

## The university student's guide to

# SAFER SEX

### **Safer sex: Why bother?**

Sex and sexuality are important components of health. For many, sex is an integral part of life. Sex can be pleasurable, fun and exciting. Unfortunately, sex can also lead to health consequences such as a variety of sexually transmitted diseases (STDs), some of which can be fatal. Sexual activity can also result in an unwanted pregnancy. It is estimated that 25% of youth will have at least one STD before they reach the age of 25. Close to one-third of unmarried women in Canada between the age of 18 and 24 have had an unwanted pregnancy. Fortunately, there are effective ways to reduce the risk of these consequences through safer sex practices.

#### **IMPORTANT INFO**

There is no risk of contracting a sexually transmitted disease if you abstain from sexual activity or masturbate alone

### **What are safer sex practices?**

We hear this term a lot, but what exactly does it mean? Safer sex practices are those behaviours and activities that can reduce the risk of spreading diseases. Note that the term is "safer" sex, rather than "safe" sex, because there are only a few behaviors that are 100% safe (namely abstinence and solo masturbation). Included in this group of safer sex behaviors and activities is the consistent and proper use of condoms, using dental dams, having sexual relations with only one partner, avoiding sexual activity with sex trade workers, and discussing relevant past sexual history with a partner to discover if they are at risk for having an STD.

### **Why don't people have safer sex?**

If everyone were to use safer sex practices all the time, it is reasonable to assume that rates of STD's would drop dramatically, if not eliminated altogether. This of course would be in an ideal world. In the real world, not everyone uses safer sex practices consistently or correctly. Several reasons for this have been identified. One reason is that in western society, our views of sex and sexuality are still influenced by the Judeo-Christian tradition. Although this has changed and is still changing, the Judeo-Christian tradition views sex as an activity between a man and a woman for the purposes of reproduction. Any sexual activity outside of this is considered inappropriate and immoral. As a result, people often feel a sense of shame or guilt about having a lot of sex, having multiple sex partners, having sexual activity with a member of the same sex, engaging in anal or oral sex, engaging in "deviant" sexual activity or even enjoying sex. These negative feelings associated with sex make it difficult for people to talk openly about sexual issues or even to seek out information or obtain medical advice, perhaps out of fear of being judged. Open communication with a partner and feeling confident about one's sexual feelings and behaviours are two ways to promote sexual health and reduce the risk of spreading STD's. Unfortunately, current social mores hinder, rather than promote, positive feelings about sex. Think about how your views of sexuality have had an impact on your sexual activity and use of safer sex practices.

There are many other factors that influence our sexual practices. Some people don't use condoms or other safer sex practices because they are not familiar with them. They don't know how to use a condom or where to buy one.

#### **DEFINING YOUR OWN SAFER SEX PHILOSOPHY**

If you were being interviewed by a journalist and were asked about your feelings, beliefs, values and attitudes about sexuality and sexual behaviours, how clearly would you be able to express your thoughts on these topics? Somehow, we instinctively know the answers to these questions. But have you ever given any real thought to these issues? Knowing where you stand with respect to sex and sexuality helps you define your own safer sex philosophy and assists you in adopting safer sex practices. It also helps you clearly communicate your expectations to your partner(s). Here are a few questions to ponder:

**How important is sex in your intimate relationships?** What does it add to, or take away from, the relationship?

**What qualities are important to you in a sexual relationship?** Friendship? Physical attraction? "Hot" sex? Love? Mutual enjoyment? An orgasm?

**What values do you have related to sex?** Honesty? Monogamy? Multiple partners? Respect? Open communication? Are your behaviors consistent with those values? If not, why not?

**Which sexual activities will you engage in and which will you never do?** Why?

**What are your attitudes towards the various safer sex practices** (condoms, dental dams, abstinence, masturbation)? What about sexual practices such as oral sex, anal sex, sex toys or adult videos?

Learning more about safer sex practices is sometimes all it takes for these individuals to adopt safer sex behaviours.

For some, a negative attitude towards safer sex practices interferes with adopting healthier behaviours. If you believe that condoms decrease sensitivity, or that they are likely to break, or that people who use condoms are people who have plenty of sex with many partners, you are probably less likely to use them than someone with more positive attitudes.

The truth is that sensitivity can be increased by putting some water based lubricant on the head of the penis before putting on the condom. Furthermore, the number one reason for condoms breaking is misuse (not a problem at the condom factory). Therefore, learning the proper way to put on a condom is extremely important. Also, people who use condoms don't have more sex with more partners than those who don't use condoms: They are just more concerned about their health and the health of their partner(s).

Another reason why people don't use safer sex practices is that alcohol and drugs interfere with decision-making processes. Under the influence of drugs and alcohol, a person may do something that they normally would not. This just one more reason to drink responsibly and to avoid drugs, especially in situations where sexual activity might be likely.





How a person feels about him- or herself can also affect safer sex practices. Someone who lacks confidence and self-esteem might be more likely to give in to the pressures of a partner who doesn't want to use safer sex practices. Learning to be more assertive and being prepared with some responses to a persistent partner can help. The Healthy Relationships chapter outlines ways to be more assertive and the box on the next page gives suggestions for responses to partners who do not wish to use safer sex practices.

Finally, power differences in relationships can affect safer sex practices. Although things are changing, men in society have traditionally had more power than women. Pay attention to how power differences are expressed in your relationships, even in same sex relationships. Physical strength, money, and age are three areas where power differentials may be expressed.

## Condoms

The most effective safer sex practice is using a condom correctly and consistently. A condom is a sheath that covers an erect penis. It prevents ejaculate (semen) and skin from making contact with another person, thereby reducing the risk of pregnancy or STD's. Typically, condoms are made of latex, but they can also be made of sheepskin or polyurethane. Sheepskin condoms have pores in them that are large enough for the Human Immunodeficiency Virus (HIV) to pass through, so they are not effective in protecting from sexually transmitted diseases. In order for condoms to be most effective, they need to be put on properly.

## 10 STEPS TO USING A CONDOM EFFECTIVELY

- 1 Check the **expiry date** on the individual condom package or on the box. Do not use a condom if it is expired.
- 2 Press the package between your fingers to see if it has been damaged. Do not use if there is no resistance from the air inside.
- 3 Gently **tear open the condom package** from the corner and remove the condom (do not use teeth or a sharp instrument to open).  Open Carefully...
- 4 Identify which way the condom unrolls.
- 5 **Pinch the receptor tip** to remove air and leave room for semen.  Squeeze the tip.
- 6 **Place the condom on the tip of the penis.**
- 7 **Unroll condom** to the base of the shaft of the penis.  Unroll it fully.
- 8 Insert penis into vagina, anus or mouth.
- 9 Pull out of the vagina, anus or mouth while holding on to the rim of the condom at the base of the shaft while the penis is still erect.  Hold base... withdraw erect.
- 10 **Remove the condom** from the penis and **discard**.

## DO'S AND DON'TS OF USING CONDOMS

### DO's:

- DO use only latex or polyurethane condoms.
- DO keep condoms in a cool, dry place.
- DO put the condom on an erect (hard) penis before there is any contact with a partner's genitals or anus.
- DO use plenty of **water-based lubricant** (like KY Jelly®) with latex condoms. This reduces friction, increases sensation, and helps prevent the condom from tearing.
- DO squeeze the air out of the tip of the condom when rolling it over the erect penis. This allows room for the semen (cum).
- DO hold the condom in place at the base of the penis before withdrawing (pulling out) after sex.
- DO throw the condom away after it has been used.

### DON'Ts:

- DON'T use out of date condoms. Check the expiration date carefully. Old condoms can be dry, brittle or weakened and can break more easily.
- DON'T unroll the condom before putting it on the erect penis.
- DON'T leave condoms in very hot or very cold places.
- DON'T use oil-based products, like baby or cooking oils, hand lotion or petroleum jelly (e.g. Vaseline) as lubricants with latex condoms. The oil quickly weakens latex and can cause condoms to break.
- DON'T use your fingernails or teeth when opening a condom wrapper. It's very easy to tear the condom inside. If you do tear a condom while opening the wrapper, throw that condom away and get a new one.
- DON'T reuse a condom. Always use a new condom for each kind of sex you have.

(adapted from the American Social Health Association)

## Dental dams

A dental dam (latex square or just “dam”) is a rectangular piece of latex a few inches square, which is used as a barrier during oral sex with a woman (cunnilingus) or during oral-anal contact (rimming, anilingus). Since sexually transmitted diseases can be transmitted from either partner to the other during oral sex and anal contact, using a dental dam can reduce the risk of getting an STD. Dental dams are becoming a more popular safer sex tool. They are produced in many different colours, shapes, sizes and scents.

Dental dams are an extremely effective means of preventing infection from vaginal or anal secretions, but there are few important concerns that may reduce the effectiveness of the barrier. That is, be sure that the dam is free from holes or breakage. You can check the dam before you use it by holding it up to the light or seeing if water is able to pass through it. Also, do not use an oil-based lubricant, which can break down the latex and may cause leaks. Finally, ensure that only one side of the dam comes into contact with the genitals, and that the dam is only used once.



**Dental dam**

During oral and anal sex, dental dams are stretched across your partner’s genitals or anus to prevent your tongue and mouth from touching your partner’s secretions or body fluids. They can be difficult to hold in place.

Dental dams can be purchased at Health Services. Alternatively, you can make your own dental dam out of a non-lubricated condom. Here’s how:

- Open and unroll the condom carefully,
- Use scissors to cut off both ends of the condom (tip and base). Be careful not to puncture the condom with the scissors,
- Carefully cut down the length of the latex and you will have a 4” x 6” latex square.

## HIV and safer sex

Safer sex practices reduce the risk of transmission of a variety of STD’s, but none has been more talked about in recent years than HIV and AIDS. AIDS (Acquired Immune Deficiency Syndrome) is an STD that is characterized by a reduction in the ability of the immune system to identify and eliminate potentially infectious organisms. A person who is infected with HIV (the Human Immunodeficiency Virus, which causes AIDS) becomes vulnerable to infections that can eventually overwhelm the body and lead to death. Since the AIDS epidemic began in the early 1980’s, millions of people have died from the disease. If you understand how this disease is spread, you can take measures to reduce your risk of getting it.

## How HIV is transmitted

In order for HIV to infect a person it must reach their bloodstream where the virus will attach itself to, and enter, white blood cells (principally those called CD4 cells). Eventually the virus will take over the cell’s “machinery” to make copies of itself. The cell will then burst and die, releasing millions of HIV particles,

## HOW TO REPLY TO A PARTNER WHO DOESN'T WANT TO USE SAFER SEX PRACTICES

### If your partner says:

“You’re on the Pill, I don’t need a condom.”

“I know I’m clean. I haven’t had sex with anyone in 10 months.”

“I’m a virgin.”

“I can’t feel a thing when I wear a condom; it’s like wearing a raincoat in the shower.”

“I’ll lose my erection by the time I stop and put it on.”

“By the time you put it on I’ll be out of the mood.”

“It destroys the romantic atmosphere.”

“Condoms are totally unnatural, fake, a total turnoff.”

“What kind of alternatives?”

“This is an insult! Do you think I sleep around?”

“None of my other partners made me use a condom.”

“I love you! Would I give you an infection?”

“Just this once.”

“I don’t have a condom with me.”

“You carry a condom with you? You were planning to seduce me!”

“I won’t have sex with you if you want me to use a condom.”

### You can say:

“I’d like to use it anyway. We’ll both be protected from infections we might not know we have.”

“As far as I know I’m disease free too. But I’d still like to use a condom since either of use could have an infection and not know it.”

“I’m not. This way we’ll both be protected.”

“Even if you lose some sensation, you’ll still have plenty left.”

“I’ll help you put it on. That’ll help you keep it.”

“We feel strongly enough about each other to stay in the mood.”

“It doesn’t have to be that way.” or “So does an STD.”

“Let’s try to work this out. An infection isn’t so great either. So let’s give the condom a try, or maybe we can find some alternatives.”

“We can touch and satisfy each other in other ways, or postpone sex for a while.”

“I didn’t say that. I care for you, but in my opinion it’s best to use a condom.”

“Please don’t compare me with them.”

“Not intentionally. But many people don’t know they’re infected. That’s why this is best for both of us right now.”

“Once is all it takes.”

“I do.” or “Then let’s satisfy each other without intercourse.”

“I always carry one with me because I care about myself. I have one tonight because I care about us both.”

“So let’s put it off until we can agree.” or “OK then, let’s try other things besides intercourse.”

which can then infect other white blood cells. When these white blood cells are depleted, the immune system is compromised and infectious organisms can grow without being stopped. These “opportunistic infections” can eventually kill a person.

## Assessing the risk for HIV transmission

Several conditions must be in place for the virus to be transmitted sexually from one person to another. They are:

### 1- There must be two people, and one of them must be infected with HIV.

HIV is quite fragile and needs to infect a host to survive. The virus will die quickly outside the body. Therefore, transmission requires two people in relatively close contact. You cannot tell by looking at a person if they have been infected with HIV; therefore, it is imperative to use safer sex practices with all new partners for a minimum of 6 months until both partners are tested for the virus. It is preferable to use safer sex practices for longer than 6 months.

### 2- The virus must leave the infected person.

If the virus never leaves the infected person, it cannot infect someone else. The virus has been detected in all body fluids in various concentrations. Therefore, any contact with the body fluids of another person poses some level of risk. Five fluids have been identified as having a high enough concentration of the virus to pose a significant risk. They are: blood, semen, pre-ejaculatory fluid, vaginal secretions and breast milk. All other fluids (unless contaminated by the high concentration fluids) have such low concentrations of the virus that they are considered low risk fluids. These include tears, sweat, saliva, feces and urine.

### 3- The virus must enter the uninfected person's body and reach their bloodstream.

HIV can enter the body through a crack in the skin or through inflamed mucous membranes. Mucous membranes are those that are pink and moist such as those lining the mouth, anus and vagina. Activities where there is rubbing or friction are more likely to lead to cuts in the skin, which creates an ideal port of entry for the virus. The cuts can be so small that they are invisible to the naked eye, yet they are large enough for the microscopic virus to enter.

The Canadian AIDS Society, along with Health Canada, has published safer sex guidelines, which identify the risk of transmission for a variety of sexual activities. A summary of this is presented on the next page. The activities are classified into 4 categories. They are:

**No risk:** None of the practices in this group have been demonstrated to lead to HIV infection.

**Negligible risk:** The practices in this category present a risk for HIV transmission since they involve some exchange of body fluids. However, the amount of fluid and the conditions of exchange are such that transmission is highly unlikely. There have been no confirmed reports of infection from these activities.

**Low risk:** The activities in this category present a risk of HIV infection because they involve an exchange of body fluids. There have been a few confirmed reports in which HIV has been transmitted by these activities, but transmission has occurred under certain identifiable conditions. An example of this is anal sex where a condom is used, but the condom breaks. Another example is a person who has a small crack in their gums (perhaps from brushing their teeth) who performs oral sex on a male who ejaculates in his or her mouth. The special condition in this case is the crack in the gums.

**High risk:** There is considerable scientific evidence to support that activities in this category are those used in a majority of cases where HIV has been transmitted.

## HIV testing

The HIV antibody test is a blood test that determines whether or not a person has been exposed to HIV. Antibodies are complex chemicals produced by the immune system in response to infections. Generally, the immune system will produce HIV antibodies within 14 weeks after a person has been infected.

The HIV test examines a person's blood for the presence of antibodies to HIV. The test does not check for the virus itself, only to the antibodies produced by the immune system in response to the virus. A positive result means a person has been exposed and can pass the virus on to others. It does NOT identify when a person was infected, what condition their immune system is in, or whether or not they will get sick. A negative result means a person has not been infected. Although the HIV antibody test is very sensitive, in rare cases a person who is HIV positive may have a negative test (called a “false negative”) or a person who is HIV negative might have a positive test (“false positive”). Also, since it takes time for a person to develop antibodies to the HIV virus, getting tested before the antibodies are present will result in a negative test, yet the person may be infected. Health Services offers non-nominal HIV testing, which means that a person's name will not be linked to their results.

## Talking about safer sex with a partner

Communication is an essential component of human relationships. Some topics are easier to discuss than others, and some people are easier to talk to than others. Sex is a very intimate subject, and talking about it is often difficult. You might be reluctant to discuss this topic with a partner for fear that your partner thinks you have HIV or another STD. You may also fear that a partner thinks that you have had many



## IN THE LENDING LIBRARY

Becoming Orgasmic

Dr. Ruth's Encyclopedia of Sex

The Journey Out

The Lesbian Love Companion

The Practical Encyclopedia of Sex and Health

The New Good Vibrations Guide to Sex

## IMPORTANT INFO

Since it takes up to 6 months for most people to develop antibodies to the Human Immunodeficiency Virus, a person who feels they may have been infected should wait a minimum of 3 months after unprotected sex before taking the HIV antibody test.

## SUMMARY OF RISK LEVELS FOR HIV TRANSMISSION FOR SEVERAL SEXUAL ACTIVITIES

Type of Activity	No Risk	Negligible Risk**	Low Risk	High Risk
<b>Kissing</b>	• Dry kissing (no exchange of saliva)			• Kissing with exchange of blood
<b>Oral sex on a man (fellatio)</b>		• Insertive (getting sucked on the penis) ,with or without a condom* • Receptive (sucking the penis), with a condom* • Receptive, without a condom and no ejaculation		• Receptive, with or without ingestion of semen***
<b>Oral sex on a woman (cunnilingus)</b>		• Insertive (licking/sucking the clitoris and/or in or around vagina), with a barrier* • Receptive (getting clitoris and/or in or around vagina sucked/licked), with or without a barrier*		• Insertive, without a barrier*, outside menses*** • Insertive, without a barrier*, during menses***
<b>Rimming, anilingus (licking the anus)</b>		• Insertive (licking the anus), and receptive (being licked) with or without a barrier*		
<b>Penile-vaginal intercourse</b>			• Receptive or insertive with condom*	• Receptive or insertive without a condom
<b>Penile-anal intercourse</b>			• Receptive or insertive with condom*	• Receptive or insertive without condom
<b>Inserting finger into vagina or anus</b>		• Insertive (fingering someone's vagina or anus), with or without a latex glove* • Receptive (having vagina or anus fingered), with or without a latex glove*		
<b>Inserting fist into vagina or anus</b>		• Insertive (getting fisted), with or without glove* • Receptive (doing the fisting), with or without glove*		
<b>Masturbation by partner</b>	• Being masturbated by a partner, or masturbating a partner with or without a latex glove without using semen/vaginal secretions as lubricant			
<b>Using insertive sex toys</b>	• Receptive, not shared	• Receptive, shared and disinfected		• Receptive, shared and not cleaned
<b>Contact with urine or feces</b>	• Defecation or urination on unbroken skin	• Oral contact with feces • Urination into the body		

\* Condoms, gloves, and dental dams may be defective, may break, or may be used improperly, which is why these activities are not classified as "no risk".

\*\* Negligible risk means that we cannot say there is no risk, but the chance of transmission of HIV is extremely small and there have never been reliable reported cases of transmission through these activities. However, theoretically speaking it is possible to transmit the virus this way.

\*\*\* The risk is increased if there is a break in the lining of the mouth or gums of the person who is doing the licking/sucking, which can be caused by bleeding gums, cuts, sores, lesions, ulcers or burns in the mouth or by a recent tooth extraction.

**Source:** HIV Transmission: Guidelines for assessing risk, a resource for educators, counsellors and health care professionals, 3rd edition. Published by the Canadian AIDS Society, January 1999.

partners or currently have several sexual partners. You might also think that talking about safer sex will be a turn-off. It is understandable to feel this way. However, it is well worth making the effort to talk about safer sex, considering that not talking about it can lead to the negative health consequences mentioned earlier in this chapter.

Along with talking about safer sex with your partner, you should inform yourself about the various safer sex practices. The more you know, the better prepared you will be to have a meaningful conversation on this topic. Also, it is best to talk about safer sex before you are in the heat of passion. The quality and focus of the conversation will probably be different if you bring up the topic in the midst of sexual activity. Be clear about your feelings and fears before you even start talking. This will help you determine the important points you want to convey to your partner. Finally, choose a time to talk when both of you are in a positive mood and in an environment that is conducive to talking about an intimate topic. A quiet location with few distractions is good. Also, avoid using alcohol or drugs before or during the conversation, as they might influence the direction of the conversation.

So how do you bring up the topic of safer sex? First, decide on how you want to start the conversation and rehearse it if you feel that it will help. One way to begin is to mention a newspaper article or television news story about STD's or safer sex and to ask your partner how he or she feels about what you have read. For example, you could say "I recently read that STD's and unwanted pregnancies are still a major health issue for young people. What do you think about that?" Another way is to start with a neutral statement. For example, you could ask your partner, "Have you ever noticed that people in movies and television seem to always jump into bed without talking about using condoms? It seems to me that HIV and other STD's are important health issues and we never see anyone talking about them." Or you can be honest about how difficult and important this topic is to you. You could tell your partner, "I find it difficult to talk about safer sex, but because I think it's such an important topic, I would like to start talking about it." Getting started is probably the hardest part. Once the conversation starts you will likely find that both of you have much to say.

## OTHER TIPS FOR TALKING ABOUT SEX

- It's OK to feel uncomfortable or even embarrassed about talking about sex. Many people find it difficult. Being honest with your partner about your feelings can make it easier.
- Be clear about what you want and make it clear to the other person. Don't make compromises that don't feel good.
- Be sure to listen to your partner and pay attention to their responses.
- Take time to think about what you both have said and plan to talk again later if necessary.
- Although safer sex is a sensitive topic, humour can make it lighter and easier to discuss. Inject humour where appropriate.

## Sexually transmitted diseases

The university years are an exciting time for most students. It is a time where students can explore a variety of lifestyle choices, which is often a result of refining beliefs, attitudes and values. For many students, sexuality is one of the lifestyle areas that is explored. Although a proportion of students will enter university with sexual experience, many will be introduced to sexual activity at this time. Those with experience may increase the amount of sex that they have while studying. If safer sex practices are not used during sexual activity, one of the risks is the transmission of a sexually transmitted disease (STD). As mentioned before, it has been estimated that 25% of people between the ages of 15 and 25 will have at least one STD. Of course, protecting yourself and your partner(s) from STD's by using safer sex practices is important; but recognizing if you have contracted an STD and seeking prompt treatment are also important for preventing the spread of these diseases. The charts on the following pages highlight the causes, signs and symptoms, consequences, treatment and prevention of common STD's.

STD's can be caused by a variety of organisms, the main ones being bacteria and viruses. Bacteria are single celled organisms that reproduce rapidly. They possess all the mechanisms to remain alive; they just need a comfortable place to live and nutrients to grow and reproduce. However, because they are living entities, they can be stopped from reproducing or can be "killed". Antibiotics are a class of drugs that will reduce or eliminate the number of bacteria. They are used to treat bacterial infections.

A virus is an extremely small particle composed mainly of a protein coat that encapsulates genetic material (RNA or DNA). A virus does not possess the machinery to survive alone or to reproduce. It must infect a host to do so. In the case of STD's the host is one of the body's cells. Killing a virus can be difficult as the host cell must also be destroyed. As a result, some viral STD's cannot be treated. There are ways, though, to manage the symptoms of viral STD's. One strategy that is effective in protecting against some viral STD's is immunization. Immunizations strengthen the body's own response to viral invaders so that when a person becomes infected, their immune system quickly reacts to eliminate the unwanted virus. Consult the Immunization chapter for more information.

## SYMPTOMS OF SEXUALLY TRANSMITTED DISEASES

Often STD's do not have any noticeable signs or symptoms, or only mild ones. Below is a list of some common symptoms associated with STD's. Consult a health care professional if you experience any of these symptoms.

Discharge from urethra  
 Abnormal discharge from vagina  
 Itching in genital or anal area  
 Burning on urination  
 Lumps or growths in the genital or anal area  
 Bleeding after sex or between periods  
 Pain in the abdomen  
 Pain in vulva  
 Yellow tinge of skin or eyes

## SUMMARY OF BACTERIAL STD'S

	Chlamydia	Gonorrhea	Syphilis
<b>Cause</b>	Chlamydia trachomatis bacteria	Neisseria gonorrhoea bacteria	Treponema pallidum bacteria
<b>Transmission</b>	<ul style="list-style-type: none"> <li>• Contact of mucous membranes* with infected person's semen or vaginal secretions</li> <li>• Bacteria infects mucous membrane, mainly urethra in men and cervix in women</li> <li>• Mother to child transmission during birth possible</li> <li>• Possible to transmit to mucous membranes in anus, back of throat or conjunctiva of the eye</li> </ul>	<ul style="list-style-type: none"> <li>• Identical to transmission of chlamydia</li> </ul>	<ul style="list-style-type: none"> <li>• Contact of mucous membranes (mouth, cervix, vagina, anus) or microscopic cuts with chancre or rash of an infected person (which contains the bacteria)</li> <li>• From mother to child in utero (congenital syphilis)</li> </ul>
<b>Symptoms</b>	<ul style="list-style-type: none"> <li>• Often there are no symptoms, especially in women. If there are, they appear within 7-21 days after contact</li> <li>• Women: Watery discharge from the vagina, bleeding between periods, burning on urination, pain during intercourse, pain in abdomen, slight fever</li> <li>• Men: Watery, white or yellow drip from the penis, burning on urination, testicular pain</li> </ul>	<ul style="list-style-type: none"> <li>• Although there are often no symptoms, symptoms may appear within 2-10 days of infection</li> <li>• Symptoms are very similar to chlamydia</li> <li>• Vaginal or urethral discharge is thicker, sometimes green or yellow in color</li> </ul>	<ul style="list-style-type: none"> <li>• Syphilis occurs in 3 stages</li> <li>• <u>Primary syphilis</u>: 1 week-3 months after exposure. Small, painless ulcer called a chancre (open sore). This will disappear</li> <li>• <u>Secondary syphilis</u>: About 6 weeks later. Rash on palms of hands, soles of feet and face. Enlarged lymph nodes</li> <li>• <u>Tertiary syphilis</u>: 5-30 years later. Disease attacks organs such as the brain and heart and can lead to death</li> </ul>
<b>Potential Complications</b>	<ul style="list-style-type: none"> <li>• Women: If bacteria spreads to the Fallopian tubes, can result in tubal scarring, infertility or tubal pregnancies. May lead to pelvic inflammatory disease in women</li> <li>• Men: Infertility</li> </ul>	<ul style="list-style-type: none"> <li>• Same as chlamydia</li> </ul>	<ul style="list-style-type: none"> <li>• Heart disease, blindness, brain damage, deafness, paralysis, insanity</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Antibiotics. Both partners should be treated</li> </ul>	<ul style="list-style-type: none"> <li>• Same as chlamydia</li> </ul>	<ul style="list-style-type: none"> <li>• Antibiotics</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Condoms, when used properly, are effective in reducing the risk of transmitting chlamydia</li> <li>• Other forms of birth control such as the diaphragm, IUD, the sponge, spermicidal foam and the pill do not protect against chlamydia</li> </ul>	<ul style="list-style-type: none"> <li>• Same as chlamydia</li> </ul>	<ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Condoms, when used properly, reduce the risk of transmission. If the chancre is outside the area covered by the condom, then the bacteria can still be transmitted</li> </ul>

\* A mucous membrane is a type of protective covering similar to the skin that secretes liquid and is soft, pink, and moist. Mucous membranes are found on the inside of the vagina and anus, inside the urethra, in the mouth and inside the eye.

## SUMMARY OF VIRAL STD'S

	Herpes	Genital Warts	Hepatitis B	HIV / AIDS
<b>Cause</b>	Herpes Simplex Virus	Human Papilloma Virus (HPV)	Hepatitis B Virus	Human Immunodeficiency Virus
<b>Transmission</b>	<ul style="list-style-type: none"> <li>The virus is found in herpetic lesions (blisters) and can be transmitted to another who has microscopic cuts or inflamed mucous membranes</li> <li>Can be transmitted to self; therefore, hygiene is very important</li> <li>Mother to child during birth</li> </ul>	<ul style="list-style-type: none"> <li>Sexual contact or genital skin-to-skin contact with someone who has genital warts</li> </ul>	<ul style="list-style-type: none"> <li>Contact with blood, semen, vaginal secretions or saliva of infected individual. Virus must enter a person's body (usually through small crack in the skin or through mucous membrane such as vagina, anus, mouth) and reach his/her bloodstream in order for infection to occur</li> </ul>	<ul style="list-style-type: none"> <li>Contact with blood, semen, vaginal secretions or pre-ejaculatory fluid of infected individual. Virus must enter a person's body (usually through small crack in the skin or through inflamed mucous membranes such as the vagina, anus or mouth) and reach his/her bloodstream in order for infection to occur</li> </ul>
<b>Symptoms</b>	<ul style="list-style-type: none"> <li>Fluid filled blisters in genital area, 1-30 days after contact</li> <li>General flu like symptoms (i.e. fever, malaise)</li> <li>Some people have no noticeable symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Raised or flat lesions on the skin or mucous membranes, which may be itchy</li> <li>Range from pinhead sized to much larger</li> <li>Cauliflower shaped</li> <li>Often there are no symptoms</li> </ul>	<ul style="list-style-type: none"> <li>In many cases there are no symptoms or mild symptoms</li> <li>In some cases symptoms are severe</li> <li>Fever, fatigue, nausea, muscle and joint pain, sore throat, mild abdominal pain</li> <li>Later in the disease, jaundice may appear (yellow tinge of the skin and white of eyes) along with dark urine and pale feces</li> </ul>	<ul style="list-style-type: none"> <li>Often there are no noticeable symptoms initially</li> <li>Initial flu-like symptoms (fever, muscle aches, sore throat) in some cases</li> <li>As the virus destroys cells that coordinate the immune system, there can be a variety of symptoms related to opportunistic infections</li> </ul>
<b>Potential Complications</b>	<ul style="list-style-type: none"> <li>Recurrences, psychological stress</li> <li>Mother to child transmission during birth can lead to brain infection in child</li> </ul>	<ul style="list-style-type: none"> <li>HPV has been linked to cervical cancer in women</li> </ul>	<ul style="list-style-type: none"> <li>In most cases, the immune system will attack and eliminate the virus. Ten percent of people will continue to carry the virus ("carriers")</li> <li>Liver disease, including cancer/cirrhosis; death</li> </ul>	<ul style="list-style-type: none"> <li>A variety of opportunistic infections including shingles, cancer, lung infections and more</li> <li>Death</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>There is no cure for herpes</li> <li>Some drugs exist to reduce the severity and duration of recurrent attacks</li> </ul>	<ul style="list-style-type: none"> <li>Several approaches including surgical removal, freezing and laser removal</li> <li>Virus can be persistent and require a long treatment regimen</li> </ul>	<ul style="list-style-type: none"> <li>There is no cure for viral hepatitis. Rest, a good diet and avoidance of drugs and alcohol are recommended</li> </ul>	<ul style="list-style-type: none"> <li>There is no cure. Many drugs have been developed to delay the progression of the disease</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>Abstinence</li> <li>Condoms reduce the risk of herpes transmission</li> <li>Condoms do not protect areas that are not covered by the condom</li> <li>Avoid oral sex when cold sores are present</li> </ul>	<ul style="list-style-type: none"> <li>Abstinence</li> <li>Condoms, when used properly, reduce the risk of transmission</li> <li>If warts are outside the area covered by the condom, the virus can still be transmitted</li> </ul>	<ul style="list-style-type: none"> <li>Abstinence</li> <li>Immunization</li> <li>Condoms, when used properly, reduce the risk of transmission</li> <li>Avoid sharing personal articles such as toothbrush and razor with infected individual</li> </ul>	<ul style="list-style-type: none"> <li>Abstinence</li> <li>Condoms and dental dams, when used properly, reduce the risk of transmission</li> </ul>