Q. I don’t want to contract AIDS, so giving oral sex is better in terms of safety, right?

A. Oral sex may be safer than intercourse for preventing HIV transmission, unless you have gum disease, sores in your mouth or recently flossed or brushed your teeth vigorously enough to cause gum abrasion (bleeding). Contrary to popular belief, oral sex is not completely without risk. Gonorrhea, syphilis and herpes can all be transmitted through oral-genital sex. Viral hepatitis (both A and B) can also be spread through oral sex, especially through oral-rectal sexual contact. Ways to reduce risk include:

- Using condoms correctly and consistently when engaging in mouth-penis sexual contact;
- Using latex dams correctly and consistently when engaging in oral-vaginal and oral-anal sexual contact (“rimming”);
- Knowing your partner well enough to know whether he/she is monogamous, is currently not infected with an STD, and is not an injection drug user.

Q. How do female condoms work? Wouldn’t they slip off easier?

A. The female condom is a polyurethane sheath that is worn internally by the woman. At the closed end of the sheath there is a flexible plastic ring that is inserted to fit snug against the cervix, similar to the female diaphragm. Another ring encircles the opposite, open end of the sheath and is designed to cover the labial (outer) area of the vagina and keep the condom in place. Because the female condom covers the outer regions of the vagina, it may provide more protection from STDs than male condoms.

Although insertion of the female condom may take some getting used to, over 90% of women and men reported generally liking it (US FDA, 1998). Reported benefits include ability to insert it prior to sexual activity, not needing to remove it immediately following ejaculation, and sex being “less messy”. Reported drawbacks include difficulty with insertion, decreased pleasurable sensations, and partner resistance.