

Sexual-Risk Reduction Fact Sheet

Sexual-Risk Reduction

Sexual behavior serves complex needs. The determinants of high-risk sexual behavior are varied and cannot be addressed with simple “one-size-fits-all” interventions. Therefore, appropriate use of language, tone and body cues to communicate a nonjudgmental attitude is essential to obtain accurate information on sexual risk behavior since many patients may find it extremely difficult to disclose high-risk sexual activity and non-condom use. Furthermore, this open and honest discussion might make it easier for these patients to accept their provider’s recommendation for STD screening.

What is the risk?

The HIV/AIDS epidemic continues to evolve and is a growing problem among American Indians and Alaska Natives. American Indians and Alaska Natives make up 1.5% of the total United States population, approximately 4.1 million people.¹ In 2005, based on information from 33 states with long-term, confidential name-based HIV reporting, HIV/AIDS was diagnosed for an estimated 198 American Indians and Alaska Natives, representing 0.5% of all the reported HIV/AIDS cases for that year.¹ Though the absolute numbers of HIV and AIDS represent less than 1% of the total number of HIV/AIDS cases reported to the CDC, when population size is taken into account, American Indians and Alaska Natives in 2005 ranked 3rd in rates of

HIV/AIDS diagnosis, after African American and Hispanics.¹ The rate (per 100,000 persons) of HIV/AIDS diagnosis for American Indians and Alaska Natives was 10.6, compared with 72.8 for African Americans, 28.5 for Hispanics, 9.0 for whites, and 7.6 for Asians and Pacific Islanders.¹ Furthermore, the rate of AIDS diagnosis for this group has been higher than that of whites since 1995 and life expectancy for Native Americans and Alaska Natives diagnosed with HIV/AIDS is shorter than any other ethnicity.¹ High-risk sexual activity continues to be the prime mode of transmission for the group.¹

are equally risky. It is important to realize that risk from various practices fall along a continuum instead of having a clear safe and non-safe boundary and any sexual practice can be made safe or unsafe. For example, mutual masturbation which is usually considered a low-risk activity can become unsafe if people touch their own genitals after getting a partner’s infected semen, blood or vaginal fluids on their hands.

Why Practice Safer Sex?

Most people believe that people who practice safer sex are only those who are concerned about getting HIV from

their partners because they do not know their sexual partner’s HIV status or they know that their sexual partner is HIV-positive. In reality, there are a variety of reasons why people practice safer sex.

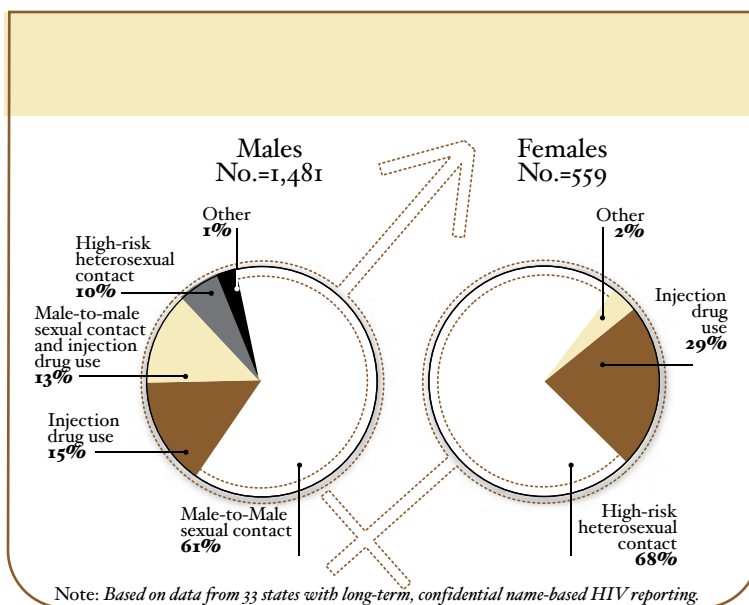
1. They always practice safer sex so they don’t lose the habit of protection.
2. Allows HIV-negative people in a sexual relationship to avoid dealing with issues of trust in the relationship.

3. HIV-negative people in a monogamous sexual

relationship who agree to practice safer sex with each other for three months before they are tested again for antibodies to ensure that they are both uninfected.

4. HIV-negative and HIV-positive people who want to avoid getting sexually transmitted diseases other than HIV.

continued page 2



What is Safe(r) Sex?

1. When thinking about safer sex, it is important to use a wide definition of sex. Many people think about sex fairly narrowly. For example, thinking that sex only involves penetration may limit people’s ability to adequately protect themselves and enhance their sexual lives through safer sex.

2. An individual’s risk for contracting HIV/AIDS usually results from his or her own behavior, but not all behaviors

5. HIV-positive people who want to avoid getting re-infected with HIV. Although it happens rarely, it is possible for someone with a drug-resistant strain of HIV to give it to another HIV-infected person which could limit their treatment options.

Of course, sexual partners who are HIV-negative, wait three to six months after their last risky activities before taking an HIV-antibody test, and trust that neither one of them is or will engage in a sexual activity, or high risk drug activity such as needle sharing, that could put them at risk may practice sex without protection.

HIV Sexual-Risk Reduction Guidelines

HIV cannot go through the skin unless there are open sores or bleeding cuts. Due to its small size, however, there are parts of the body lined by mucous membranes (i.e. anus and rectum, vagina, penis, mouth and eyes) that are potential sites where HIV could enter the bloodstream. Therefore, safer sex often involves use of a device (i.e. latex condom, dental dam, plastic wrap, latex gloves and finger cots) that acts as a barrier between the infectious fluids and mucous membranes or open wounds.

Any sexual practice that does not let someone else's semen, blood, breast milk or vaginal fluids into someone else's body is generally considered "safer" sex.

1. The only 100% effective way to prevent sexual transmission of HIV is through abstinence- avoiding all vaginal, anal and oral sex.

2. Risk reduction strategies for those who are sexually active include reduction of sexual activity such as having sex less often with less partners. Knowing the HIV status and sexual history of sexual partners can also assist in making solid choices around the types of sexual activity and protection to be used.

3. If used properly and there is no breakage, **latex and polyurethane**

condoms have been proven to be effective in preventing the transmission of HIV and is the best barrier against HIV and other sexually transmitted diseases. ***Lambskin condoms are porous and may allow passage of HIV, and therefore are not recommended.**

4. The main reason for condom breakage is **user** failure. Although condoms are resilient, they may become weakened by:

a. Heat - Condoms should never be left in places where they will be exposed to heat, such as glove compartments, under direct sunlight, or in the pockets of tight jeans.

b. Old age – Condoms should be fresh when used. If there is any uncertainty about how old a condom is, it should be thrown out. **Most condoms will have expiration dates on the package.**

c. Insufficient lubrication – It is important to use a lubricant (saliva or commercial lubricant like KY jelly or another product) to reduce friction on the outside of the condom during sexual intercourse.

d. Use of oil-based lubricants – Oil-based lubricants, such as Vaseline, baby oil and Crisco, weaken latex and make it break. They should never be used.

e. Air bubbles – The main reason condoms break during sex is because air bubbles trapped inside burst due to the motion of intercourse.

5. Use of water-based lubricants can make sexual penetration more comfortable and reduce the risk of condom breakage during sex. *** Do not use baby oil or other oil-based lubricants because they may cause condoms to be ineffective.**

6. The use of dental dams or plastic wrap between the mouth and vagina or anus during oral sex reduces the risk of sexually transmitted diseases including HIV.

7. Sex toys are used to enhance the pleasure and creativity of sex. It is best to have one's own sex toys and never share them. Condoms should be used on sex toys when sharing. Sex toys can also be washed in soap and water, but this may not kill all contaminants.

Risk from Specific Sexual Practices

1. **Anal Intercourse** – Without a condom, anal intercourse is the riskiest activity for HIV transmission. The receptive partner ("bottom") is at risk because the anal area provides easy access to the bloodstream for HIV and other diseases carried in semen. The insertive partner ("top") is also at risk because the mucous membranes lining the urethra can provide an entry for HIV that might possibly be present inside the anus into the bloodstream. Using a condom from start to finish greatly reduces the risk, however, the risk is not zero because there is the possibility that the condom might break.

2. **Vaginal Intercourse** – In a heterosexual encounter, due to the friction and trauma of intercourse, HIV passes more easily from male to female and unprotected vaginal intercourse is considered quite risky, especially for the female partner. Use of latex condoms, male or female versions, can reduce the risk of HIV transmission and the spread of other sexually transmitted diseases, as well as pregnancy.

3. **Oral Sex** – There are a few documented cases where it appears that HIV was transmitted orally. These cases are all attributed to ejaculation in the mouth (i.e. exposure to semen, not vaginal or pre-seminal fluid).

a. A person receiving oral sex is generally not at risk for HIV infection because that person is coming into contact only with saliva which does not transmit HIV, unless there are cuts or open sores in the mouth.

Continued Page 3

b. Unprotected oral sex without ejaculation is a very low risk activity for HIV transmission.

The mouth, for several reasons, is an inhospitable environment for HIV. Saliva contains enzymes that break down the virus; the mucous membranes in the mouth are more protective than those of the anus/rectum or vagina; and fluids generally do not remain in the mouth for long periods of time. Although there is evidence that suggests HIV is present in pre-cum in very small amounts, there is no conclusive evidence that pre-cum transmits HIV.

C. Though there is little data on how often HIV is transmitted via oral sex from an infected woman to an uninfected man, performing oral sex on a woman who is menstruating increases the risk because blood has more HIV than vaginal fluid.

d. Rimming (oral-anal contact) poses minimal risk of HIV transmission, but is important mode of transmission for other sexually transmitted diseases including Hepatitis and parasites. Safe rimming means using a dental dam or plastic wrap.

4. Kissing – Saliva does not transmit HIV and this activity is not thought to pose a risk for transmission, however, one should be aware of cuts or sores in the mouth and, if concerned, should not floss right before French kissing.

5. Mutual Masturbation – The skin is an effective barrier against HIV. Any infectious fluids should be washed off immediately to prevent it from entering through unseen abrasions that might be present or touching one's own genitals .

Drugs, Sex and HIV Transmission

While injection drug use had long been known to be a significant risk factor for transmission of HIV, recent studies have shown a connection between other drug use and HIV transmission. Results of a 2005 National Survey on Drug Use and Health indicate that the rate of current illicit drug use was higher among American Indians and Alaska Natives (12.8%) than among persons of other races and ethnicities. Many drugs, such as crack, crystal methamphetamine, alcohol and others, can increase sexual desire and/or impair a person's judgment and reduce inhibitions, potentially leading to more risky behavior. Persons who use illicit drugs or who abuse alcohol are more likely to engage in risky behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol. Furthermore, smoking crack or crystal methamphetamine may also be a co-factor in transmission of HIV because it can cause severe burns or cuts in the mouth and lips that can serve as a site for HIV or other blood-borne infections during oral sex or sharing pipes used for smoking crack and crystal methamphetamine.

References:

1. CDC, *HIV/AIDS Surveillance Report, 2005. Vol. 17*
2. San Francisco AIDS Foundation, *Reducing the Risk of Getting HIV From Sexual Activity*
3. Johns Hopkins AIDS Service, *The Hopkins AIDS Report, May 2001*
4. San Francisco AIDS Foundation, *Reducing the Risk of Getting HIV From Injection Drug Use*
5. CDC, *Drug-Associated HIV Transmission Continues in the United States, May 2002*
6. CDC, *HIV/AIDS among American Indians and Alaska Natives, March 2007*
7. AIDS Health Project, *Building Quality HIV Prevention Counseling Skills, September 2006*
8. CDC, *HIV/AIDS among Men Who Have Sex with Men, May 2007*



