

Way Safe!

Mapping Your Way to a Healthy Future



Participant Workbook *Workbook 3*

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The Game



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Introduction

What's "the game?"

It's a way of learning, like crosswords or word puzzles. For this workbook, we will use fill-in-the-blank maps. The goal is to test yourself – your knowledge. To win, you will need information about HIV, hepatitis, and other problems that can be spread by blood or sex.

At the back of this workbook you will find a couple of "Fact Sheets" to review. They give you information that will help you complete the maps.

Why is this important?

HIV/AIDS has already killed about 600,000 people in this country. Worldwide, over 25 million people have died. Millions still die every year.

HIV kills by shutting down the body's disease fighting cells in the immune system. These are called Human T-Cells. There are about 45,000 new cases of HIV diagnosed each year in the U.S.

HIV, and other viral illnesses like hepatitis, can be spread by blood and by contact with the body fluids that are present when people have sex. In women, this would be the fluid or moisture in the vagina. In men, it is found in the fluids produced by the *seminal vesicles* that make up a man's semen ("cum"). These fluids can leak out, even if a man doesn't ejaculate. This is why condoms work.

Condoms are like raincoats that keep the fluids off of both people and protect them. There are two types of condoms that work the best: Latex condoms for men, and the female condom that is made out of a soft plastic.

There is no need to worry about other body fluids, like sweat, tears, or urine ("pee") because they do not carry the HIV virus.

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At present, it is believed that as many as 1.2 million people in the U.S. have HIV, and about 200,000 may already be infected but not know it. That's because when people first become infected, they do not have symptoms. They can't tell that they have caught it.

Related concerns

There are other kinds of “Sexually Transmitted Infection” (STI) that deserve mention as well. For example, there's the Herpes virus. Herpes is believed to be the most common STI in the United States. About 45 million people have it. That works out to about 1 in every 5 people.

Pregnant women who have Herpes almost always have to have a C-section in order to not pass Herpes to the baby. After the woman's egg is fertilized by the man's sperm in her *Fallopian Tubes*, it travels to the uterus or “womb” where it safely grows. But when it is time for the baby to be born, there's a risk the baby could get Herpes if it comes through the birth canal, so the woman has to have a C-section (an operation) to give birth safely.

Women can also pass HIV to their unborn babies. If they become infected through a careless sex partner and don't know they have caught HIV, it could be very bad for the baby. Most women are tested for HIV when they start getting prenatal care. If they test positive, they can take medicines called *anti-viral drugs* that will help stop the baby from getting HIV. Women who have HIV also are told not to breast feed, because there can be HIV in their breast milk.

This is one reason why HIV testing is so important – both for women and for the men who may father their children. The HIV test is very quick and accurate. The HIV test is about 99.7% accurate (correct).

Special issues for people in jail or prison

HIV/AIDS and hepatitis are both more common inside jails and prisons than in the general population. The rate is about 2.5% greater. About 50 out of every 10,000 inmates have HIV or AIDS. Women inmates are slightly more likely than male inmates

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to have HIV. However, women also are more likely to get tested for HIV than men. So there might be more hidden cases among men.

Hepatitis infections are even higher inside jails and prisons than outside of them. The rate is about 10 times higher. There are about 330,000 cases of Hepatitis C among jail and prison inmates in the U.S.

Practice:

Now that you have read a little information about HIV, take the time to read the FACT SHEETS at the back of this workbook.

First, use that information to complete The HIV Quiz puzzle. Next, complete the HIV mapping puzzle.

Bring your completed puzzles to your next group meeting and we'll see who won.

Lastly, use the free mapping worksheet to create a map to show to the rest of your group.

This free map should help explain:

What you think is the most important thing to remember about HIV

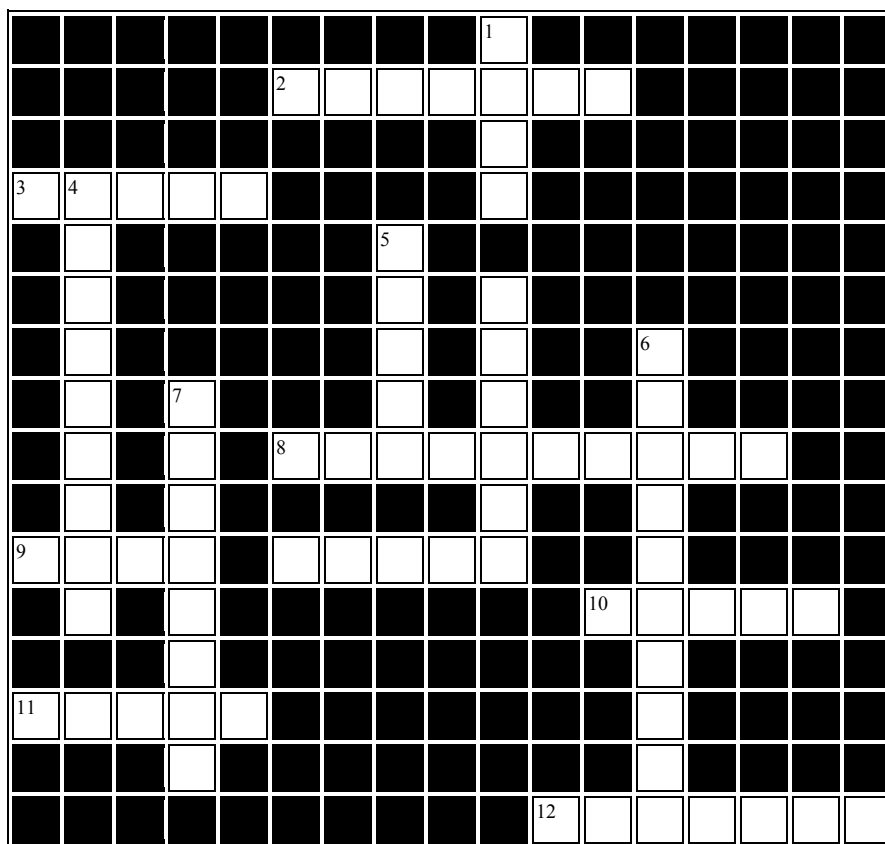
What you think is the best plan for avoiding becoming infected with HIV

Go Ahead - MAKE A MAP



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The HIV Quiz



Across

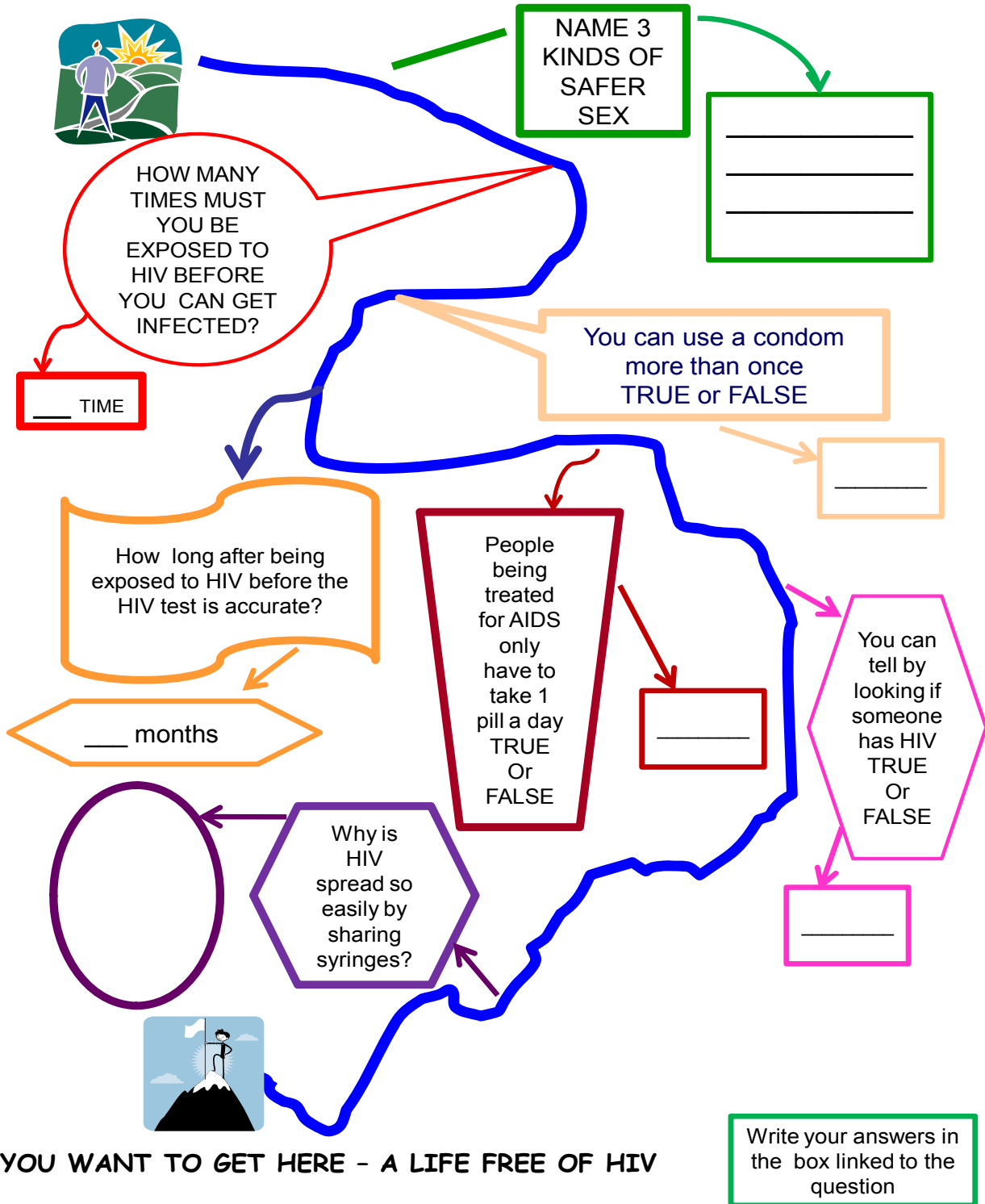
2. Worn to prevent the spread of HIV
3. Small germ or microbe that causes illness
8. 100% sure way to avoid sex or drug HIV risks
9. Time that HIV virus can live in a used syringe (2 words)
10. Best male condom to prevent HIV
11. Never do this with injection equipment
12. Accurate way to know if you have HIV

Down

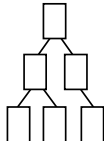
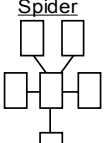
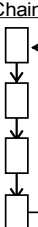

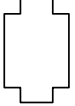

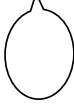

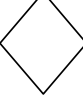
1. Blood, Semen, Vaginal Fluids (2 words)
4. Type of drug use most likely to spread HIV
5. Fears about HIV that are not true
6. Faithful, one partner only sexual relationship
7. Male and female condoms

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YOU ARE HERE - READY TO AVOID HIV



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TCU Node-Link Mapping		FREESTYLE MAPPING SHEET						WEBSITE: ibr.tcu.edu	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> LINK TYPES </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Action Leads to L → → → Next N → → → Influences I → → → </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Description Part P <hr/> Type T <hr/> Characteristics C <hr/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Elaboration Example E - - - - Comment Co - - - - Analogy An - - - - </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> PERSONAL </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> STRUCTURE TYPES </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Hierarchy  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Spider  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Chain  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> PERSONAL </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> HINTS <ul style="list-style-type: none"> Draw pictures in nodes Use colors and highlighters Make mini-maps Put numbers in nodes to make continuation maps Use "Thought Team" quotes, etc., to aid mapping </div>							
<div style="border: 1px solid black; padding: 5px;"> IDENTIFICATION INFORMATION </div>		GENERAL							
	NODE TYPES	GENERAL PURPOSE	POSITIVE ITEM	AGITATING ITEM	DEPRESSING ITEM	ACTION ITEM	DECISION ITEMS	PERSONAL	COMMENTS ABOUT MAP
									

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AIDS InfoNet

www.aidsinfonet.org

Fact Sheet Number 153

CONDOMS

WHAT ARE CONDOMS?

A condom is a tube made of thin, flexible material. It is closed at one end. Condoms have been used for hundreds of years to prevent pregnancy by keeping a man's semen out of a woman's vagina. Condoms also help prevent diseases that are spread by semen or by contact with infected sores in the genital area, including HIV. Most condoms go over a man's penis. A new type of condom was designed to fit into a woman's vagina. This "female" condom can also be used to protect the rectum.

WHAT ARE THEY MADE OF?

Condoms used to be made of natural skin (including lambskin) or of rubber. That's why they are called "rubbers." Most condoms today are latex or polyurethane. Lambskin condoms can prevent pregnancy. However, they have tiny holes (pores) that are large enough for HIV to get through. Lambskin condoms do not prevent the spread of HIV.

Latex is the most common material for condoms. Viruses cannot get through it. Latex is inexpensive and available in many styles. It has two drawbacks: oils make it fall apart, and some people are allergic to it.

Polyurethane is an option for people who are allergic to latex. One brand of female condom and one brand of male condom are made of polyurethane.

HOW ARE CONDOMS USED?

Condoms can protect you during contact between the penis, mouth, vagina, or rectum. Condoms won't protect you from HIV or other infections unless you use them correctly.

- Store condoms away from too much heat, cold, or friction. Do not keep them in a wallet or a car glove compartment.
- Check the expiration date. Don't use outdated condoms.
- Don't open a condom package with your teeth. Be careful that your fingernails or jewelry don't tear the condom. Body jewelry in or around your penis or vagina might also tear a condom.
- Use a new condom every time you have sex, or when the penis moves from the rectum to the vagina.
- Check the condom during sex, especially if it feels strange, to make sure it is still in place and unbroken.
- Do not use a male condom and a female condom at the same time.

- Use only water-based lubricants with latex condoms, not oil-based. The oils in Crisco, butter, baby oil, Vaseline or cold cream will make latex fall apart.
- Use unlubricated condoms for oral sex (most lubricants taste awful).
- Do not throw condoms into a toilet. They can clog plumbing.

Using a Male Condom:

- Put the condom on when your penis is erect – but before it touches your partner's mouth, vagina, or rectum. Many couples use a condom too late, after some initial penetration. Direct genital contact can transmit some diseases. The liquid that comes out of the penis before orgasm can contain HIV.
- If you want, put some water-based lubricant inside the tip of the condom.
- If you are not circumcised, push your foreskin back before you put on a condom. This lets your foreskin move without breaking the condom.
- Squeeze air out of the tip of the condom to leave room for semen (cum). Unroll the rest of the condom down the penis.
- Do not "double bag" (use two condoms). Friction between the condoms increases the chance of breakage.
- After orgasm, hold the base of the condom and pull out before your penis gets soft.
- Be careful not to spill semen onto your partner when you throw the condom away.

Using a Female Condom:

- The female condom is a sleeve or pouch with a closed end and a larger open end. There are flexible rings at each end of the Reality condom, and a flexible v-shaped frame in the V-amour condom.
- Put the condom in place before your partner's penis touches your vagina or rectum.
 - For use in the vagina, insert the narrow end of the condom, like inserting a diaphragm. The larger end goes over the opening to the vagina to protect the outside sex organs from infection.
 - Guide the penis into the large end to avoid unprotected contact between the penis and the partner's rectum or vagina.
 - Some people have used the Reality condom in the rectum after removing the smaller ring. Put the condom over your partner's erect penis. The condom will be inserted into the rectum along with the penis.
 - After sex, remove the condom before standing up. Twist the large end to keep the semen inside. Gently pull the condom out and throw it away.

NONOXYNOL-9

Nonoxynol-9 is a chemical that kills sperm (a spermicide). It can help prevent pregnancy when it is used in the vagina along with condoms or other birth control methods. Nonoxynol-9 should not be used in the mouth or rectum.

Because nonoxynol-9 kills HIV in the test tube, it was considered as a way to prevent HIV infection during sex. Unfortunately, many people are allergic to it. Their sex organs (penis, vagina, and rectum) can get irritated and develop small sores that actually make it easier for HIV infection to spread. Nonoxynol-9 should not be used as a way to prevent HIV infection.

CONDOM MYTHS

Condoms don't work: Studies show condoms are 80% to 97% effective in preventing HIV transmission if they are used correctly every time you have sex.

Condoms break a lot: Less than 2% of condoms break when they are used correctly: no oils with latex condoms, no double condoms, no outdated condoms.

HIV can get through condoms: HIV cannot get through latex or polyurethane condoms. Don't use lambskin condoms.

THE BOTTOM LINE

When used correctly, condoms are the best way to prevent the spread of HIV during sexual activity. Condoms can protect the mouth, vagina or rectum from HIV-infected semen. They can protect the penis from HIV-infected vaginal fluids and blood in the mouth, vagina, or rectum. They also reduce the risk of spreading other sexually transmitted diseases.

Condoms must be stored, used and disposed of correctly. Male condoms are used on the penis. Female condoms can be used in the vagina or rectum.

For more information, see Condomania's World of Safer Sex at <http://www.condomania.com/> or the FDA's condom brochure at <http://www.fda.gov/oashi/aids/condom.html>

Reviewed April 24, 2009

A project of the New Mexico AIDS Education and Training Center. Partially funded by the National Library of Medicine
Fact Sheets can be downloaded from the Internet at <http://www.aidsinfonet.org>

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Fact Sheet Number 154

DRUG USE AND HIV

HOW DOES DRUG USE RELATE TO HIV?

Drug use is a major factor in the spread of HIV infection. Shared equipment for using drugs can carry HIV and hepatitis, and drug use is linked with unsafe sexual activity.

Drug and alcohol use can also be dangerous for people who are taking antiretroviral medications (ARVs). Drug users are less likely to take all of their medications, and street drugs may have dangerous interactions with ARVs. Fact sheet 494 has more information on individual drugs and HIV.

INJECTION AND INFECTION

HIV infection spreads easily when people share equipment to use drugs. Sharing equipment also spreads hepatitis B, hepatitis C, and other serious diseases.

Infected blood can be drawn up into a syringe and then get injected along with the drug by the next user of the syringe. This is the easiest way to transmit HIV during drug use because infected blood goes directly into someone's bloodstream.

Even small amounts of blood on your hands, cookers, filters, tourniquets, or in rinse water can be enough to infect another user.

To reduce the risk of HIV and hepatitis infection, **never share any equipment** used with drugs, and **keep washing your hands**. Carefully clean your cookers and the site you will use for injection. See fact sheet 155 for more information on ways to reduce the harm of drug use.

A recent study showed that **HIV can survive in a used syringe for at least 4 weeks**. If you have to re-use equipment, you can reduce the risk of infection by cleaning it between users. If possible, re-use your own syringe. It still should be cleaned because bacteria can grow in it.

The most effective way to clean a syringe is to use water first, then bleach and a final water rinse. Try to get all blood out of the syringe by shaking vigorously for 30 seconds. Use cold water because hot water can make the blood form clots. To kill most HIV and hepatitis C virus, leave bleach in the syringe for two full minutes. Cleaning

does not always kill HIV or hepatitis. Always use a new syringe if possible.

NEEDLE EXCHANGE PROGRAMS

Some communities have started needle exchange programs to give free, clean syringes to people so they won't need to share. These programs are controversial because some people think they promote drug use. However, research on needle exchange shows that this is not true. Rates of HIV infection go down where there are needle exchange programs, and more drug users sign up for treatment programs.

The North American Syringe Exchange Network has a web page listing several needle exchange programs at <http://www.nasen.org/>

DRUG USE AND UNSAFE SEX

For a lot of people, drugs and sex go together. Drug users might trade sex for drugs or for money to buy drugs. Some people connect having unsafe sex with their drug use.

Drug use, including methamphetamine or alcohol, increases the chance that people will not protect themselves during sexual activity. Someone who is trading sex for drugs might find it difficult to set limits on what they are willing to do. Drug use can reduce a person's commitment to use condoms and practice safer sex.

Often, substance users have multiple sexual partners. This increases their risk of becoming infected with HIV or another sexually transmitted disease. Also, substance users may have an increased risk of carrying sexually transmitted diseases. This can increase their risk of becoming infected with HIV, or of transmitting HIV infection.

MEDICATIONS AND DRUGS

It is very important to take every dose of ARVs. People who are not adherent (miss doses) are more likely to have higher levels of HIV in their blood, and to develop resistance to their medications. Drug use is linked with poor adherence, which can lead to treatment failure.

Some street drugs interact with medications. The liver breaks down some medications used to fight HIV, especially the protease inhibitors and the non-nucleoside reverse transcriptase inhibitors. It also breaks down some recreational drugs, including alcohol. When drugs and medications are both "in line" to use the liver, they might both be processed much more slowly. This can lead to a serious overdose of the medication or of the recreational drug.

An overdose of a medication can cause serious side effects. An overdose of a recreational drug can be deadly. At least one death of a person with HIV has been blamed on mixing a protease inhibitor with the recreational drug Ecstasy.

Some ARVs can change the amount of methadone in the bloodstream. It may be necessary to adjust the dosage of methadone in some cases. See the fact sheets for each of the medications you are taking, and discuss your HIV medications with your methadone counselor.

THE BOTTOM LINE

Drug use is a major cause of new HIV infections. Shared equipment can spread HIV, hepatitis, and other diseases. Alcohol and drug use, even when just used recreationally, contribute to unsafe sexual activities.

To protect yourself from infection, never re-use any equipment for using drugs. Even if you re-use your own syringes, clean them thoroughly between times. Cleaning is only partly effective.

In some communities, needle exchange programs provide free, new syringes. These programs reduce the rate of new HIV infections.

Drug use can lead to missed doses of ARVs. This increases the chances of treatment failure and resistance to medications.

Mixing recreational drugs and ARVs can be dangerous. Drug interactions can cause serious side effects or dangerous overdoses.

Reviewed May 18, 2009

A project of the New Mexico AIDS Education and Training Center. Partially funded by the National Library of Medicine
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Fact Sheet Number 158

AIDS MYTHS AND MISUNDERSTANDINGS

WHY ARE THERE SO MANY AIDS MYTHS?

When AIDS first became known, it was a very mysterious disease. It caused the death of many people. There are still many unanswered questions about the disease. Many people reacted with fear and came up with stories to back up their fear. Most of these had to do with how easy it was to become infected with HIV. Most of these are not true.

TRANSMISSION MYTHS

Many people believed that HIV and AIDS could be transmitted by a mosquito bite, by sharing a drinking glass with someone with AIDS, by being around someone with AIDS who was coughing, by hugging or kissing someone with AIDS, and so on. See fact sheet 150 for current information on how HIV is transmitted. Transmission can only occur if someone is exposed to blood, semen, vaginal fluid or mother's milk (see fact sheet 611) from an infected person. There is no documentation of transmission from the tears or saliva of an infected person.

• **Myth:** A woman with HIV infection can't have children without infecting them.

• **Reality:** Without any treatment, HIV-infected mothers pass HIV to their newborns about 25% of the time. However, with modern treatments, this rate has dropped to only about 2%. See Fact Sheet 611 for more information about HIV and pregnancy.

• **Myth:** HIV is being spread by needles left in theater seats or vending machine coin returns.

• **Reality:** There is no documented case of this type of transmission.

MYTHS ABOUT A CURE

It can be very scary to have HIV infection or AIDS. The course of the disease is not very predictable. Some people get very sick in just a few months. Others live healthy lives for 20 years or more. The treatments can be difficult to take, with serious side effects. Not everyone can afford the medications. It's not surprising that scam artists have come up with several "cures" for AIDS that involve a variety of substances. Unfortunately, none of these "cures" work. See fact sheet 206 for more information on frauds related to AIDS.

A very unfortunate myth in some parts of the world is that having sex with a virgin will cure AIDS. As a result, many young girls have been exposed to HIV and have developed AIDS. There is no evidence to support this belief.

• **Myth:** Current medications can cure AIDS. It's no big deal if you get infected.

• **Reality:** today's medications have cut the death rate from AIDS by about 80%. They are also easier to take than they used to be. However, they still have side effects, are very expensive, and have to be taken every day for the rest of your life. If you miss too many doses, HIV can develop resistance (see fact sheet 126) to the drugs you are taking and they'll stop working.

AIDS IS A DEATH SENTENCE

In the 1980s, there was a very high death rate from AIDS. However, medications have improved dramatically and so has the life span of people with HIV infection. If you have access to ARVs and to medical monitoring, there's no reason you can't live a long life even with HIV infection or AIDS.

THE GOVERNMENT DEVELOPED AIDS TO REDUCE MINORITY POPULATIONS

The world's best researchers in government and in private pharmaceutical companies are working hard to try to stop AIDS. The government doesn't have the capability to create a virus.

Many minorities do not trust the government, especially regarding health care. A recent study in Texas found that as many as 30% of Latinos and African Americans believed that HIV is a government conspiracy to kill minorities. However, it seems that minorities receive a lower level of health care due to the same factors as anyone else: low income, inconvenient health care offices, and so on. Attitudes about health care and health care providers were much less important.

MYTHS ABOUT MEDICATIONS

It has been very challenging for doctors to choose the best anti-HIV medications (ARVs) for their patients. When the first drugs were developed, they had to be taken as many as three times a day. Some drugs had complicated requirements about storage, or what kind of food they had to be

taken with (or how long you had to wait after eating before taking a dose.) The reality of ARVs has changed dramatically. However, there are still some myths:

• **Myth:** You have to take your doses exactly 12 (or 8, or 24) hours apart.

• **Reality:** Medications today are fairly forgiving. Although you will have the most consistent blood levels of your drugs if they are taken at even intervals through the day, they won't stop working if you're off by an hour or two. However, people taking Crixivan® (indinavir) without ritonavir need to be very careful about timing.

• **Myth:** You have to take 100% of your doses on time or else they'll stop working.

• **Reality:** It's very important to take AIDS medications correctly. In fact, if you miss more than about 5% of your doses, HIV has an easier time developing resistance (see fact sheet 126) and possibly being able to multiply even when you're taking ARVs. However, 100% adherence is not realistic for just about anyone. Do the best you can and be sure to let your health care provider what's going on.

• **Myth:** Current drugs are so strong that you can stop taking them (take a drug holiday) with no problem.

• **Reality:** Ever since the first AIDS drugs were developed, patients have wanted to stop taking them due to side effects or just being reminded that they had AIDS. There have been many studies of "treatment interruptions" and all of them have shown that stopping your ARVs is very likely to cause problems. You could give the virus a chance to multiply (see fact sheet 125 on the viral load) or your count of CD4 cells (see fact sheet 124) could drop, a sign of immune damage.

• **Myth:** AIDS drugs are poison and are more dangerous than the HIV virus.

• **Reality:** When the first AIDS drugs became available, they weren't as good as current medications. People still died of AIDS-related conditions. It's true that some people get serious side effects from AIDS medications, but the death rate in the US has dropped by about 80%. Researchers are working hard to make HIV treatments easier and safer to use.

Reviewed April 22, 2009

A project of the New Mexico AIDS Education and Training Center. Partially funded by the National Library of Medicine
Fact Sheets can be downloaded from the Internet at <http://www.aidsinfonet.org>

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Fact Sheet Number 151

SAFER SEX GUIDELINES

HOW DOES HIV SPREAD DURING SEX?

To spread HIV during sex, **HIV infection in blood or sexual fluids must be transmitted** to someone. Sexual fluids come from a man's penis or from a woman's vagina, before, during, or after orgasm. HIV can be transmitted when infected fluid gets into someone's body.

You can't spread HIV if there is **no HIV infection**. If you and your partners are not infected with HIV, there is no risk. An "undetectable viral load" (see Fact Sheet 125) does **NOT** mean "no HIV infection." If there is **no contact with blood or sexual fluids**, there is no risk. HIV needs to get into the body for infection to occur.

Safer sex guidelines are ways to reduce the risk of spreading HIV during sexual activity.

UNSAFE ACTIVITIES

Unsafe sex has a high risk of spreading HIV. The greatest risk is when blood or sexual fluid touches the soft, moist areas (mucous membrane) inside the rectum, vagina, mouth, nose, or at the tip of the penis. These can be damaged easily, which gives HIV a way to get into the body.

Vaginal or rectal intercourse without protection is very unsafe. Sexual fluids enter the body, and wherever a man's penis is inserted, it can cause small tears that make HIV infection more likely. The receptive partner is more likely to be infected, although HIV might be able to enter the penis, especially if it has contact with HIV-infected blood or vaginal fluids for a long time or if it has any open sores.

Some men think that they can't transmit HIV if they pull their penis out before they reach orgasm. This isn't true, because HIV can be in the fluid that comes out of the penis before orgasm.

SAFER ACTIVITIES

Most sexual activity carries some risk of spreading HIV. To reduce the risk, make it more difficult for blood or sexual fluid to get into your body.

Be aware of your body and your partner's. Cuts, sores, or bleeding gums increase the risk of spreading HIV. Rough physical activity also increases the risk. Even small injuries give HIV a way to get into the body.

Use a barrier to prevent contact with blood or sexual fluid. Remember that the body's natural

barrier is the skin. If you don't have any cuts or sores, your skin will protect you against infection. However, in rare cases HIV can get into the body through healthy mucous membranes. The risk of infection is much higher if the membranes are damaged.

The most common artificial barrier is a condom for men. You can also use a female condom to protect the vagina or rectum during intercourse. **Fact Sheet 153** has more information on condoms.

Lubricants can increase sexual stimulation. They also reduce the chance that condoms or other barriers will break. Oil-based lubricants like Vaseline, oils, or creams can damage condoms and other latex barriers. Be sure to use water-based lubricants.

Oral sex has some risk of transmitting HIV, especially if sexual fluids get in the mouth and if there are bleeding gums or sores in the mouth. Pieces of latex or plastic wrap over the vagina, or condoms over the penis, can be used as barriers during oral sex. Condoms without lubricants are best for oral sex. Most lubricants taste awful.

SAFE ACTIVITIES

Safe activities have no risk for spreading HIV. Abstinence (never having sex) is totally safe. Sex with just one partner is safe as long as neither one of you is infected and if neither one of you ever has sex or shares needles (see Fact Sheet 154) with anyone else.

Fantasy, masturbation, or hand jobs (where you keep your fluids to yourself), sexy talk, and non-sexual massage are also safe. These activities avoid contact with blood or sexual fluids, so there is no risk of transmitting HIV.

To be safe, **assume that your sex partners are infected with HIV**. You can't tell if people are infected by how they look. They could be lying if they tell you they are not infected, especially if they want to have sex with you. Some people got HIV from their steady partners who were unfaithful "just once."

Even people who got a negative test result might be infected. They might have been infected after they got tested, or they might have gotten the test too soon after they were exposed to HIV. **Fact Sheet 102** has more information on HIV testing.

WHAT IF BOTH PEOPLE ARE ALREADY INFECTED?

Some people who are HIV-infected don't see the need to follow safer sex guidelines when they are sexual with other infected people. However, it still makes sense to "play safe." If you don't, you could be exposed to other sexually transmitted infections such as herpes, human papillomavirus (HPV), or syphilis. If you already have HIV, these diseases can be more serious. Choosing a sex partner based on their HIV infection status is called "sero sorting." A recent study showed that this is not a very effective way to reduce the risk of HIV infection.

Also, you might get "re-infected" with a different strain of HIV. This new version of HIV might not be controlled by the medications you are taking. It might also be resistant to other antiretroviral drugs. There is no way of knowing how risky it is for two HIV-positive people to have unsafe sex. Following the guidelines for safer sex will reduce the risk.

KNOW WHAT YOU'RE DOING

Using alcohol or drugs before or during sex greatly increases the chances that you will not follow safer sex guidelines. Be very careful if you have used any alcohol or drugs.

SET YOUR LIMITS

Decide how much risk you are willing to take. Know how much protection you want to use during different kinds of sexual activities.

Before you have sex,

- think about safer sex
- set your limits
- get a supply of lubricant and condoms or other barriers, and be sure they are easy to find when you need them
- talk to your partners so they know your limits.

Stick to your limits. Don't let alcohol or drugs or an attractive partner make you forget to protect yourself.

THE BOTTOM LINE

HIV infection can occur during sexual activity. Sex is safe only if there is no HIV, no blood or sexual fluids, or no way for HIV to get into the body.

You can reduce the risk of infection if you avoid unsafe activities or if you use barriers like condoms. Decide on your limits and stick to them.

Revised September 30, 2008

A project of the New Mexico AIDS Education and Training Center. Partially funded by the National Library of Medicine
Fact Sheets can be downloaded from the Internet at <http://www.aidsinfonet.org>