. This complication causes pelvic pain and infertility and is the leading cause of hospitalization for women, apart from pregnancy, during the childbearing years.

Pelvic inflammatory disease can result in scarred fallopian tubes which block the passage of a fertilized egg. The fertilized egg, therefore, cannot pass on to the uterus and the growing embryo will cause the tube to rupture. By 1990, there was a 400% increase in tubal pregnancies, most of which were caused by STIs. Even worse is the fact that 80% of those infected with an STI don't know it and will unwittingly infect their next sexual partner.

The Medical Facts of STIs

Syphilis is a terrible infection. In its first stage, the infected individual may be lulled into thinking there is little wrong since the small sore will disappear in 2 to 8 weeks. The second and third stages are progressively worse and can eventually lead to brain, heart, and blood vessel damage if not diagnosed and treated. The saddest part is that syphilis is 100% curable with penicillin, yet there is now more syphilis than since the late 1940s, and it is spreading rapidly.

Chlamydia, a disease which only became common in the mid-1970s, infects 20 to 40% of some sexually active groups including teenagers. In men, Chlamydia is usually less serious; with females, however, the infection can be devastating. An acute Chlamydia infection in women will result in pain, fever, and damage to female organs. A silent infection can damage a woman's fallopian tubes without her ever knowing it. A single Chlamydia infection can result in a 25% chance of infertility. With a second infection, the chance of infertility rises to 50%. This is double the risk of gonorrhea.

The human papilloma virus, or HPV, is an extremely common STI. One study reported that **at the University of California, Berkeley, 46% of the sexually active coeds were infected with HPV. Another study reported that 38% of the sexually active females between the ages of 13 and 21 were infected.** HPV is the major cause of venereal warts; it can be an extremely difficult problem to treat and may require expensive procedures such as laser surgery.

The human papilloma virus can result in precancer or cancer of the genitalia. By causing cancer of the cervix, this virus is killing more women in this country than AIDS, or over 4,600 women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

And of course there is the human immunodeficiency virus, or HIV, the virus that causes AIDS. The first few cases of AIDS were only discovered in 1981; now, in the U.S. alone, there are between 1 and 2 million infected with this disease. As far as we know, all of these people will die in the next ten years. As of early 1993, 160,000 had already died.

A 1991 study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected. While the progress of the disease is slow for many people, all who have the virus will be infected for the rest of their life. There is no cure, and many researchers are beginning to despair of ever coming up with a cure or even a vaccine (as was eventually done with polio). In 1992, 1 in 75 men was infected with HIV and 1 in 700 women. But the number of women with AIDS is growing. In the early years of the epidemic less than 2% of the AIDS cases were women. Now the percentage is 12%.

Teenagers Face a Greater Risk from STIs

Teenagers are particularly susceptible to sexually transmitted diseases or STIs. This fact is alarming since more teens are sexually active today than ever before. An entire generation is at risk and the saddest part about it is that most of them are unaware of the dangers they face. Our teenagers must be given the correct information to help them realize that saving themselves sexually until marriage is the only way to stay healthy.

The medical reasons for teens' high susceptibility to STIs specifically relates to females. The cervix of a teenage girl has a lining which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur with-out ovulation. This will produce a more liquid mucus which also grows bacteria and viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1-in-80 chance in that situation.

Teenagers do not always respond to antibiotic treatment for pelvic inflammatory disease, and occasionally such teenage girls require a hysterectomy. Teenage infertility is also an increasing problem. In 1965, only 3.6% of the married couples between ages 20 and 24 were infertile; by 1982, that figure had nearly tripled to 10.6%. The infertility rate is surely higher than that now with the alarming spread of Chlamydia.

Teenagers are also more susceptible to human papilloma virus, HPV. Rates of HPV infection in teenagers can be as high as 40%, whereas in the adult population, the rate is less than 15%. Teenagers are also more likely than adults to develop precancerous growths as a result of HPV infection, and they are more likely to develop pelvic inflammatory disease.

A study from Florida looked at couples where one individual was HIV positive and the other was negative. They used condoms as protection during intercourse. Obviously these couples would be highly motivated to use the condoms properly, yet ***after 18 months, 17% of the previously uninfected partners were now HIV positive. That is a one-in-six chance, the same as in Russian roulette.*** Not good odds!

Condoms do not even provide 100% protection for the purpose for which they were designed: prevention of pregnancy. One study from the School of Medicine Family Planning Clinic at the University of Pennsylvania reported that 25% of patients using condoms as birth control conceived over a one-year period. Other studies indicate that the rate of accidental pregnancy from condom-protected intercourse is around 15% with married couples and 36% for unmarried couples.

<http://www.nlm.nih.gov/medlineplus/ency/article/001949.htm>

The following factors increase your risk of getting a sexually-transmitted disease (STI):

- * Not knowing whether a partner has an STI or not***
- * Having a partner with a past history of any STI***
- * Having sex without a male or female condom***
- * Using drugs or alcohol in a situation where sex might occur***
- * If your partner is an IV drug user***
- * Having anal intercourse***

Safe Sex

http://www.smartersex.org/safe_sex/safe_sex.asp GOOD

1. Talk smart sex first. Have smart sex later. STIs and unintended pregnancies affect both partners, not just one person. If you feel uncomfortable discussing sex and birth control with your partner, then you shouldn't be having sex. Be straightforward and talk about sex beforehand so both partners know what to expect. It's easier to be rational and reasonable before you're in the "heat of the moment."

2. Don't feel pressured to have sex. Or have sex out of fear – fear of hurting someone's feelings by saying no or fear of being the "only one" who isn't doing it. Virtually everyone wants to fit in with his or her friends, but you should never compromise your values to be "part of the crowd." If you don't want to have sex, be honest, discuss the reasons behind your decision with your partner and stay true to you.

3. Don't abuse alcohol/use drugs if you think things could get physical. Drug use or alcohol abuse interferes with decision-making, which can lead to date rape, forgetting to use contraceptives or contracting an STI. The lowering of inhibitions that often accompanies alcohol use might make you think you'll enjoy sex more, but in fact, for a variety of biochemical reasons, too much alcohol actually makes sex less enjoyable for both men and women.

4. Two are better than one. To help prevent both pregnancy and s, you should correctly and *consistently use a birth control method like the Pill, contraceptive injection or diaphragm (for pregnancy prevention) and a condom (to prevent s). Condom use is essential, especially in relationships that are not monogamous. If your partner says no to contraceptives that may prevent s, like condoms, it's probably time to rethink your relationship.* Nothing is worth the potential lifetime consequences of a few minutes of unprotected fun.

5. Use the buddy system. If you go to a party or a bar, go with friends and keep an eye out for each other. Agree that you won't leave with another person without telling someone. Sometimes a friend's "second opinion" could help prevent you from making decisions that you might regret later.

6. Remember that "no" means NO and passed out doesn't mean YES. Being drunk isn't a defense for committing sexual assault. If you are too drunk to understand a person trying to say no; if you are too drunk to listen and respect a person saying no; or if you have sex with somebody who is passed out or incapable of giving consent, it can be considered rape. Click here to read about how men and women can avoid the consequences of date rape.

7. Respect everyone's right to make his/her own personal decision – including yourself. There is no imaginary "deadline," no ideal age, no perfect point in a relationship where sex has to happen. If your partner tells you that he or she is not ready to have sex, respect his/her decision, be supportive and discuss the reasons behind it. It is everyone's ultimate right to decide when and how they have sex – be it the first time or the tenth time.

8. Be prepared for a sex emergency. Consider carrying two condoms with you just in case one breaks or tears while it's being put on. Both men and women are equally responsible for preventing s, using contraceptives and both should carry condoms. Sometimes things go wrong even when you try to do everything right. Women should also know about emergency contraception or EC. Taken within 72 hours of intercourse, EC may prevent pregnancy. Click here for more information about EC.

9. The best protection doesn't mean less affection. Abstinence is actually the most effective way to protect against s and prevent pregnancy. But practicing abstinence doesn't mean you can't have an intimate physical relationship with someone – it just means you don't have vaginal or anal intercourse. There are many other ways to be intimate and not have intercourse – just be aware that alternatives, like oral sex, carry their own risks. Click here to read more about practicing absence and risks of oral sex.

10. Make sexual health a priority. Whether you are having sex or not, both men and women need to have regular check-ups to make sure they are sexually healthy. Women should have annual gynecological exams.

<http://www.positive.org/JustSayYes/safesex.html>

Nobody has a body to die for. Safe sex is always better! It's fun, and you don't have to worry as much.

Safe sex means making sure you don't get anyone else's blood, semen, vaginal fluids, or breast milk in your body -- and protecting your partners too! Condoms, latex surgical gloves, and plastic wrap are the only ways to protect yourself and your partner from STIs and HIV, but they're not foolproof. You've got to use them correctly every time you have sex.

http://en.wikipedia.org/wiki/Safer_sex

Safe sex precautions

- * 3.1 Sex by yourself
- * 3.2 Non-penetrative Sex
- * 3.3 Limiting fluid exchange
- * 3.4 Other Precautions

http://en.wikipedia.org/wiki/Non-penetrative_sex

Non-penetrative sex (also known as outercourse) is sexual activity without vaginal, anal, and possibly oral penetration, as opposed to intercourse. The terms mutual masturbation and frottage are also used, but with slightly different emphases. NPS and outercourse are rather new terms.

No bodily fluids are intended to be exchanged, and outercourse is therefore often considered a practice of safer sex as well as of birth control (see below for exceptions). Outercourse in preparation for intercourse can form part of foreplay.

[edit] Support by medical establishment

Dr. Joycelyn Elders, President Bill Clinton's surgeon general, tried to popularize outercourse as a means of sexual play for teens that would offer a safer alternative than sexual intercourse involving penile-vaginal or penile-anal penetration[2]; however, her recommendation was opposed by the religious right. Eventually, Elders resigned.

What Outercourse Is and How It Works

There are many ways to be sexual without intercourse:

<http://www.plannedparenthood.org/birth-control-pregnancy/birth-control/outercourse.htm> describes some.

Remember: No matter what kinds of sex play you and your partner choose to have, you both must

- * have each other's consent
- * never use pressure to get consent
- * be attentive to each other's pleasure and satisfaction — you both have an equal right to sexual pleasure

Advantages for teens —

Outercourse can completely satisfy both partners and take a lot of pressure off young women and men.

Many teen women get little or no pleasure from sexual intercourse because their partners do not know how to give them pleasure. Outercourse helps partners learn about their bodies and how to give themselves and each other sexual pleasure.

Women have very different sexual response cycles than men. Men usually have one orgasm, and it is usually some time before they can have another. Women can have frequent and multiple orgasms. But many women don't have orgasms from vaginal stimulation. Most of them can have orgasms when the clitoris is stimulated — whether or not they are having vaginal intercourse. Sex play without intercourse can help women learn how to have orgasms.

Men also enjoy outercourse — even if they're shy about it in front of their partners. Outercourse allows men to be truly erotic without worrying about how well they "perform".

Caution — Outercourse is a form of birth control. It is also a lot like foreplay. They both add to sexual excitement and pleasure. And they can both lead to orgasm. The difference is that foreplay usually leads to intercourse. Outercourse may make you feel like having intercourse. Be careful! If you are going to have intercourse, you need to use another form of birth control — and protection from infection.

Talking About Outercourse

It is important to talk to your partner about wanting to enjoy outercourse and abstain from intercourse. But it may not be easy to do. Here are some tips for talking about outercourse:

- * Think about what kinds of sex play you want to do and don't want to do.
- * Practice having a discussion with your partner. What do you want to say? What are all the possible things your partner could say?
- * Try to have talks with your partner before you get into a sexy situation.
- * Talk when you both have time and privacy for these discussions.
- * Be very clear about the limits you want to set. Remember that your partner cannot read your thoughts. It's important to talk about what you want and how you feel. It's important to hear your partner, too.
- * If you are feeling nervous or embarrassed, tell your partner. Maybe your partner feels the same way you do. Sometimes sex is hard to talk about. It's okay to say that.
- * Ask how your partner feels about outercourse. Being honest with each other can make a relationship more fulfilling.
- * Set limits upon which you both can agree.
- * Keep talking about the sexual limits you set together. What feels good? What may not be working out so well?
- * If you decide to have intercourse, be sure you have another kind of birth control. Also be ready to protect yourself against infection.

A History of Birth Control Methods

<http://www.plannedparenthood.org/news-articles-press/a-history-of-birth-control-methods.htm>

Outercourse

Augustine of Hippo (350–430 C.E.), ***an influential bishop of the early Christian church, taught that masturbation and other alternatives to penile-vaginal intercourse — outercourse — were worse sins than fornication, rape, incest, and adultery. He argued that masturbation and other nonreproductive sexual activities were "unnatural" sins because they were contraceptive. Since fornication, rape, incest, and adultery could lead to pregnancy, they were "natural" sins and much less serious than "unnatural" sins*** (Ranke-Heinemann, 1990).

While Augustine was compelling all the married clergy in his diocese to give up their spouses and live celibately in monasteries (Ranke-Heinemann, 1990), Mallinaga Vatsyayana, in faraway India, was writing the world's greatest literary celebration of procreative and nonprocreative sex play — the Kama Sutra, the most complete encyclopedia of sex practices in the ancient world.

Written in 400 C.E., Vatsyayana's Kama Sutra is a recapitulation of the Kama Shastras that describes "erotic practice" as one of the three aims of life for ancient Hindus in India (Danielou, 1994). The Shastras were already 2,000 years old when Vatsyayana wrote them in Hindi. More than a thousand years later, the Kama Sutra would reach across the centuries and have a major impact on us.

The first English translation of the Kama Sutra was privately published by Sir Richard Burton and discreetly circulated among the members of the British Kama Sutra Society in 1883. The first popular publication of this manual for intercourse, foreplay, and outercourse, which was published in the U.S. during the 1960s, became the bible for the sexual revolution of that time (Burton, 1991).

In colonial New England, outercourse was encouraged by the custom of "bundling." Because of the long distances traveled for courtship and the lack of central heating and bedroom space, unmarried couples were "bundled." They slept together in the same bed, either fully clothed or with a "bundling board" placed in the bed between them. It was assumed that the young people might become physically intimate, but would refrain from vaginal intercourse. However, the dramatic rise in the rates of premarital pregnancy and "illegitimacy" in the middle of the 18th century was blamed on bundling, and the clergy successfully denounced the practice in 1770 (D'Emilio & Freedman, 1988).

Outercourse had a major revival in America during the 1940s and 1950s. During those years, virginity was considered very important for unmarried women. Outercourse in the back seat of her boyfriend's sedan at the drive-in movies — they were called "passion pits" by the teenagers of the '50s — allowed a young woman to have sex while remaining "technically" a virgin (Kinsey, 1948).

Outercourse took a back seat to vaginal intercourse when the pill became available during the sexual revolution of the '60s (Brandt, 1985; Valdiserri, 1988). By the time the '80s rolled around, vaginal intercourse was a pretty matter-of-fact event in the heterosexual "dating game" (Coontz, 1992). But as the sexual revolution began to lose some of its charm with the spread of AIDS in the early '80s, many women and men began to wonder if they weren't missing something by passing up the other pleasures of sex play. ***Yearning for romance, and aware of the significant risks of HIV and other sexually transmitted infections, women and men of the 21st century are rediscovering the pleasures of courtship, seduction, and outercourse*** (Cordes, 1988).