

Knox, R.A. (2000, February 2). Risk of AIDS from Oral Sex is Confirmed. The Boston Globe, p. A3.

OVERVIEW

Some AIDS organizations have encouraged people to switch from genital intercourse to oral sex to lower the risk of HIV infection. Young people, as well as gay men, have been under the impression that oral sex is safe sex. A U.S. government-funded study has now found that infection through oral sex is at least four, and possibly more than eight, times more likely than previously thought. Researchers found that 8 percent of a group of 102 gay and bisexual men "acquired human immunodeficiency virus through oral-genital contact."

Extensive interviews and study has now found that oral transmission of the HIV virus does not rely on bleeding gums; it may enter one's body through small, unnoticed abrasions or openings. Unknown to most is the fact that the virus is present in preejaculate as well as semen itself.

Dr. Ronald Valdiserri is a researcher with the U.S. Centers for Disease Control. Among his remarks about this research are the following:

I think that 8 percent number caught a lot of people by surprise. A substantial minority of newly infected men were infected by this (oral sex) route.

Not just gay men have oral sex. We need to be sure that young people, many of whom practice oral sex as an alternative to vaginal sex, need to understand there's a risk here.

The virus is found not just in semen but in preejaculate. And someone need not have grossly bleeding gums. Tiny nicks and abrasions probably could give a portal of entry to the virus.

Dr. Kenneth Mayer of Brown University and Boston's Fenway Community Health Center had previously noted individual cases of oral-genital HIV transmission. His comments on this new research are therefore significant.

I think some people will be very upset and some will be angry (at this news). They were comforted by the previous epidemiology that looked like the virus was not easily transmitted through oral sex. People translated that as: not possible.

...the epidemiology and biology still say this is far less risky than anal sex. If a person 'slips' one time and has oral exposure to ejaculate, that one exposure is probably a low risk event. But if one says, 'I'm only going to have oral sex and I won't pay attention to the HIV status of my partner,' and then has lots of partners, I think this study suggests that can be a risky strategy.

QUESTIONS FOR REFLECTION AND DISCUSSION

- What are your impressions and reactions to this information?
- Should this article and study be discussed with young people? If so, why and how?
- What distinctions have been drawn by young people between petting to orgasm, mutual masturbation, oral sex, and vaginal intercourse?
- Who can most effectively discuss and advise young people in these matters?
- What are both the ideal and realistic roles of parents, teachers, youth leaders, medical doctors, and
- social workers?

IMPLICATIONS

- Although the rates in some areas have declined, young people are having sex.
- Abstinence remains the only safe sex and the ideal for teenagers. This should be encouraged by all to whom young people look to for guidance and models.
- The majority of 15-25 year-old singles who are sexually active need adequate counsel for both personal and social reasons.
- Information is not all young people need in making healthy choices, but it is one important factor.
- They need sound moral principles and clear sense of values. Information such as the above is also appreciated and helpful.

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