Sex positions

The missionary is the most commonly adopted lovemaking position, because it is so comfortable, butthere are many different ways of enjoying each other'sbodies, and each of the positions illustrated on thenext pages may suggest another into which you can move.

Greater intimacy is offered by some positions' with all-over body contact and the opportunity toembrace and kiss, others offer deeper penetration,some are quite difficult to maintain, which creates acertain sense of urgency and excitement.

Adventurous lovers will find variations of their own, either by design or by chance: you may getovertaken by lust half way up the stairs or while talkingin the kitchen. The important thing is to engage all yourinstincts and feelings, while remaining acutely awareof your partner's responses.

SEX POSITIONS

WITH PICTURES AND DESCRIPTIONS

ASTRIDE

CRAWL

CROSS

CUISSADE

CUNNILINGUS

FELLATIO

FIRESIDE

FUTON

HEAD TO TOE
LAP
MISSIONARY
PRAGNANCY
SIDE BY SIDE
SPLIT LEVEL
SPOONS
SPREAD EAGLE
STANDING

STANDING CARRY
SWIMMING
URGENT

another sex tutorial

Astrid

With the man lying on his back on the bed, thewoman can sit astride him and control the paceof their lovemaking. Facing him, she may squaton her haunches for a more powerful bouncingmovement, or, as here, kneel, supporting herselfwith her hands. This way, she is free to leanforward and kiss his mouth. From this position itis easy for her to increase the intimacy by lyingwith her whole body along his. A variation is forher to face away from him, increasing the depthof penetration.

BACK TO SEX POSITIONS

another sex tutorial

AIDS ANAL SEX

CONDOMS

CONTRACEPTION

CUNNILINGUS FELLATIO

FEMALE ORGASM G-SPOT

HOMOSEXUALITY KISSING

*

MASTURBATION ORAL SEX

PREMATURE

EJACULATION

SAFE SEX SEX AIDS and APHRODISIACS

SEX POSITIONS SEX IN PREGNANCY

SEXUALLY TRANSMITTED DISEASES

(STD)

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another sex tutorial

Craw
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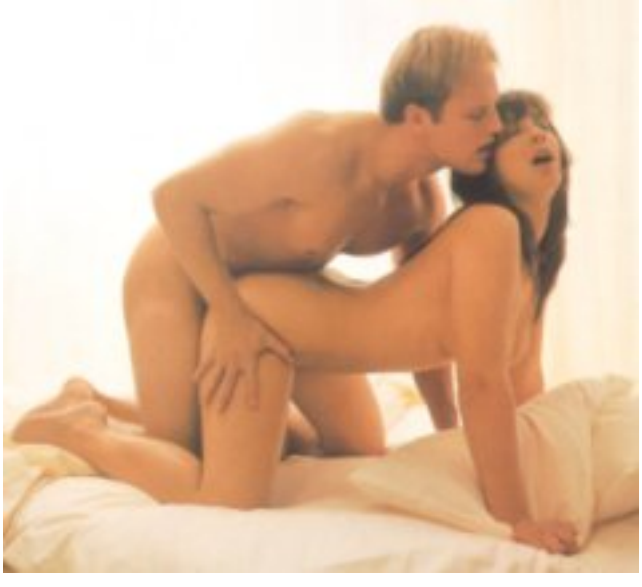
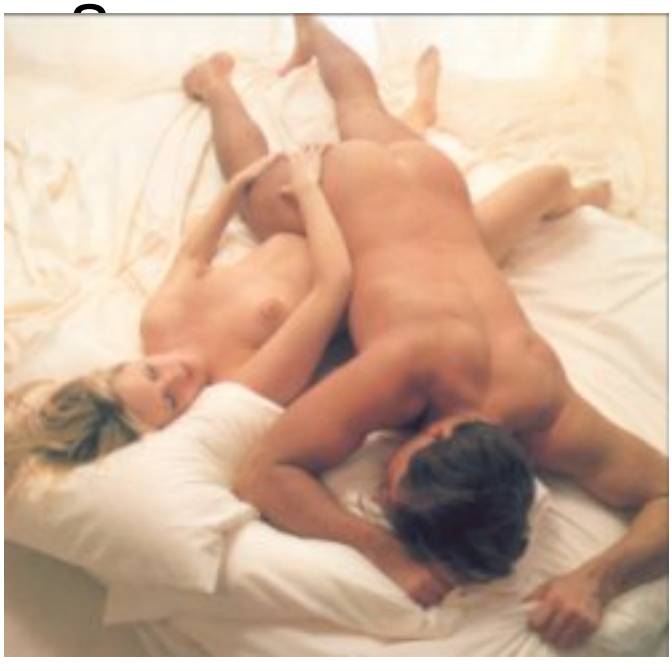


Deep penetration can be achieved with thewoman on all fours and her partner kneelingbehind her. This position gives both lovers theopportunity to thrust against one another, and theman may also caress his partner's breasts,buttocks and clitoris. Rear entry positions like thisone are ideal when both partners are in the moodfor vigorous rather than tender lovemaking. Avariation is for both partners to stand with thewoman bending forward and supporting herselfagainst furniture.

BACK TO SEX POSITIONS

another sex tutorial

Cross



Here the woman lies on her back on the bed and the man lies diagonally across her. She opensher legs to allow him to enter and he rocks gentlyfrom side to side. She can guide his movementswith the pressure of her hands. This position issomewhat easier to maintain if the man lies beneath on his back and the woman is in control.

BACK TO SEX POSITIONS

another sex tutorial

Cuissade

This position is known as 'cuissade', from theFrench cuisse,meaning thigh. The woman lies onher back, with the man at her side. She raises the leg nearest to him and rests it on his body, andhe enters from under her thigh, with his nearestleg crossing her body. They can hold one anotherand kiss, and the position is a very intimate one,possibly because of the 'secretive' form of entry.The woman can exert a certain amount of restraint with her thigh, which can make it moreexciting.

BACK TO SEX POSITIONS

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another sex tutorial

Cunnilingus - Oralsex upon a vulva

What is cunnilingus?

Cunnilingus is the fine art of making love to a vagina with your mouth and tongue. It is a delicate skill, requiring patience, practice, and dedication to get it right, but any woman you learn to do it right for will appreciate you all the more for it.

What applies to the penis applies to the vulva-- every one is different, requiring a different touch to make its owner happy. But few tools can equal the tongue for the amount of pleasure it can deliver to a happy vagina.

This article assumes that you know what a vulva looks like and can identify with some precision the mons veneris, labia majora, clitoral hood, clitoris, labia minora, urethra, vagina, and perineum, to name them (approximately) from top to bottom.

How fast should I go?

This isn't an attack. Don't go after the clitoris like a fireman attacking a fire. Quite often at first, the clitoris is far too sensitive for direct stimulation. Lick around it, stimulating the hood, teasing her inner labia, tasting her. Take your time and *listen* to her. Some women make noise, and some do not. It will be a while before you learn exactly what your lover prefers as far as oral sex is concerned.

Some women may like additional stimulation-- a finger or two into the vagina, or perhaps even the anus. She may want your hands to reach up and play with her breasts, or she may want your fingers to hold her labia apart so that your tongue can get at her vulva more directly.

I've heard cunnilingusdoesn't taste good.

If the taste or smell bothers you or is a concern, ask her to wash first. Most people who enjoy cunnilingus agree that a clean vagina is a good, if acquired, taste.

As a woman nears her climax, she may want more direct stimulation. In general, fast, rhythmic stimulation is most effective at causing climax-- but there shouldn't be a rush to get there. Take your time and learn to appreciate what you can do for her.

What about cunnilingus duringmenstruatio n?

Some people are particularly turned off at the suggestion of cunnilingus during menstruation. If it is a concern to you, then wait. A tampon may well hold the blood back, as will a diaphragm, but some men can't stand the taste anyway. If your partner is healthy, however, there is no particular danger in menstrual blood, and some women find that orgasms during their periods allievate cramps.

MORE ON "HOW TO EAT PUSSY"

MORE ON ORAL SEX

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another sex tutorial

Fellatio

In fellatio, the woman sucks, licks, kisses and strokes her partner's penis. Exquisitely satisfyingfor the man, fellatio can also give enormouserotic pleasure to the woman as she senses hisresponses and his total abandonment to her.

BACK TO SEX POSITIONS

MORE ON FELLATIO

another sex tutorial

Fellatio - Oral sex upon a penis

What is Fellatio?

Fellatio, giving head, giving a blow-job. Many menlove this kind of stimulation, and many people,both women and men, like giving it. Fellatio is theact of applying your lips to a man's penis with thepurpose of giving him pleasure.

There are few tips to fellatio that can be givenother than practice. The lips and the tongue arethe major sources of stimulation, and it is with thelips and tongue that you should apply theattention to make him feel good. Both men andwomen respond well to pressure and rhythm. Asteady, strong stroke will be enough to get thereaction you're looking for.

What if it doesn't smell or taste good?

If the smell isn't something you enjoy, then tellhim to go take a shower! While this is somethingyou're doing primarily for his pleasure, thatdoesn't mean you have to suffer if he's lacking inhygiene! And if you're worried about germs, yourmouth has millions more germs than a cleanpenis.

What is "deepthroating?"

Deep throating is the act of taking the penis downpast your gag reflex. In reality, this particularsexual adventure is very overrated. The best wayto give fellatio is still with the lips and tongue,taking only as much as you can without gagging.However, for those that want to know, the basic lesson is still practice. Take the penis as far asyou can without choking, and then close youreyes and concentrate, taking each quarter inch,telling yourself that you won't choke, that you cantake it out at any time, and slowly swallow it down.Then rise off of it just as slowly.

Are there any specialspots on the penis?

Every penis is different, and each has its sensitivespots and its preferred ways of being handled.Listen to your lover. The sounds he makes andthe feel of his body tensing are your best cluesthat you're going this right.

Should I use myhands?

Feel free to grasp with your hands whatever of thepenis you can't fit into your mouth. Many men likeas much stimulation as possible, and the feel of awet mouth and a saliva-slicked hand are enoughto send them to the brink of orgasm very quickly.

What is 69?

Some people feel that the best position to performoral sex is the 69 position, where each partner lieswith their head by the other's genitals. For fellatio,this even makes sense-- most penises curveupwards, towards the head, and in this positionthat curve matches the curve of the throat. However, it is difficult to both perform andappreciate oral sex at the same time. Try theposition, or kneel by his body, but at least in thebeginning do one thing at a time.

My boyfriend wants meto swallow. What do I do?

Which brings us to a sensitive issue: swallowingejaculate. For many men, this is important tothem-- they like to feel that by swallowing theirsemen, you complete this act of lovemaking andaccept a part of themselves into your body. Butmany people don't like the taste of semen andcan't bring themselves. Talk about thisbeforehand-- let him know if you can't handle it,and that it's not personal.

Can I make my seminalfluids taste better?

Macrobiotic nutritionists have actually doneresearch on this question, and the answer is in:you are what you eat. Common sense dictatesthat if you taste good, your lover will want to eatyou more often, so improving your body's tasteand smell should be important to you.

In general, nutritionsists say that alkaline-basedfoods such as meets and fish produce a butter,fish taste. Dairy products, which contain a highbacterial putrefaction level create the foulesttasting fluids by far. (Dissent: almost everyone Iknow says that there is one worse than ahigh-dairy content-- asparagus. You can't missthe taste of asparagus-laced semen.) Acidic fruits,such as sweets, fruits, and alcohol give bodilyfluids a pleasant, sugary flavor. Chemicallyprocessed liquors will cause an extremely acidictaste, however, so if you're going to drink alcohol,

drink high-quality, naturally fermented beers(Rolling Rock or Kirin) or sake.

What are the contents of semen?

The question of semen content arises especiallyamong persons who regularly swallow semen, asin fellatio, and who are concerned about calorie intake and nutritional substances. The averageejaculate contains aboutonia, ascorbic acid,blood-group antigens, calcium, chlorine,cholesterol, choline, citric acid, creatine, deoxyribonucleic acid (DNA), fructose,glutathione, hyaluronidase, inositol, lactic acid,magnesium, nitrogen, phosphorus, potassium,purine, pyrimidine, pyruvic acid, sodium, sorbitol,spermidine, spermine, urea, uric acid, vitaminb12, and zinc.

The caloric content of an average ejaculate isestimated to be approximately 15 calories.

A last word.

There is only one true way to do fellatio, andthat's with enthusiasm. You have to love what you're doing to him, either because you love himor you love sucking cock. Loving both is best!Faked orgasms have nothing on lackluster fellatio.

HOW TO SUCK COCK

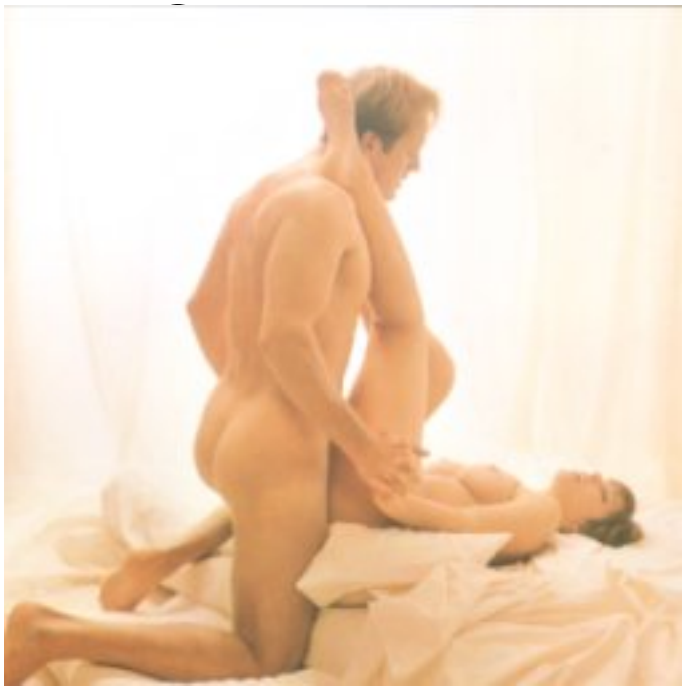
MORE ON ORAL SEX

Firesid

In this cozy position, which can followcunnilingus, the woman sits comfortably in anarmchair with her hands and legs around theman, who enters kneeling in front of her. If sheleans back, he can support himself with hishands on the back of the chair, which will allow him more thrust.

BACK TO SEX POSITIONS

Futo



For this position you need to try out all yourfurniture to find a piece of the correct height. Thewoman lies on the edge of a table, futon or bedcovered with quilts and pillows, and spreads herlegs wide. The man can begin by kneeling to giveher cunnilingus, then he enters her, supportinghimself on his knees and holding her legs. Thisaffords him a great deal of control, and the angleof penetration is steep.

BACK TO SEX POSITIONS

another sex tutorial

Head to toe

The man lies on his back with his legs spread and hispenis inside the woman, who also lies down on herback, with her legs spread across his, her toes pointingto his head, and her head away from him. The woman isin control. The partners cannot see each other andsensation is concentrated on the genitals. This positioncan be adopted from one in which the lovers sit on thebed facing one another, their legs interlaced.

BACK TO SEX POSITIONS

another sex tutorial

Lap

This is a position that may suggest itself whilecuddling on the sofa. The man sits with thewoman straddling his lap, facing him. Shecontrols the pace, they can kiss and he cancaress her breasts. She moves up and down onhim, supporting herself with her knees on thesofa, and her arms around his neck. If they use adining chair, she can keep her feet on the floorand hold on to the chair back for support ifnecessary. If she faces away from him, they willbe able to achieve deeper penetration, and shecould support herself against furniture in front ofher.

BACK TO SEX POSITIONS

another sex tutorial

Missionary

The missionary position is the most popularlovemaking position of all because it iscomfortable, affords a great deal of body contactand good depth of penetration. The lovers cankiss and hold each other at the same time. The woman lies on her back with her legs spread andher knees raised, and her partner lies on topbetween her legs. From this position the womancan move to clasp her legs behind her partner'sback or to close them tightly underneath him,while he spreads his.

BACK TO SEX POSITIONS

another sex tutorial

Sex in pregnancy

Unless your doctor tells

you otherwise, it is perfectly safe for you to have **sex** throughout your pregnancy. However, towards the expected birth date, yoursize may make many positions uncomfortable for you. Penetration may be easiest if you lie on yourside and your partner enters from behind. **Oral sex** and mutual **masturbation** should cause no problems. Some women fear that sexual activity or orgasm may trigger off labor but sex cannotinduce labor unless the baby is due anyway,when the prostaglandin present in the man'ssemen may cause it to start.

The sex drive of some women decreases during the first trimester of pregnancy. This may be due totiredness and nausea, or to a hidden belief that it is 'not right' for a mother to enjoy sex. Theproblem will usually disappear of its own accord.In some women, the sex drive actually increasesduring the middle three months (the secondtrimester) of pregnancy, and some claim thattheir lovemaking is more satisfying than everbefore. This may be because the high level ofcirculating hormones means that a woman canbe stimulated more easily and reach a pitch ofsexual excitement more quickly than when notpregnant. A pregnant woman's sexual organsbreasts, nipples and genitals - are especiallyhighly developed, which probably increasessexual awareness. Finally, there is of coursecomplete freedom from the worry of getting

pregnant, which allows a deeper level of 'lettinggo'.

Some women and their partners worry that sex may harm the unborn child, but such fears are groundless.The fetus is protected from infection by the plugof mucus at the neck of the womb. In rare cases, infection can occur, but this is usually due to lackof normal hygiene precautions or having sex withseveral different partners. The baby is alsoprotected against being squashed by theamniotic fluid in which it floats in the womb. Avoid over-athletic sex because it will be uncomfortable for you, but don't worry about hurting the baby.Sex should not cause a miscarriage in a normal,healthy pregnancy.

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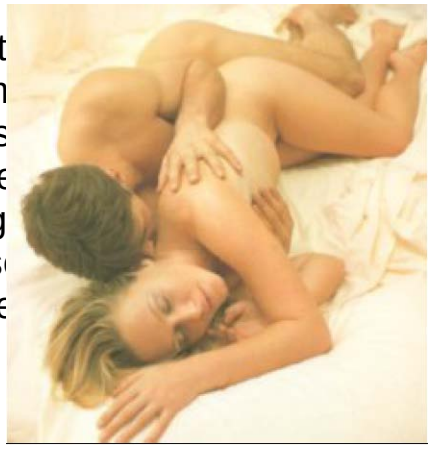
You can resume sex after childbirth as soon as it is comfortable to do so. Women who have had an episiotomy (in whichthe perineurn is cut to facilitate birth), willprobably feel sore for at least three weeks. Whenyou feel confident that your wound has healed,begin to re-establish your sex life, taking it slowlyand gently and using a lubricating jelly ifnecessary to prevent scar tissue causingdiscomfort or pain. It is important to establishsexual contact with your partner as soon as youcan, as you will both need to get close again. Ifyou still feel sore, remember there are other waysof giving and receiving affection. Don't let yourpartner feel that you are lavishing all your careand attention on your baby and excluding himfrom your love.

another sex tutorial

Positions for pregnancy

Spoons



The woman lies comfort
the man enters her from
closely to hers. This pos
on the woman's abdome
the most advanced stag
man can cuddle up clos
breasts, while kissing he
nape of her neck.

Leapfrog

The woman kneels on the bed with legs spread wide, and falls comfortably forwards as the man enters her from behind. He can then caress her back and control the depth of thrust. This position is ideal when the woman starts to feel uncomfortable with the man's weight pressing down on her and she wants to protect her belly from over-enthusiastic thrusting.

Astride

This is a good position for the middle months of pregnancy, when the missionary position has become uncomfortable, but the woman has quite a bit of energy for sex. She sits astride the man's lap and supports herself with her arms. He can help her as she moves up and down on top of him, taking control when she gets tired.

another sex tutorial

Oral sex

Oral sex begins with the first deep kiss, and continues with kisses all over the body,concentrating finally on the genitals. On the partof the giver it requires a degree of emotionalinvolvement, because it must be done with patience, tenderness, sensitivity and mountingbut controlled excitement if it is to be really good.Lovers who give oral sex reluctantly and withoutgenerosity or enjoyment make their partners feelguilty and selfish, and too tense and worried torelax and take pleasure themselves.

From the receiver, oral sex requires trust, and the confidence that comes with beingmade to feel desirable. In sex, as in other areas of life, it is often more difficult to receive generosity than to give it, but the person whosuccumbs completely to pleasure delivers himselfor herself over to the lover, and this also gives asense of wonderment. It goes without saying thatsexual hygiene is of prime importance for anyonewho engages in oral sex.

Oral sex for women is called **cunnilingus**. For many women, cunnilingus is the most exciting of all the variations of sex, anda gentle and skilful lover should be able to makehis partner come with his tongue more easilythan in any other way. A strong slippery tonguecan be used with precision on the clitoris withoutdanger of causing any pain, unlike a finger.

Begin by kissing your partner's face and mouth, and then gradually work your way downher body, kissing and stroking her breasts, bellyand inner thighs. Flick your tongue in lightfeathery kisses along the fleshy folds of the outerlabia, smoothing away the pubic hair and thenparting the labia gently with your fingers. Move very gradually inwards with your tongue. Varyyour movements according to your partner'sresponse. Try nuzzling, burrowing, thrusting with

your tongue into her vagina, sucking, longdelicate licks, short rapid flicking licks. She maynot like her clitoris to be stimulated directly atfirst, so proceed tentatively until she is fullyaroused.

Once she can trust YOU and feel confident that you like what you are doing, shewill be able fully to let go in orgasm. Being 'on thespot', a man can get a special thrill fromexperiencing so directly the blissful effect he hason his partner, as well as from her vulnerabilityand trust.

Oral sex for men is called **fellatio**. The experience of having their penis sucked, lickedand kissed is one that most men find intenselyexciting. In some cases, there may bepsychological barriers to overcome. Some menfear being bitten during oral sex. The womanshould open her mouth as wide as possible, andclose her lips, but not her teeth, over the penis.Using all the muscles in the lips and tongue willmean that the teeth should not come into contact with the penis at all.

Some women are worried that they may be choked during fellatio. The way to allay thisfear is to remain in control: you are the one whoshould move while your partner lies still, so there is no possibility of his thrusting deep into yourthroat and making you gag. Some women findthe idea of swallowing semen repugnant. Ofcourse there is no need for you to do this if youdo not wish to, but many women do enjoy havingtheir partner ejaculate into their mouth.

Work your way down your partner's body, beginning with kissing his face and mouth andprogressing to his genitals. Be very gentle, asthey are highly sensitive to pain. There are many ways of stimulating the penis with your lips andtongue. You can lick all along the shaft with adelicate tongue, then use more pressure andpress your open lips as well as your tongueagainst it as you rub them up and down towardsthe head. You can lick and kiss the frenulum - the sensitive place where the glans joins the shaft onthe underside, which will be facing towards you ifthe man is lying on his back with an erection. Youcan take the head of the penis in your mouth andsuck it, tickling it at the same time with yourtongue, and you can move your lips as far downthe shaft as is comfortable. Then move up anddown, sucking and pressing with your lips and

tongue.

The '69' position is so called because the figures resemble a couple giving each other oralsex. While many couples find this a good way ofarousing each other, others find it difficult toconcentrate on giving and receiving such intensepleasure at the same time. If you are about tocome in this position, it is best to break off frompleasuring your partner to avoid inadvertentlybiting him or her. Use your fingers to indicate toyour partner what is happening and let yourselfgo in orgasm.

another sex tutorial

Masturbation

Masturbation is a natural and healthy method of sexual release engaged in by most peopleof both sexes. It is also a good way of learning one'sown sexual response. Women who can bringthemselves to orgasm by masturbating are more likelyto have orgasms with their partners, and men whocan masturbate for 15-20 minutes without ejaculatingare less likely to suffer from problems of premature ejaculation during intercourse. Stimulating yourpartner's genitals is also called masturbation, and isan important part of lovemaking.

The external female genitals are called the vulva. Pubic hair gro
major, andinside these outer vagin
minor, which are pinker and moiste
own genitals is not familiarto you, e
handmirror while you relax after a l
Theclitoris is situated where the lal
top.It is a pink knob about the size of a dried pea, and ishighly sensitive. The clitoris is protected by a hood,which retracts during sexual arousal. Below the clitorisis the tiny opening of the urethra, through which urinepasses, and below that is the opening to the vagina.

When you start to masturbate, make sure you have plenty of time during which you won't be interrupted. Gosomewhere where it is quiet, completely private, andwarm. Some women like to lie on their back, some on their front; some like their legs pressed tightlytogether, others like them spread wide apart, orpropped up above the body. Use a lubricant andstroke yourself gently, with your fingers or an objectsuch as a vibrator, varying your movements from timeto time to find out where and how you like to bestimulated.

Many women find the clitoris to you could beginb graduallymove in to fantasize to inc pleasure wears o then you should s yourself, as it ma relax enough to r

When you feel a gathering tension in the vaginal area and a build-up of warmth, orgasm ison the way. Continue to stimulate yourself, as if youstop, these sensations will fade and it may be difficultto get them back again. The clitoris becomesincreasingly sensitive as you proceed, whether youare stimulating it directly or not, and then orgasmbreaks out with waves of vaginal contractions. Mostwomen like some form of genital contact duringorgasm: either continued stimulation or pressing orholding the vaginal area. Some like to insert a fingerinto the vagina as they come.

Most men are

expert at giving

themselves pleasure, butthere's
practice. A good way offinding o
yourgenitals respond tostimulati
andgentle massage in the bath,
fantasizeas you do so. Some m
testicles,and some enjoy penetr
finger.There are many different
thepenis. If you are uncircumcis
theforeskin over the head of the penis and then pull itback down the shaft to get an erection; if you arecircumcised, repeated squeezing round the shaft andletting go is usually effective. Then you can let your hand glide up and down the shaft in long slowmovements, gradually building up speed andpressure. You may enjoy rubbing or tickling the glansof the penis, though for some men this is toosensitive. You may like gentle or firm pulling, stroking,squeezing and stretching. Try holding off ejaculationby varying the stroke when you become too excited,before finally letting go in orgasm.

Masturbation need not be something

that you do only when you are alone. Many peoplefind the sight of their partner masturbating highlyerotic. It can also be very instructive to discover how your partner reaches orgasm alone, as this will be thebest method for you to adopt when you aremasturbating him or her. Masturbating with yourpartner will break down inhibitions and allow you toget even closer.

Masturbating your partner

in the way he or she enjoys is an important part oflovemaking, and many women like being masturbatedto orgasm before penetration. Both men and womenneed to learn how to handle each other's genitals withtenderness and sensitivity.

HOW TO GIVE THE PERFECT HAND JOB

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another sex tutorial

This is one of a number of 'split-level' positionsthat gives the partners a different view of eachother and a different angle of penetration. Here,the woman lies on her back, her legs round herpartner's waist, while he kneels. He is in totalcontrol, and can also stimulate her clitoris with his fingers. From this position he can let her legs down and lie on top of her in the missionaryposition, or he can raise her legs, resting themaround his shoulders, then bend forward to kiss her mouth at the same time gaining depth ofpenetration.

Side by side

This position, with the lovers lying side by sideand facing one another, is easy to slip into aftermutual masturbation, and can be a prelude torolling over with either partner on top. Here, thewoman has her leg wrapped round her partner'sbody to facilitate deeper penetration: she pullshim towards her with her leg as he thrusts. Thepartners can kiss and touch each other's genitalswhile making love in this position.

Spoons

The 'spoons' position is so named because of theclose fit of the two bodies. The partners lie ontheir sides and the man enters from behind. This position is cozy and relaxing, good for slowdrowsy lovemaking prior to failing asleep, or onwaking during the night. It is also a comfortableposition to adopt later in pregnancy when mostothers put too much pressure on the woman'sbelly.

BACK TO SEX POSITIONS

another sex tutorial

Spread-eagle

In this rear entry position, the woman lies facedown with the man on top of her. She spreadsher legs and he supports his weight on his arms.If she raises her bottom off the bed slightly,perhaps with the aid of a pillow under her hips,then it will be possible to achieve deeperpenetration. The man can also lie with his fullweight on his partner, from which position it iseasy to roll into 'spoons'.

BACK TO SEX POSITIONS

another sex tutorial

Standing

Both parties stand, using the wall as support.This position is often used when the desire tomake love strikes unexpectedly. Part of theexcitement lies in the fact that it is not easy tomove in this position.

BACK TO SEX POSITIONS

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another sex tutorial

Standing carry

The man stands, holding his partner in his arms.She wraps he legs round his waist and her armsround his shoulders. She can move against himby pulling herself up and down, and he can helpher with his arms. This position can be assumedfrom sitting. It can, of course, be adopted in avery confined space, but it is quite strenuous.From this position you can return to sitting, or theman can gently lower his partner on to a bed orpreferably a table, where thrusting can continuewithout so much exertion.

BACK TO SEX POSITIONS

another sex tutorial

Swimming

The man lies on his back, spreading his legs, and his partnerlies on top of him, her legs along his, her feet on his. Thereis a good opportunity for kissing and total body contact. Shecontrols the pace of lovemaking by dragging herself up anddown against him. Many women find this position veryexciting and are more likely to reach orgasm without directclitoral stimulation this way than any other.

She can vary the position by closing her legs tight while hisremain spread, or by getting him to close his, or both. Shecan also move easily from this position to sit up facing him.

BACK TO SEX POSITIONS

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another sex tutorial

Urgent

This position is ideal for when you areunexpectedly overtaken by the urge to makelove. It does not require more than a loosening ofthe clothes if you want. The woman leans overthe nearest available piece of furniture and theman enters from behind. It is good for fastexciting sex and gives both partners theopportunity to thrust against one another.

BACK TO SEX POSITIONS

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Glossary of HIV/AIDS Terms

This glossary is provided for a better understanding of HIV/AIDS terminology in current usage. Medical and scientific terminology are based on the Surgeon General's Report of AIDS, publications of the Centers for Disease Control and Prevention, the former Global AIDS Programme of the World Health Organization (now part of U.N.AIDS), AIDS Treatment Data Network, and Harvard's Global Policy on AIDS Coalition. The research literature was also consulted through the internet. This glossary is up to date; some terms in this field have changed (e.g. ARC; GRID) and are no longer used. For purposes of discussion in this report, the term AIDS is commonly used to include HIV infection and disease and AIDS-related opportunistic infections and related-diseases. HIV/AIDS is also used.

A

Abstinence-only: A strict morality-based philosophy that preaches "no" to any sexual activity before marriage. Not having sexual intercourse is the safest way to avoid the sexual transmission of HIV/AIDS, although a majority of young adults and teens do not believe abstinence-only is a realistic option. However, the reality of HIV/AIDS is simple: avoid the exchange of bodily fluids and blood especially.

Abstinence-based: A slightly more open curriculum that stresses abstinence as the safest way to avoid HIV but allows for some discussion of sex and the ethics of sexual activity.

Acquired Immunodeficiency Syndrome (AIDS): A progressive weakening of the immune system accompanied by one or more indicator diseases (opportunistic infections) -including Kaposi's sarcoma, invasive cervical cancer, pneumocystis carinii pneumonia, and wasting syndrome. In AIDS, common immune system deterioration is marked by a depletion of T-helper (T 4/CD4) cells, which help stimulate antibody production. AIDS is commonly thought to be caused by a retrovirus, HIV.

AIDS: is now a commonly-used term for Acquired Immunodeficiency Syndrome and also for HIV/AIDS; WHO uses the term to "denote the entire health problem associate with HIV infection."

American Foundation for AIDS Research (AmFAR): was co-founded in 1985 by Dr. Mathilde Krim and by Dr. Michael Gottlieb. It remains an influential advocate for HIV/AIDS research and programs.

Anal sex: Sexual intercourse when the penis is inserted in the anus. Often used as a birth control measure by young adults.

Antibiotic: A substance that kills or inhibits the growth of organisms. Once considered a magic bullet, antibiotics are now commonly used to combat disease and infection. Indications are growing that many human viruses and bacteria are becoming resistant to current antibiotics.

Antibody: Members of a class of proteins known as immunoglobins. Antibodies may tag, destroy and neutralize bacteria, viruses or other harmful toxins. Antibodies attack infected cells, making them vulnerable to attack by other elements of the immune system.

Antigen: A foreign protein that causes an immune response (the production of antibodies to fight antigens). Common examples of antigens are the bacteria and viruses that cause human disease. The antibody is formed in response to a particular antigen unique to that antigen, reacting with no other.

Antiretroviral: A substance that stops or suppresses the activity

of a retrovirus such as HIV. AZT was the first widely used antiretroviral drug and now more combinations are reaching the market. Antiretrovirals are not a cure but do help manage AIDS as a chronic disease and perhaps helps strengthen a PWA's health.

Asymptomatic: When there is no visible or noticeable changes in the body; i.e., an HIV-positive person does not show any signs of "AIDS symptoms." Thus, asymptomatic carriers are a threat to their unsuspecting sexual partners.

At risk: Individual behavior that identifies a person who is engaging in behaviors that are likely to transmit HIV, the AIDS virus. "Groups" per se are not at risk -- rather the commonly-practiced behaviors of their individual members make them more susceptible to be infected.

Autoimmune disease: A disease which arises from and is directed against an individual's own tissue (a problem with transplants).

AZT: AZT, Retrovir and Zidovudine are the common names for the chemical 3'-azidothymidine. It was the first drug on the market for AIDS. It was thought that AZT might be the cure for AIDS-related diseases but the hopes were dashed at the 1993 International AIDS Conference in Berlin. AZT is neither as good as its manufacturer claims, nor is it as bad as AIDS activists have alleged. In combination with other drugs (see "cocktail"), it can be helpful in slowing the progress of HIV/AIDS. It definitely helps to cut down on the transmission of perinatal AIDS.

B

B cells (B lymphocytes): One of the immune system's cell types; B cells fight infection primarily by making antibodies. During the time of infection, these cells are transformed into factories that make thousands of antibodies against the foreign antigen.

Behavior intervention/modification programs: Education programs designed to change a specific behavior. Behavior modification generally does this by targeting a very specific, observable behavior and then reinforce a series of small

changes in behavior until the desired behavior is established.

Bisexual: Having sex with both men and women. Many teens experiment with members of the same sex out of curiosity.

C

CD4 (T4): The protein imbedded on the surface of T-helper cells to which HIV attaches itself and through which it first enters the cells.

CD8 (T8): A protein embedded in the cell surface of T-suppresser cells.

Centers for Disease Control and Prevention (CDC): Best known as the CDC, this preeminent federal public health agency is a branch of the Public Health Service that is directly involved with the HIV/AIDS epidemic. It is based in Atlanta, Georgia.

Celibate: Choosing to abstain from any sexual activity. It is often presented as holy scripture for many religious orders, and less often for unmarried people; a prevention techniques for HIV/AIDS.

Chronic: Continuous or ongoing -- As PWAs live longer, HIV/AIDS is becoming a chronic disease.

Clades: "Families of a viral strain." Presently there are seven known clades of HIV but more are expected to be found.

Clinical trial: A test to see how well a new drug works on people (under tight government and clinical supervision.)

Combination therapy: The use of two or more drugs as treatment. Also, the use of two or more types of treatment in combination, alternatively or together.

Commercial sex workers (CSWs): Common medical/epidemiological term for people (usually females, but also males) who engage in prostitution (sex for money) as employment.

Comprehensive sex ed health: Offers full and complete

information on the sexual transmission of HIV/AIDS; nothing is deleted.

G

Condom: A prophylactic barrier a man wears on his penis for sexual intercourse. While not 100 percent effective, its use is recommended by most AIDS prevention professionals as an aid to prevent HIV transmission.

Gamma globulin (IgG): The portion of the plasma that contains antibodies.

Cytokines: Proteins produced by white blood cells that act as chemical messengers between cells to mediate immune response. CD8 (T-suppresser) cells release a cytokine that appears to block HIV replication in infected cells, at least until the advanced stage of HIV disease.

Gay: Term commonly used to describe men who have sex with men exclusively (see homosexual, also lesbian).

Gp120: A piece of HIV that can cause damage to the immune system and other parts of the body. Gp120 is the foundation for several new vaccines.

Cytotoxic: Term used to describe something which damages or kills cells. Also used as the name of a type of T cell.

H

Helper-suppresser ratio: The ratio of T-helper cells to T-suppresser cells. In people with HIV this ratio becomes increasingly inverted over time as T-helper cells become less.

DNA (Deoxyribonucleic acid): A double strand of nucleotides (chemical building blocks) that contain genetic information.

Helper cells (T4, CD4): See T-helper cells.

D

Hemophilia: An inherited disease that prevents the normal clotting of blood. Many of the first wave of HIV/AIDS infected people were hemophiliacs who received contaminated blood supplies.

Elisa (also ELISA): One of the first blood assay tests developed (by Abbott Labs in 1984) to test for HIV antibodies in the blood.

Hepatitis B (HBV): A viral liver disease that can be acute, chronic, and even life-threatening, particularly in people with poor immune resistance.

Epidemic: A contagious disease that spreads rapidly among many individuals in an area such as a province or country (see pandemic).

Heterosexual: Men who have sex with women; women who have sex with men (also referred to as "straight").

Experimental drug: A drug that has not been approved for use as a treatment but is being tested.

High risk behavior: Behaviors that are the most likely to lead to infection: unprotected sex (anal, vaginal, sometimes oral); using contaminated needles/sharing syringes; coming in ultimate contact with bodily fluids (blood, semen, vaginal fluids, and perhaps, although not usually, saliva).

E

Female condom: A new prophylactic (latex and plastic) barrier that women put inside the vagina before sexual intercourse.

HIV disease: A term used to describe a variety of symptoms and ph

nodes, or fungus infection of the mouth and throat. Also described as symptomatic HIV infection (previously known as ARC). Most commonly used to describe AIDS.

HIV-negative: When test results show there are no HIV antibodies in the blood (i.e., no HIV infection).

HIV-positive: When test results show there are HIV antibodies in the blood (i.e., HIV infected); the stage before AIDS-related diseases. Also referred to as being sero-positive.

Homosexual: Men who have sex with men (gay); women who have sex with women (lesbian).

Human Immunodeficiency Virus (HIV): The retrovirus thought to cause AIDS. Many different strains of HIV have been isolated. Name and acronym selected by respected group of international scientists in 1986 to describe HTLV-III; LAV; and ARV.

I

Immunity: A natural or acquired resistance to a specific disease. Immunity may be partial or complete, long lasting or temporary.

Incidence: The extent or frequency with which new HIV infections and AIDS cases occur, in a defined population, within a specified period of time.

Incubation period: Term used similar to "latency period;" when an organism is in the body but not symptomatic.

Inhibitor: A drug, chemical or substance that inhibits or blocks something from happening. Protease Inhibitors are a new drug that is expected to help inhibit the progression of HIV.

Injecting Drug Users (IDUs): Current term now favored as substitute for "intravenous" drug users (IV drug); includes individuals who inject into the muscle or just below the skin, as well as injecting into the veins and arteries.

Intercourse: Sexual activity that includes penetration by the penis of the vagina and anus (also "coitus" and "fuck").

Interferon: A substance that is produced when the body detects infection with a virus. Interferon is released to coat uninfected cells to protect them.

Interleukin: A group of cytokines that help immune system cells communicate and modulates immune response.

Intravenous (IV): Intravenous drugs are injected directly into the veins and arteries ("injecting" drug user is now favored in place of "i.v.").

Maintenance therapy: Use of a treatment after the disease(s) has been brought under control. For example, unless maintenance therapy is used against PCP, the disease will probably occur again.

Men having Sex with Men (MSM): A term used originally by the CDC for describing gay and bisexual men.

Monogamous: Choosing to have one sexual partner for a period of time, as in marriage or a steady relationship (promoted as a sexually safer way of living in the 1990s).

Morality-Based: Term commonly used to describe religious-based efforts. (There is disagreement with the term "morality" as people who favor safer sex techniques believe that their point of view is also morality-based. i.e., saving lives.)

Nonoxynol 9: An effective spermicide coating with condoms that can kill many STDs and HIV.

Latex condom: Most condoms are made out of latex material (safer than natural lambskin prophylactics), although rubber quality varies greatly. Some are very good atinhibiting HIV transmission (nearly 100 percent effective) while others, usually ultra-thin or novelty brands are only 50 to 75 percent effective.

Lesbian: Term commonly used to describe women who have sex with women.

Lymph Glands: Small immune-system centers that are located all over the body. Lymph glands protect the bloodstream from infection by filtering out infection particles.

Kaposi's sarcoma (KS): Blood vessels which grow rapidly and cause pink to purple painless spots on the skin. KS can also grow in other places such as the lungs. It can be accompanied by fever, enlarged lymph nodes and stomach problems.

Knowledge, Attitude, Belief and Practice Survey (KABP): Standard for questionnaire surveys, used extensively as a prime HIV/AIDS educational research methodology.

Latency: The period when an organism in the body is inactive and/or not producing any ill effects. HIV is never really latent, although an infected person may not have symptoms or feel bad.

Opportunistic Infection (OI): Infections that are caused by agents that are frequently present in the body or environment, and can cause an infection in an immune-compromised person by an organism that does not usually cause disease in healthy people. When an individual's immune system becomes weak,

these organisms may cause serious or even life-threatening illnesses.

Oral sex: Refers to sex using the mouth and genitalia (also "fellatio," "blow job," "sucking," also "cunnilingus.")

Outercourse: New "safer sex" term refers to foreplay ("petting") and mutual masturbation between partners, as contrasted with sexual intercourse.

P

Pandemic: Contagious disease prevalent over a wide geographical area (the global AIDS incidence is a pandemic).

Pathogen: A substance or organism capable of causing disease.

Pathogenesis: The origin and development of a disease.

PeerCorps®: Dr. Chittick's favored prevention technique utilizing trained AIDS educators doing outreach with peers.

Perinatal Transmission: Refers to HIV transmission from the mother to the baby during birth (estimated to occur in one-third of cases, unless AZT is used).

Person with AIDS (PWA) or people living with HIV/AIDS (PLWHA): PWA is the term commonly used to anyone living with HIV/AIDS.

Pneumocystis carinii pneumonia (PCP): A lung infection that causes the greatest number of deaths in people who are HIV positive. It is both treatable and preventable.

Polymerase chain reaction (PCR): A very sensitive test for the presence of HIV.

Prevalence: Commonly occurring infection of HIV or cases of AIDS in a population; generally refers to all cases existing with an infection/disease (i.e., HIV/AIDS) at a specified period of time.

Promiscuous: Engaging in sexual intercourse with more than one partner (this dictionary definition, including the use of

"indiscriminately," is not pejorative here, but refers to multiple-sex partners over a relatively short period of time).

Prophylactic: A preventive medicine, device or measure; often referring to condoms or a dental dam.

Protease/ Protease Inhibitors: A substance in the blood that breaks down proteins. Drugs that inhibit protease may stop HIV from breaking down the proteins it needs to grow. Protease inhibitor trials involving PWAs are showing promise and the first drugs are being introduced.

p24 antigen: A protein fragment of HIV. The p24 antigen test measures this fragment. A positive result from p24 antigen suggests that HIV is multiplying, although there is debate about this.

R

Reality-Based: Term commonly used to describe explicit and detailed "sex ed" curriculum with safer sex HIV/AIDS components (often used as the opposite of abstinence-only).

Resistance: The ability of a disease to overcome a drug. For example, after long-term use of AZT, HIV can develop strains of virus in the body that are no longer suppressed by this particular drug, and therefore are said to be resistant to AZT.

Retrovirus: A strand of RNA (ribonucleic acid) surrounded by a protein shell. Retroviruses capable of infecting and causing disease in humans are relatively rare (and were only discovered in 1978). HIV is a retrovirus.

Reverse transcriptase: An enzyme that is crucial for HIV to grow and multiply.

RNA (Ribonucleic acid): A strand of nucleotides (chemical building blocks) that transmit genetic information. RNA performs the same functioning in retroviruses that DNA does in viruses.

S

Secondary Virgins: Young people who have had sex once or twice but then choose to be sexually abstinent, often after learning about HIV/AIDS in sex ed classes.

Sero Dia Agglumination Tests: One of the early HIV tests to measure HIV antibodies in the blood.

Seroconversion: After the initial introduction of HIV infection, when HIV antibodies can be detected in the blood.

Seropositive: Refers to blood that shows traces of HIV antibodies (i.e., HIV-infected persons, but without symptoms.

Seroprevalence: The number of a population or group (identified by their behaviors) who are infected with HIV.

Sex Ed (Sexual Education): Education that deals with detailed sexual education for teenagers (also referred to as comprehensive health education).

Sexually transmitted disease (STDs): These diseases include herpes, syphilis, gonorrhea, chlamydia, HIV/AIDS, and others. STDs make HIV easier to spread from one person to another. Currently, the term sexually transmitted infections (STIs) is also being used to refer to STDs.

Sexually transmitted infections (STIs): A term now becoming more used among medical professionals.

SIDA: French (and Spanish) acronym for Syndrome Immuno-Déficitaire Acquis.

Spermicide: Used with some condoms (Nonoxynol 9 is a common spermicide) and birth control creams to kill STDs, HIV and sperm.

Surrogate markers: T4 cells are used as a surrogate marker in people who are HIV-positive. The T4 cell count itself is not really a direct measure of HIV, but a declining count is a sign that disease is progressing. The T4 cell count is then said to be a surrogate marker for HIV. Different surrogate markers are being studied to see how well they measure the progress of HIV.

Symptom: A change in the body's appearance or functioning (including mental and psychological changes) that indicates the presence of a disease or illness.

Symptomatic: A change in normal bodily function; i.e., HIV-positive person shows symptomatic signs of AIDS.

Systemic: Affecting the whole body.

T

T4 cells: See T-helper cell.

T-helper cell (T4/CD4 cell): A type of white blood cell that activates T-killer cells and helps stimulate antibody production. Physicians regularly measure T-helper cell counts (CD4 counts) in HIV-positive people to monitor immune system function. The normal range for T-helper cells is 480-1800, but may vary in individuals. HIV first enters cells by attaching itself to the CD4 receptor on the surface of T-helper cells.

T-killer cell (cytoxic T cells): A type of white blood cell that kills foreign organisms when activated by T-helper cells.

T-suppresser cell: A type of white blood cell that helps control the body's response to an infection.

Thymus: The organ of the body that trains T cells to be part of the immune system.

Toxic reaction: A poisonous or unwanted reaction to a vitamin, drug or other substance. A toxic reaction occurs when a helpful medicine also causes damage to the blood or body. Toxicity is a measurement of how much damage may be caused.

Transfusion: The process of giving blood, or parts of blood from one person to another. Some people choose to have their own blood drawn and stored, to be transfused back into them at a later time.

Transmission: The passing of HIV through blood, semen, vaginal secretions or breast milk from an infected individual to another person. These four are the only body fluids known to transmit HIV (although a small amount of HIV might be in saliva, it is not thought to transmit HIV).

Tuberculosis (TB): An infection caused by "Mycobacterium" tuberculosis. It is reported to be rising in urban areas and TB is increasingly common among PWAs.

U

United Nations AIDS (U.N.AIDS): Created in 1995 to coordinate all of the different UN providers of AIDS services, U.N.AIDS began operations in 1996 under its first director, Peter Piot.

Universal Precautions: Refers to safety measures (i.e., sterilization, latex gloves) used by personnel in hospitals and clinics to ensure that infectious agents are not passed by unclean or contaminated equipment or accidents.

V

Vaccine: A suspension of an infectious agent (e.g., virus) or part of that agent. The suspension is administered (usually by injection) in order to confer resistance or immunity to that infectious agent. Other kinds of vaccines, therapeutic vaccines, are in development and being studied. Therapeutic vaccines may help fight HIV even after infection.

Viral Load: The amount of HIV in the blood; branch DNA is a new testing measure that determines the progression of AIDS (compared to the CD-4 count that measures the number of T - helper cells in the blood).

Viremia: The presence of a virus in the blood stream.

Virucides: A physical or chemical agent that destroys or inactivates viruses (researchers are looking for one especially for women to avoid STDs/HIV.)

Virus: A strand of DNA surrounded by a protein shell. Viruses are the smallest known infectious organisms and are unable to live or multiply outside of a host cell. Viruses can cause infectious disease (e.g., small pox, polio, influenza, herpes).

Infection with some viruses, such as CMV, may not produce symptoms in people with an intact immune system, but may prove dangerous or life-threatening for people with HIV/AIDS.

W

Wasting syndrome: A condition characterized by involuntary weight loss of more than 10% of baseline body weight plus either chronic diarrhea or chronic weakness and fever for more than 30 days, when these conditions cannot be explained by any illness other than HIV infection.

Wave: A metaphor used by researchers to explain the different stages of HIV infection and cases of AIDS in the population.

Western blot: One of the major confirmatory tests for HIV antibodies in the blood (see Elisa).

White blood cells (WBCs): White cells protect the body against foreign substances such as disease-producing micro-organisms. They are the heart of the immune system.

Window period: Refers to the time between infection with HIV and when its antibodies can be detected in the blood (as short as six weeks but usually longer, up to six months for test purposes).

Z

Zidovudine (ZDV): A drug shown to be effective in reducing the number of babies born with perinatal HIV.

another sex tutorial

ANAL SEX

The Art of Anal Intercourse dates back to ancient times suggests that the practice of anal sexstimulation of the anorectal area, including penilepenetration has been around for many centuries.In fact, some might find it surprising how commona practice it is among heterosexual couplestoday. In one survey of 100,000 female readersof *Redbook* magazine, 43 percent of the womensaid they'd tried it with their partners at leastonce. Of that number, 40 percent said they foundit somewhat or very enjoyable. (That is, about aquarter of the total number of women surveyedsaid this.) Forty-nine percent said they didn't carefor it, and 10 percent said they had no strongfeelings one way or the other. While not acontrolled scientific study, this survey roughlyparallels the findings of many other sexual surveys.

Something else that may come as a surprise tomany: While a fair number of heterosexualsengage in the practice, not all homosexuals do.In a review of the existing data on the subject, the*Kinsey Institute* concluded that between 59 and 95 percent of male homosexuals had engaged inanal sex at least once.

In the age of AIDS, anal sex has received a lot ofbad press and for good reason. Unprotected analintercourse is the single most risky behavior interms of exposure to the dreaded disease. Itbears mentioning, however, that if neither you noryour partner is already infected with HIV (humanimmunodeficiency virus), you cannot get AIDSfrom anal sex. This may seem self-evident, but ina nationwide sex survey conducted by the KinseyInstitute, half of the American adults questionedsaid they thought you could get AIDS throughanal intercourse, whether or not one partner wasinfected. This is simply not true.

What is true is that having anal intercourse withan infected partner, without using a condom, is

the kind of sex behavior most likely to transmitAIDS. That's probably because the sensitivelining of the rectum is likely to tear duringintercourse, allowing AIDS-infected blood orsemen to pass directly into a sex partner'sbloodstream. In fact, the evidence for this mode of AIDS transmission is so clear-and AIDS itself is so scary-that doctors now recommend againsthaving anal sex with anybody, under anycircumstances.

If you insist on trying it anyway, take twoprecautions: The vagina is naturally elastic andmoistened by its own natural lubricants, but therectum is not. Therefore, before attempting analpenetration, it's important to use a waterbasedlubricant like K-Y Jelly. Also, before entering thevagina after anal intercourse, be sure tothoroughly wash the penis. Otherwise, it's likelyto transfer bacteria from the rectum, which maycause vaginal infections.

AIDS HIV

HOW TO USE A CONDOM

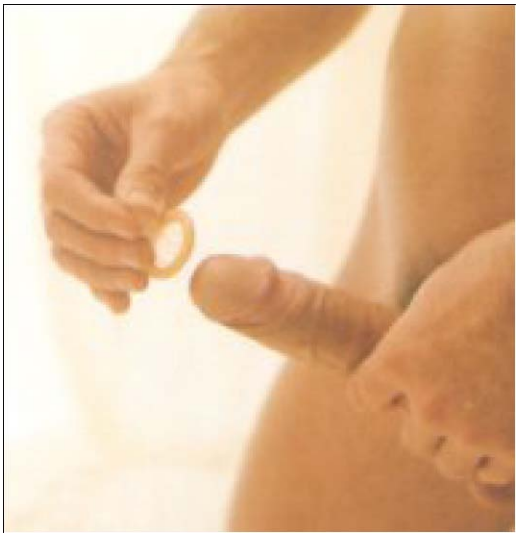
HOMOSEXUALITY

SEX AIDS AND TOYS

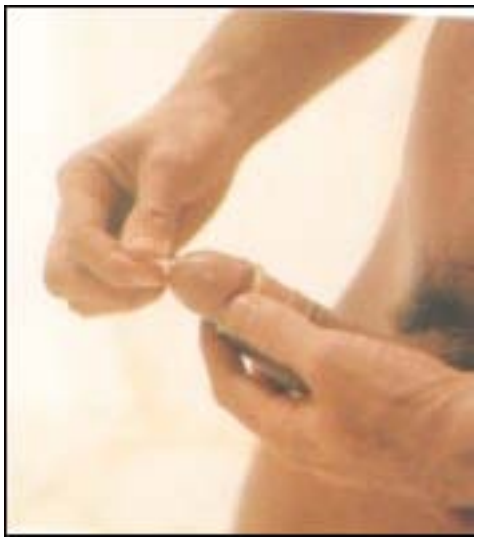
another sex tutorial

How to use a condom

Condoms come ready-rolled and most end in a teat, which catches the semen.



1- Expel the air from the teat at the tip of the condom by squeezing it.



2 - Place the opening of the condom on the head of the penis.

3 - Roll it down the shaft to fit comfortably.

4- When fully unrolled, the condom should extend almost to the base of the penis and fitlike a second skin, feeling silky and smooth.

After ejaculation, the **condom** should be removed carefully to prevent spillage. First, theman withdraws his penis from the woman's vagina,holding the condom securely to his penis so as not toleave it behind. Then he removes it and disposes of it.Of course, care must always be taken that any semenleft on the penis does not get transferred - on thefingers, for example - to the woman's vagina.

Putting on a condom can be fun. Some women enjoy doing this for their partners. You can use your lips and tongue to helpyour fingers unroll the condom down the shaft of thepenis - but be careful not to snag the delicate materialwith your nails or jewelry.

another sex tutorial

Contraception

The ovulation testing pack

is a completely new method of natural familyplanning that allows you to enjoy making lovewithout using any contraceptives on most days ofyour cycle. The pack includes a personal monitorthat checks your urine samples and analysesthem to indicate the days of the month on whichyou are likely to get pregnant. You should usecontraceptives if you wish to make love on thosedays**.** The pack is 93-95 per cent reliable and very easy to use.

Natural family planning,

by contrast, requires meticulous record keepingand iron self-discipline. It involves charting yourtemperature day by day throughout the menstrualcycle to discover the period of ovulation, duringwhich you must abstain from sex. Anyunpredictable irregularity in the cycle can carrythe risk of pregnancy.

The Pill is up to 99 per cent reliable. It allows for

completely spontaneous lovemaking. Thefreedom it gives is of enormous psychologicalbenefit in any relationship. The Pill also regulatesthe menstrual cycle and reduces period pain andheavy bleeding in many women. Mild side effectsoccur in some women who take the Pill, but theyusually disappear after a few months. They mayinclude nausea, headaches, and depression,weight gain and some bleeding between periods.If side effects persist, the doctor or clinic willusually recommend a change of contraception.Before your doctor prescribes the Pill, he or shewill ask for your medical history, including

incidence of thrombosis in your family. The healthrisks involved in taking the Pill are slight whencompared to the risks of pregnancy andchildbirth.

The combined Pill contains

synthetic forms of the sex hormones estrogen and progesterone, which interfere with thewoman's regular 28day menstrual cycle. In awoman who is not taking the Pill, production ofthe sex hormones fluctuates during the cycle,and it is this fluctuation that triggers ovulation.When the Pill keeps the hormone level artificiallyconstant, the signal to ovulate is cancelled out.The same happens during pregnancy, which iswhy overlapping pregnancies do not occur.Anyone who smokes heavily may be at risk ofthrombosis, smokers and those who are over 35 are often advised not to take the combined Pill.

The progestogen - Pill

Pill is not, as sometimes assumed, a low

dose Pill, but one containing a single hormone,progestogen. It has the effect of thickening thesecretions in the cervix, which makes it difficult for sperm to pass. It can be taken by breastfeeding mothers, unlike the combined Pill, whichsuppresses lactation.

The condom is 85-98 per cent

effective as a method of contraception. Condomswork by preventing the sperm from getting to itsdestination, and they do not interfere with thebody's chemistry. The condom is also the key tosafe sex as it protects against all sexuallytransmitted diseases. For more details about condoms and how to use them, see page 128.

Caps and diaphragms act

as a contraceptive by forming a barrier across theneck of the womb (cervix), which prevents thesperm from reaching and fertilizing the egg. Agood fit is crucial. You need to be examined byyour doctor or family planning clinic so that theright-sized cap or diaphragm can be chosen, andyou can be shown how to insert it. A cap ordiaphragm should always be used with aspermicide. This combination has been found tobe a 95 per cent safe contraceptive. Smear a

little spermicide on to the diaphragm and aroundthe rim, to facilitate insertion. Squeeze thediaphragm into a boat shape and insert it as youwould a sanitary tampon, opening the lips of thevagina with one hand. When the rim rests behindthe pubic bone at the front and the dome coversthe cervix at the back, it is in place. Doctorsrecommend that you should not leave thediaphragm or cap in place for longer than 24hours, but you should wait for at least six hoursafter intercourse before removing it. Rememberthat spermicide will be effective only for aboutthree hours, so you will need to put more into thevagina if you have intercourse after thediaphragm or cap has been in place for thatlength of time. When you remove the diaphragmor cap, wash it carefully in warm soapy water andallow it to dry in a warm place, or pat gently witha towel.

The female condom is as effective as other barrier methods. It lines the vagina and has an inner ring that sits over thecervix and an outer ring that lies flat against thelabia. The female condom is made of colorless odorless polyurethane. The woman pushes thecondom up inside her vagina before intercourse,and afterwards removes it and disposes of it. Likethe male condom, the female condom is not reusable. It comes ready lubricated for easyinsertion and no spermicide is necessary. Femalecondoms are made in one size only and will fit allwomen. During intercourse, it is a good idea forthe woman to guide the man's penis into thecondom to make sure it does not enter the vaginaoutside the condom. As the female condom is loose fitting, it will move during sex, but you willstill be protected, because the penis stays insidethe condom. To remove the condom after sex, simply twist the outer ring to keep the semeninside, and pull the condom out gently.

The I U D (intra-uterine device) or coil is a small plastic and copper device that is insertedinto the womb to prevent conception. Only adoctor trained in family planning can do this. TheIUD comes compressed in a thin tube, which isslid through the cervical canal into the uterus andthen withdrawn, leaving the IUD to spring intoshape. Thin threads hang from the IUD about3cm/ 1 inch into the vagina, and these can be feltwith the fingers to make sure that the device isstill in place. To remove an IUD, the doctor pullsthe strings with a specially designed instrument.

Depending on type, IUDs are usually replacedabout every five years. The IUD is reckoned to be96-99 per cent effective as a contraceptive,although it is not clear exactly how it works. Manywomen like it because it allows both partners tobe spontaneous in their lovemaking. However, itdoes not suit everyone. Some women experiencediscomfort and bleeding for a few hours or daysafter the IUD is inserted, and one in four women have to have it removed because of acute painand heavy bleeding. Sometimes an IUD may fallout; this is more likely to happen during a periodthan at any other time, and this is why it isimportant to check regularly that the thin stringsare still inside the vagina.

Contraceptive injections may be given with a drug that contains hormones of theprogestogen type. An injection is needed every8-12 weeks and is a virtually 100 per cent reliable contraceptive. However, it often has a disruptiveeffect on a woman's menstrual cycle, makingperiods more frequent or even disappearaltogether. Return of regular periods may bedelayed for up to a year after the last injection.

Contraceptive implants release a hormone into the bloodstream. The implants aresmall, stick-like and pliable, and are insertedunder the skin of the inner upper arm by yourdoctor or clinic in a simple, almost pain freeprocedure. They cannot be seen. The effects willlast for up to five years, and although theimplants can be removed at any time, the bodywill not be free of the hormone for a short time afterwards. Implants are more than 99 per centreliable, although they may make periods lessregular or disappear altogether. These sideeffects may settle down after several months.

Emergency contraception is also called the 'morning-after Pill'. This last-resortmethod can be used if intercourse has taken place without contraception or if the usualmethod has failed, say in the event of a burstcondom. It may also be prescribed to a womanafter a sexual assault. It can be given up to 72hours after intercourse and is 96-99 per centeffective.I

The danger of AIDS, young people often had sex with a new partner without a condom,particularly if they had been drinking. It isimportant to remember that AIDS is much more

dangerous to your health than pregnancy, andunlike pregnancy, there is no way that thedisease can be terminated.

The message is clear: anyone who engages in casual sex or is having sex with anew partner should use a condom even ifcontraceptive protection is provided by the Pill.Women as well as men are recommended to carry condoms with them.

Clean bodies are generally more appealing than dirty ones, though the smell of alover's sweat can have aphrodisiac qualities.Bathing is not always practicable or desirable, butyou should always wash the genitals and anusbefore sex, to protect against infection, toincrease the enjoyment of your partner and togive self confidence. Soap and water are all thatis needed. Deodorants and perfumes kill thebody's delightful natural scents, and they also taste unpleasant. Vaginal deodorants can bepositively harmful, destroying themicro-organisms in the vagina that protectagainst disease. Always wash anything that isinserted in the anus, as anal sex carries the highest risk of infection.

another sex tutorial

Female orgasm

Since the 1960's, when Kinsey began to bring sex out of the closet, there hasbeen such a great deal of open discussioncentred around the female orgasm that manywomen feel under intense pressure to 'perform'. Ifyou feel your partner is comparing you toprevious lovers, or to an orgasmic ideal in hishead, it detracts from the intimate pleasure of sexand turns it into a competition.

Many women are bothered by the idea that there may be two types of orgasm - vaginal and clitoral. Theywonder whether the orgasms they areexperiencing are 'the real thing'. But are therereally two types of orgasm? It was Freud who firstsuggested that there were. He said that theorgasm experienced through clitoral stimulationwas the precursor of a deeper, more satisfyingorgasm experienced in the vagina duringpenetration by the penis. According to him, thevaginal orgasm was a 'true, mature' sexualresponse, while the clitoral orgasm was itsimmature inferior. The value judgements Freud and his followers placed on the two types oforgasm have caused a lot of unhappiness amongsome women who never experience orgasmduring penetration. They feel that they aremissing out, and are therefore inadequate: lessthan 'real women'.

Researchers into sexual response have been much concerned with the categorization of the female orgasmsince Freud's time. Kinsey's view was that therewas only one type of orgasm, that it wastriggered by clitoral stimulation and involvedcontractions of all parts of the female body,

including the vagina. He could not distinguish asecond type of orgasm that centered solely onthe vagina, and he utterly refuted Freud'sdistinction between 'mature' and 'immature' orgasms.

Subsequent clinical evidence has proved conclusively that Kinsey was right, and now sexologists aregenerally agreed that an orgasm is an orgasm.Researcher Helen Kaplan has come to thisconclusion: 'Regardless of how friction is appliedto the clitoris, i.e. by the tongue, by the woman'sfinger or her partner's, by a vibrator, or by coitus,female orgasm is probably always evoked byclitoral stimulation. However, it is alwaysexpressed by circurnvaginal muscle discharge.'

Although all orgasms are equal, women do report different sensations according to whether they are beingpenetrated or masturbated. And the surprise isthat masturbatory orgasms, which areexperienced by all women who can teachthemselves to come through masturbation, aloneor with a partner, are the more pleasurably acute.All women who orgasm in this way know theacute tension of the clitoris. The voluptuousrushing sensation that breaks into multiplecontractions of the surrounding tissue. A smallminority of women (around 20 per cent,according to sex researcher Shere Hite), whoalso orgasm with a penis inside the vagina,describe that as a quite different experience.Although Freud claimed that orgasms duringintercourse were superior, the majority of womenin a survey carried out by Shere Hite said theywere less intense. Whereas masturbatoryorgasm is experienced as a high, sweet, ripplingsensation, the peak of sensitivity, orgasm withpenetration is like the boom of a distantexplosion, powerful, but somewhat muffled.

Orgasms triggered by the partner's fingers or tongue, and by masturbation,are probably more intense because stimulation ismore localized and more sensitively guided.Masters and Johnson reported strongercontraction spasms and higher rates of heartbeatduring orgasm without intercourse, and especially

during masturbation, and many women confirmedthat they had their best orgasms when alone.Orgasm during penetration is undoubtedly quiterare for many women because a thrusting peniscan stimulate the clitoris only 'in passing', if at all,depending on the position of the couple. Theorgasm experienced may be more diffusebecause the penis alters the focus of attentionfrom the clitoris to the whole of the lower part ofthe woman's body, and because the vagina is full‘muffling' the sensation.

A simultaneous orgasm,

when both partners come together duringpenetration, may feel like a surprisingly bigunderground explosion, but it probably offers theleast in terms of sensual awareness. The reason for this is that if both parties are focused on theirown experience or 'black-out' and becomeoblivious of each other, the sensation of the partner's orgasm is largely lost. For a woman,simultaneous orgasm is often followed by afeeling of disorientation, and a disappointmentthat lovemaking has come to an end.

Orgasm during intercourse is often less acute.

However, many of the women who are able toexperience it prefer it for emotional reasons,because it involves complete body-to-bodycontact, holding the partner and giving oneself to him at the same time. Feeling whole and lovedand emotionally satisfied are important aspects ofa good sexual relationship, but these feelings canbe experienced whether orgasm takes placeduring intercourse or not. What is important isthat women should experience regularmasturbatory orgasms. Orgasm relieves tension,recharges the body and revitalizes the mind. It leaves the woman feeling sparkling and whole.When shared with a partner, it represents thepeak of sexual fulfillment and can be a powerfulexpression of love, helping to unite the couple.

Multiple and sequential orgasms,

such as vaginal and clitoral orgasms, are concepts which have caused a lotof confusion and left many women worried thattheir sexual response might be somewhatinadequate. Because orgasms come in waves,

some women are not even sure whether their orgasms are multiple or single. Multiple orgasmsare those that are experienced in a chain, onedirectly after another; sequential orgasms arethose with a gap of a few minutes between eachone. It seems that true multiple orgasm isextremely rare, although many women arecapable of sequential orgasm.

On the topic of multiple orgasm, Masters and Johnson wrote: "If a female who is capable of having regularorgasms is properly stimulated within a shortperiod after her first climax, she will in mostinstances be capable of having a second, third,fourth, and even a fifth and sixth orgasm beforeshe is fully satiated. As contrasted with the male'susual inability to have more than one orgasm in ashort period, many females, especially whenclitorally stimulated, can regularly have five or sixfull orgasms within a matter of minutes."

Being capable of six orgasms in a row is not the same as needing or even wanting that many.According to Shere Hite, about 90 per cent ofwomen who orgasm feel completely satisfied witha single climax. And in many women the clitorisremains hypersensitive, and further stimulation isuncomfortable and can even prove painful.

another sex tutorial

Does the G-spot really exist?

The G-spot is named after its discoverer, ErnstGrafenberg. While many women still doubt itsexistence, others claim that stimulating a placeabout 5cm/2 inches inside the vagina towards thefront of the body gives them intense pleasure.

The G-spot is said to be the female equivalent ofthe male prostate gland, which is situated about5cm/2 inches up the rectum towards the front ofthe body. Stimulation of both these places canlead to orgasm in some cases. Some womenhave even found that they ejaculate a fluid if theyhave an orgasm by stimulation of the G-spot, andresearchers in Canada and the United States claim that the composition of the fluid isremarkably similar to the secretion of the prostategland.

How do you find the G-spot?

If you doubt the existence of the G-spot, you cantry to find it yourself. The easiest way to reach itis with your own or your partner's finger, but thereare also positions for intercourse in which thepenis stimulates the sensitive area. Rear-entry isbest, particularly with the man on top and a pillowbeneath your hips, so that the penis pressesagainst the front wall of the vagina.

another sex tutorial

Homosexuality

Human sexuality is a complex phenomenon, and not so neatly categorized bythe labels 'heterosexual' and 'homosexual' as society could wish. Between the strong andexclusive attraction of man to woman, and that of man to man, or woman to woman, lies a whole spectrum of sexual and emotional affinities: theardor, or warmth, or coolness of any humanrelationship depends on the individuals within it,and not on any of the arbitrary specificationswhich might be imposed by society.

Some men want sex with other men as a permanent part of their lives;some are curious about male bodies, and mayexperiment at some time in their lives; some feelequally attracted to men and to women; somemen enjoy looking at other men's bodies withoutdesiring sexual contact; some prefer thecompany of other men for leisure; some work inan all male environment. Women also feel and do all these things with other women. These infinitepermutations and the confusion that results fromthem cannot be accommodated by society, whichneeds order in which to function. Order means ignoring varying shades of grey anddistinguishing only between black and white; itmeans putting labels on things. And since societyis never stronger than when it is united against acommon evil, labeling things also means definingsociety's outcasts.

Various attempts have been made this century to 'explain' homosexuality, andeven to 'cure' it. But the question is not really whysome people are homosexual, but why oursociety is heterosexual. People born into ahomosexual society generally conform to thenorm, just as do people born into a heterosexualsociety. Most of us have a broad enough sexual

response to allow us to be conditionedcomfortably to either mode of behavior. Thepeople who feel less comfortable with the statusquo, and those who feel positive discomfort withit are in no way unnatural; rather, it is therestrictions that society places on them thatshould be considered against nature.

One man in three has had some form of homosexual experience resulting inorgasm, according to the Kinsey Report,published in 1948. Kinsey was not saying thatone man in three was homosexual; but he was tearing off the label that branded sexualitybetween men as 'abnormal'. Kinsey pointed outthat humans were not alone among animals inengaging in same-sex activity: the assumptionthat animals had sex only when reproductioncould be guaranteed was a man-made one,designed to bolster the view that homosexualitywas 'against nature'. Of course, half a centuryhas elapsed since the publication of the KinseyReport and sexual mores have changed.However, Kinsey's findings still representextremely valuable research into this area ofsexual behavior and the underlying trends arestill relevant today.

Homosexual encounters between men usually begin in foreplay and end in orgasm,but the pattern of lovemaking is much less rigid than the pattern of lovemaking between men andwomen tends to be, and both partners almostalways reach orgasm. Many homosexual menconsider sex with other men to be liberatingbecause there are no rules: it does not involve pressure to perform or pressure to satisfy theother person, and mutual satisfaction is effortlessbecause men understand each other's bodies so well.

Men report that another advantage of sex without obligations is that they feel they cancome straight to the point; a sexual relationshipoften precedes a social friendship, and not theother way around. Many men describe theirsexual relations with male partners as generallymore honest and straightforward, both physicallyand emotionally, than their relationships with women.

Most homosexual men derive a great deal of physical and emotional satisfaction from

being penetrated. Hygiene should always be thefirst priority in any act of anal penetration, asdisease is especially. easily transmitted in thisway. Always wear a condom. A condom on afinger inserted into the anus can aid lubrication as well as protect against scratches - from fingernails and rough skin -that could lead toinfection. You should always wash thoroughlybefore and after anal sex, and if you use avibrator for penetration, make sure that this iswashed thoroughly too, in hot soapy water with asplash of antiseptic added.

Some women rebel against the narrowness of the status quo and becomelesbians for political reasons, feeling dissatisfiedwith a male dominated society, others do sobecause they find men unsatisfactory as lovers oras partners on an emotional level, and othersbecause they are intensely emotionally involvedwith a member of their own sex and wish to express their feelings through their sexuality.

another sex tutorial

Kissing

There is an infinite variety of kisses that lovers can exchange, from playful or tender lip kissing todeeply arousing open-mouth kissing with tongueplay. Kissing someone you are mad about is oneof life's great pleasures - or should be.Surprisingly large numbers of people have noidea how to kiss, and a poor kisser can be aterrible disappointment, just as someone who is askilled practitioner of the art of kissing can haveyou tearing off your clothes.

The lovers' kiss or French kiss, involving the whole mouth and tongue, is said tohave its origins the way mothers used to feedtheir babies in prehistoric cultures. This practicecan be observed in peasant communities in someparts of Europe even today. The mother chewsthe food for her baby before transferring it directlyfrom mouth to mouth She pushes her tongue,and the food, inside the infant's mouth, and it reacts with searching movements of its tongueinside her mouth. Considerations of hygiene andtoday's associations of mouth-to-mouth contactwith sexual arousal make this type of feeding unacceptable in our society, but the action liveson in adult erotic behavior.

A deep kiss is very often the first mutual acknowledgement that sexual attraction exists between a couple, and it is the firstelement of sexuality to disappear from arelationship that is on the wane. According toRelate (the British Marriage Guidance Bureau),couples whose marriages are in trouble are morelikely to have intercourse than to kiss. That mouthand tongue contact retains a special intimacywhile intercourse can seem businesslike and remote is also illustrated by the fact that

prostitutes never kiss their clients.

The first thing to do when kissing a new lover is to find out with your lipsand tongue where his or her teeth are, so youcan avoid banging into them with your own teeth.Clashing teeth is as impersonal as clashingspectacle frames. The next thing to remember isthat kissing should be wildly exciting: don't getstuck in a rut endlessly repeating the samemovement, or your partner will lose concentrationand grow bored. Vary the pace, and vary theinitiative, sometimes taking it, sometimes beingreceptive to your partner.

Here are a few tips for more enjoyable kissing:

* If your new partner does not smoke and you do, now would be a verygood time to give up the habit. Non-smokers donot like the taste or smell of tobacco.

* Until you have got to know someone well and they have assured you they don't mind it, don't eatstrong tasting food, such as garlic or curry,unless your lover is eating it too.

* Oral hygiene is important. Make sure your mouth looks and tastes good. Get yourdentist to de-scale your teeth regularly and eat ahealthy diet so that your breath is fresh.

* Don't kiss or have oral sex if you have a mouth or throat infection. Kissing cantransfer an estimated 250 different bacteria and viruses carried in saliva, though as yet there is noevidence to suggest that AIDS can be caught inthis way.

* Being kissed passionately by a man with a stubble chin is not anywhere near as erotic as

being kissed passionately by a man who hasrecently shaved.

* If you have a beard,

consider the fact that it makes a barrier between your skin and your lover's. There is no doubt that **more** erotic contact is possible between a clean-shaven man and his partner**.**

* Women who wear make-up should be prepared to have it

licked off or, at the very least, smudged. Considerhow you feel about this before applying yourmake-up, but whatever you do, don't let yourselfbe inhibited by a perfectly painted face. Manymen would prefer to kiss a face bare of make-up anyway.

* To maximize sensation

when kissing, make full use of all the muscles inyour mouth and tongue. it is much better kissingsomeone whose mouth responds to yours andwho knows how to use pressure, than someonewhose mouth is flabby and slack.

* Remember that nothing, but

nothing, is worse than a slobbery kiss.

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another sex tutorial

WEBMAST

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The stop-start technique for delaying ejaculation

The aim of these exercises is to learn to keep yourself below the point at which ejaculation seemsinevitable for as long as possible. Men who donot have a partner can practice the first threesteps. In them selves, they will help you gain agreater measure of control. For the final foursteps you will need the co-operation of a partner.

* Step one Masturbate with a dry hand. Avoid fantasizing, and concentrate insteadon the sensation in your penis. Allow thepleasure to build up but stop immediately you feelyou are about to lose control. Relax for a while,still keeping your mind free of fantasies, until thedanger of ejaculation has passed, then beginagain. Following the same pattern, aim tocontinue stopping and starting for 15 minuteswithout orgasm. You may not be able to manageit at first, but keep trying. As you get morepracticed, you will probably find you have to stopless often. When you have completed three15-minute sessions on three consecutive occasions (not necessarily one immediately afterthe other!), proceed to step two.

* **Step two** involves masturbating with a lubricating jelly to heighten sensation, and makedelay more difficult. Follow the technique in step one until you have completed three separateconsecutive sessions as above.

* **Step three** You will now have gained a good measure of control. The next step involvesmasturbating with a dry hand for 15 minutesbefore ejaculation. Keep focusing on your penis rather than fantasizing. When you feel yourselfgetting dangerously excited, don't stop, butinstead, change rhythm or alter your strokes insuch a way that the pressure to ejaculate fades.Experiment to see which strokes excite you most,and which allow you most control. Work on this step until you have completed three consecutivesessions as before.

* **Step four Now** involve your partner. Lie on your back and get her to masturbate you witha dry hand, as in step one. Concentrate on thesensations in your penis and ask her to stopevery time you get too aroused before the 15 minutes is up. The aim is to last for threeconsecutive 15-minute sessions.

* **Step five** Repeat step four, but ask your partner to use a lubricant while she masturbatesyou. You will find ejaculation much more difficultto control, and you may have to ask her to stopmore often. Once you have mastered three consecutive 15-minute sessions, you are ready totry the stop-start technique with intercourse.

* **Step Six** The best position for delaying ejaculation is with the woman on top. Once youare inside her, ask her to move gently. Put yourhands on her hips so that you can let her knowwith your hands when you want her to stop, andwhen you are ready for her to start again. Again,aim to last for 15 minutes, but if you can't, don'tworry; you can start again once you recover yourerection, and the second time you will probablyhave more control. During intercourse,concentrate entirely on yourself. Give yourpartner your full concentration and bring her to
orgasm either before or afterwards, with oral ormanual stimulation.

* **Step seven** Move on to other positions. It is more difficult to delay -ejaculation with theman on top, so save this until last.

The squeeze technique fordelaying ejaculation

The 'squeeze' action is designed to cause your erection to subside, and it can beapplied every time you get too close toejaculation. Your partner performs the squeezeby gripping your penis firmly, and pressing withher thumb on the frenulum. This is the place onthe underside of the penis where the head joinsthe shaft. At the same time, she presses on theopposite side of the penis with her forefinger, andwith her other fingers **curled round the** shaft. It is important that she presses fairly hard on thepenis and doesn't move her hand while doing so.

Too light a touch could cause you to ejaculatestraight away.

Step one Get your partner to masturbate you with a dry hand. Any time you get too close toejaculation, signal to her to stop and squeezeyour penis. As with the stop-start technique, aimto last for three consecutive 15minute sessions before moving on to step two.

Step two get your partner to masturbate you slowly and gently as before, but this time ask herto use a lubricant. Follow the procedure for step one.

Step three now you are ready for intercourse, but not for thrusting. Instead, lie on your back andask your partner to sit on top of you, with yourpenis inside her. Neither of you should move. Assoon as you feel the urge to come, your partnershould rise off you (this movement is dangerousas it applies stimulation), and immediately holdyour penis in the squeeze grip. Repeat theexercise a couple of times before you allowyourself to ejaculate.

Step four When you feel more confident about your self-control, ask your partner to move gentlywhile she sits on top of you in the same position.When you feel the urge to ejaculate, she shouldmove off you and squeeze as before, until youcan last 15 minutes without ejaculating.

Step five you are now ready to try other positions, but remember that with the man on top,you will have least control. As with the stop-starttechnique, during intercourse you should focus allattention on yourself. Your partner will not feelneglected if you bring her to orgasm orally or

manually either before or after intercourse.

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another sex tutorial

SEX CHAT

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another sex tutorial

THINKING ABOUT BIRTH CONTROL

Thinking about birth control is part of thinking about having intercourse. Some people choose to engage only in sexual behaviors other than intercourse -- some because they prefer other forms of intimacy; some because they're not ready for intercourse; and some because they don't want to risk pregnancy.

Choosing a method of birth control isn't always easy. In addition to thinking about the effectiveness, benefits, and possible side-effects of the methods you're considering, you need to think about what you feel comfortable using. It's important to ask yourself what methods realistically fit with your personality and lifestyle.

Talking about birth control with a partner can be hard. It may help to try to sort out your own feelings before you bring up the subject with your partner. Try to find a time and a way to talk about it that feels comfortable to you.

What Do Effectiveness Rates Mean?

A range of effectiveness is listed for each method of birth control in this handout. The lower rating listed is the "typical effectiveness," which takes into account incorrect or inconsistent use. The higher number is the "theoretical effectiveness" rate, which describes the method's effectiveness when used correctly every time a couple has intercourse. Effectiveness statistics are difficult to evaluate because they vary widely

depending on the design of the research study. The method with the highest effectiveness rating may or may not be the "best" method for you. The best method is the one which you are informed about, comfortable with, and will use consistently.

Birth Control and Sexually Transmitted Diseases (STDs)

You may be primarily concerned with preventing pregnancy when you choose a method of birth control, but if you or your partner has ever had sexual contact with anyone else, you may be at risk for contracting an STD. Using condoms and spermicide provides the greatest protection against STDs. Other methods of birth control (noted in this handout) may also provide some protection. Many women and men use condoms and spermicide along with other methods of birth control to protect themselves and their partners from STDs.

What If Your Method Fails?

Correct and consistent use of your birth control method makes it less likely to fail; however, no method is perfect. If your method fails, or you have unprotected intercourse, the risk of pregnancy may be reduced by immediately inserting two applications of spermicide into the vagina. Also, call the Gynecology Clinic or Dial-A-Nurse about the availability of the morning-after pill.

METHOD Birth Control Pill EFFECTIVENESS 97-99.9% HOW TO OBTAIN Requires recent gynecological exam and attendance at Birth Control Education Class. Call Gynecology for appointment and class schedule. STD PROTECTION No OTHER CONSIDERATIONS Provides continuous

protection. Must be taken at the same time every day. Regulates menstrual cycle, decreases cramps and flow. May cause breakthrough bleeding, breast tenderness, nausea, weight gain/loss during the first few months. Some women are not good candidates because of medical history.

METHOD Norplant (Hormonal Implants) EFFECTIVENESS 99.9% HOW TO OBTAIN Not available at McKinley -- call Gynecology for information. Newly available in 1991. Initial cost $400-$600. STD PROTECTION No OTHER CONSIDERATIONS Requires minor outpatient surgical procedure for insertion and removal. Provides continuous protection for five years (may be removed sooner, if desired). May cause weight gain. Frequently causes irregular bleeding during the first year of use.

METHOD Depo-Provera (DMPA (Hormonal Injections EFFECTIVENESS 99.9% HOW TO OBTAIN Not available at McKinley, call Gynecology for information. Approved for contraception use in 1992. Cost is $25 - $45 per injection. STD PROTECTION No OTHER CONSIDERATIONS A shot every 12 weeks provides continuous protection. Does not contain estrogen. May cause irregular bleeding and spotting, heavier or lighter periods. May cause breast tenderness, nausea, during first few months. May cause weight gain.

METHOD IUD (Intrauterine Device) EFFECTIVENESS 97-99.2% HOW TO OBTAIN Requires 2 appointments for gynecological exam and insertion. STD PROTECTION No OTHER CONSIDERATIONS Provides continuous protection. May cause heavier menstrual bleeding and more severe cramps. Some women are not suitable candidates.

METHOD Diaphragm & Cervical Cap EFFECTIVENESS 82-94% HOW TO OBTAIN Requires recent gynecological exam and may require multiple appointments for fitting STD PROTECTION Some OTHER CONSIDERATIONS Most effective if inserted before any genital contact. Does not affect menstrual cycle. Some women cannot be fitted. Minimal side effects. Some consider it messy or difficult to use.

METHOD Condom EFFECTIVENESS 88-98% HOW TO OBTAIN Can be obtained at Health Resource Centers (locations on back of handout) and at drug stores STD PROTECTION Yes, most effective OTHER CONSIDERATIONS Most effective if put on before any genital contact. Recommended to be used with additional spermicide. May reduce sensation.

METHOD Spermicides (Jelly, foam, cream) EFFECTIVENESS 79-97%

HOW TO OBTAIN Spermicidal jelly is available at Health Resource Centers (locations on back of handout). Other spermicides can be obtained at drug stores. STD PROTECTION Some OTHER CONSIDERATIONS Most effective if inserted before any genital contact. Some consider messy to use. Recommended to be used with a condom. Provides additional lubrication. May cause irritation (switching brands may help)

METHOD Sponge EFFECTIVENESS 82-94% HOW TO OBTAIN Not available at McKinley -- can be obtained at drug stores. Cost is $1 - $2 each. STD PROTECTION Some OTHER CONSIDERATIONS Most effective if inserted before any genital contact. Effective 24 hours. Recommended to be used with a condom. Some consider it

messy or difficult to use. May cause itching, irritation. May not fit all women well.

METHOD Fertility Awareness EFFECTIVENESS 80-98% HOW TO OBTAIN Individual instruction about this method is available at Planned Parenthood -- call 359-8022 to schedule an appointment. STD PROTECTION No OTHER CONSIDERATIONS Requires some instruction, high motivation, and diligent record-keeping of fertility indicators. Increases awareness of changes in menstrual cycle. Requires use of back-up method or abstinence from intercourse during fertile part of cycle. Can be an all natural method. Stress, illness, or vaginal infection can affect fertility indicators

A NOTE ABOUT WITHDRAWAL, RHYTHM, AND DOUCHING Withdrawal is a method couples sometimes use. It can fail due to the presence of sperm in pre-ejaculatory fluid, or the couple misjudging when the man should withdraw. This method requires a high level of trust and cooperation, and couples may find it unsatisfying to use. Withdrawing before ejaculation is better than using no method at all. Couples who use the rhythm ("safe time") method abstain from intercourse (or use another form of birth control) during the fertile time in the woman's menstrual cycle. This method can fail because it is possible for a woman to ovulate at any time during her cycle, including while she is menstruating. The Fertility Awareness Method (described briefly in this handout) combines charting of a woman's menstrual cycle with other fertility indicators to provide more complete information about when ovulation occurs.

Douching after intercourse is not an

effective form of birth control, because some sperm may reach a woman's uterus almost immediately after ejaculation. In addition, douching may push sperm toward the uterus and increase the likelihood of pregnancy.

Reference: Hatcher, et. al. (1990). Contraceptive Technology, 1990-1992, 15th Revised Edition, New York: Irvington Publishers, Inc.

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THE DIAPHRAGM

What Is a Diaphragm? ----------The diaphragm is a soft, thin rubber cup that is placed in the vagina before intercourse. It is a "barrier" method of contraception, and one of its advantages is minimal side effects. The diaphragm covers the cervix and prevents sperm from entering the uterus. When properly used with spermicidal jelly or cream each time you have intercourse, the diaphragm can be 97% effective. Since women differ in the size and shape of the vagina, diaphragms are made in several sizes and types. The correct size and type can only be determined by a doctor or nurse during a pelvic exam.

When Do I Insert the Diaphragm? ---------- The diaphragm must be inserted before intercourse. If intercourse does not occur within 2 hours, a second application of the spermicide is necessary. The diaphragm should not be removed to do this. Insert the additional jelly or cream with an applicator. An application of spermicide is required each time you have intercourse. Be careful not to dislodge the diaphragm with the applicator. You need:

Diaphragm -- available by prescription at

McKinley Health Center pharmacy; comes in its own plastic case.

Spermicidal Jelly or Cream -- available by prescription at McKinley pharmacy; available from both Health Resource Centers; available at other pharmacies for purchase over-the-counter.

Plastic Applicator -- for inserting additional spermicide. Available at McKinley and generally comes inside the spermicide package.

How Do I Insert It? ---------- Wash your hands before handling the diaphragm. Before insertion, put about 1 tablespoon of spermicidal jelly or cream into the dome of the diaphragm and spread some around the rim. If desired, apply a small amount to the outside of the diaphragm to aid insertion. The diaphragm may be inserted while you are standing, squatting or reclining. (It can also be inserted by your partner.)

First, using the thumb and first 2 fingers, press the rim together so that the diaphragm folds in the middle. With the other hand, spread the vaginal lips. Now, insert the diaphragm into the vaginal canal and gently push the diaphragm along the vaginal floor as far as it will go, to make sure it passes the cervix. The diaphragm will open up once inside; now, tuck the front rim up behind your pubic bone. Check to make sure the cervix is covered! Run your finger over the surface of the diaphragm -- you should feel the cervix behind the diaphragm. If the diaphragm is uncomfortable, remove it and reinsert. Be sure and check the cervix again.

When and How Do I Remove It? ---------- The diaphragm must be left in place 6 - 8 hours after intercourse. To remove the diaphragm,

hook your finger under the front rim and gently pull down and out. If you have difficulty with removal, bear down, while squatting, and pull on the diaphragm.

Care of Your Diaphragm: ----------
-- After removing the diaphragm, wash it with a mild soap and water. Rinse it with clean water. Dry carefully. Do not use perfumed soaps containing cold cream or detergents to wash the diaphragm. The elements in these soaps may have a harmful effect on the latex rubber diaphragm.

Dust the diaphragm lightly with cornstarch and replace it in the container. Do not allow the diaphragm to air dry. Do not use any type of body powder, baby powder, flour or face powder, as they may contain elements that could affect the latex rubber diaphragm. Do not use cold cream, Vaseline or other oily substances as a diaphragm lubricant, as these may also be harmful to the diaphragm.

Additional Information: ----------

1. If you gain or lose 10 lbs. or more, or become pregnant, the diaphragm should be refitted.
2. If you think you may have sex, you can insert your diaphragm before you go out. Be sure you insert additional jelly with the applicator before intercourse (if more than 2 hours).
3. In the past, women were counseled to only use certain positions during intercourse. There is no evidence to support this. There should be no fear of dislodging the diaphragm if it is fitted and inserted correctly.

THE PILL

Over 10 million women in the United States currently use an oral contraceptive,

the pill, to prevent pregnancy. There are a number of different brands available, manufactured by several different companies.

The questions and answers outlined below provide important information to assist you in using the pill in the safest, most effective manner. Be sure to read these directions before you start taking your pills, and any time you are not sure what to do. Please address any questions you have to your medical provider.

How does the pill work? ---------- * It prevents ovulation * It alters the cervical mucus, making it less penetrable to sperm It alters the endometrial lining, inhibiting implantation of a fertilized egg, if ovulation has occurred.

How effective is the pill? ---------- The pill is 99% effective when taken correctly. If you stop taking the pill, you may become pregnant very soon. Many pregnancies occur when women stop taking their pills and have intercourse without using another method of contraception.

Who should or should not take the pill? ---------- Each person is evaluated on an individual basis. Determining factors include: past medical history, family history, and findings of a physical exam.

What are the benefits? ---------- * decreases blood loss and incidence of iron-deficiency anemia * decreases severity of menstrual cramps * regulates menstrual periods * decreases risk of fibrocystic breasts and ovarian cysts * often improves acne

What are the risks? ---------- The risks of using the pill are low compared to the risks of pregnancy and childbirth.

Nearly all risks are associated with the cardiovascular system. Smoking significantly increases these risks. If you experience any of the following symptoms, you should seek medical care right away and tell the physician you are on the pill:

A - Abdominal pain (severe) C - Chest pain, shortness of breath, coughing up blood H - Headache (severe), numbness or weakness in arms and legs E - Eye problems (vision loss, blurring, or flashing lights) S - Severe leg pain in calf or thigh

What about cancer and the pill? ---------- Since 1960, when birth control pills first became available, important information about pills and cancer has been learned: pills reduce the risk for ovarian cancer; pills reduce the risk for endometrial cancer; most studies suggest that pills neither reduce nor increase risk for breast cancer.

Further research is needed, as there may be a small number of women who are at increased risk for breast cancer. Women are recommended to do breast self-examination every month, and report any changes or problems to their health care provider.

How do I get a pill prescription? ---------- First-time pill users must attend a birth control education session at McKinley. All pill users must have a pap test done within the year by a McKinley clinician or by a health care provider or clinician. First-time pill users are dispensed three (3) pill packets. Before you finish taking the third packet, return to Pharmacy for refills. If you have any problems, call Gynecology Clinic.

How do I take the pill? ----------

Important facts to remember are:

1. (Before you start taking your pills), look at your pack to see if it has 21 or 28 pills. The 21-pill pack has 21 "active" pills to be taken one-a-day for 3 weeks, followed by 1 week without pills. The 28-pill pack has 21 "active" pills to be taken one-a-day for 3 weeks, followed by 1 week of "reminder" pills to be taken one-a-day for 7 days.
2. The right way to take the pill is to take one pill every day at the same time. Establish a regular routine. If you miss pills, you can get pregnant. This includes starting the pack late. The more pills you miss, the more likely you are to get pregnant. Take a pill every day, until you have completed the pill pack.
3. Some women have spotting or light bleeding, breast tenderness, and/or nausea during the first 1-3 packs of pills. If you experience any of these, do not stop taking the pill. For nausea, try taking your pill after meals. All of these symptoms will usually go away. If they don't, check with your health care provider before getting a refill from the pharmacy.
4. If you take a pill more than six hours late, it is considered a missed pill. Varying the time you take your pills may cause spotting or bleeding and increase the risk of pregnancy.

5. If you have vomiting or diarrhea, for any reason, or if you take other prescription medicines, including antibiotics, your pills may not work as well. Use a back-up method (such as condoms, foam, or sponge) if you have intercourse, and check with your health care provider. (See handout titled Oral Contraceptives and Drug Interactions).

6. Your period will probably be shorter and lighter. If you miss a period, and you've

taken your pills correctly, you are probably not pregnant. Stay on schedule with your pills and get a pregnancy test to be sure.

7. At the end of your pill pack: If you are on a 21-pill pack, you should wait 7 days to start your next pack. You will probably get your period during that week. Don't wait longer than 7 days to begin your next pack. If you are on a 28-pill pack, you will start a new pack the day after you finish your current pack. Do not wait any days.

WHEN TO START THE FIRST PACK OF PILLS

You have a choice of which day to start taking your first pack of pills. Decide with your health care provider which is the best day for you. Pick a time of day which will be easy to remember.

Day 1 start: ---------- 1. Take the first "active" pill of the first pack during the first 24 hours of your menstrual period.

2. You will not need to use a back-up method of birth control, since you are starting the pill at the beginning of your period.

Sunday start: ---------- 1. Take the first "active" pill of the first pack on the Sunday after your period starts, even if you are still bleeding, If your period begins on Sunday, start the pack that same day.

2. Use another method of birth control as a back-up method if you have intercourse any time from the Sunday you start your first pack until the next Sunday (7 days). Condoms (used with foam or the sponge) are good back-up methods of birth control.

WHAT TO DO IF YOU MISS PILLS

If you miss 1 "active" pill: 1. Take it as soon as you remember. Take the next pill at your regular time. (This may mean you

take 2 pills in 1 day.) 2. You do not need to use a back-up method if you have intercourse.

If you miss 2 "active" pills in a row in week 1 or week 2 of your pack: 1. Take 2 pills on the day you remember and 2 pills the next day. 2. Then take 1 pill a day until you finish the pack. Remember, bleeding may occur. 3. If you have intercourse, you must use another birth control method (such as condoms, used with foam or sponge) as a back-up for the next 7 days after you miss the pills.

If you miss 2 "active" pills in a row in week 3 of your pack: 1. If you are a Day 1 Starter -- Throw out the rest of the pill pack and start a new pack that same day. If you are a Sunday Starter -- Keep taking 1 pill every day until Sunday. On Sunday, throw out the rest of the pack and start a new pack of pills that same day. 2. You may not have your period this month, and spotting may occur. However, if you miss your period 2 months in a row, call your health care provider, because you might be pregnant. 3. If you have intercourse, you must use another birth control method (such as condoms, used with foam or sponge) as a back-up for the 7 days after you miss the pills.

If you miss 3 or more "active" pills any time during your pack: 1. If you are a Day 1 Starter -- Throw out the rest of the pill pack and start a new pack that same day. If you are a Sunday Starter -- Keep taking 1 pill every day until Sunday. On Sunday, throw out the rest of the pack and start a new pack of pills that same day. 2. You may not have your period this month, and spotting may occur. However, if you miss your period 2 months in a row, call your health care provider, because you might be pregnant. 3. If you have intercourse, you must use another birth control method

(such as condoms, used with foam or sponge) as a back-up for the 7 days after you miss the pills.

If you forget any of your 7 reminder pills in week 4 of your 28-day pill pack:

1. Throw away the pills you missed. Keep taking 1 pill each day until the pack is empty. you do not need to use a back- up method if you have intercourse.

If you are still not sure what to do about the pills you have missed:

Use a back-up method any time you have intercourse. Keep taking one "active" pill each day, and contact your health care provider.

Is there anything else I need to know? ---------- The birth control pill does not protect against sexually transmitted diseases. Condoms and spermicide do.

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Reference: ---------- Hatcher, R., Guest, F., Stewart, F., Stewart, G., Trussell, J., Bowen, S., & Cates, W. (1989). Contraceptive technology, 14th Revised Edition. New York: Irvington.

HOW TO USE A CONDOM

1. Put the condom on before any genital contact. If uncircumcised, pull back the foreskin.

2. Cover the head of the penis with the condom and gently press the air out of the tip. Unroll it, so that the entire erect penis is covered. A drop of lubricant may also be placed in the tip of the condom before unrolling it onto the penis.

3. If needed, you may generously apply a water-based lubricant to the outside of the condom before penetration. Do not use oil-based lubricants.
4. To prevent slippage, hold the condom at the base of the penis whenever withdrawing.

5. If ejaculation occurs, withdraw the penis before it gets soft. Hold onto the condom to prevent slippage. Throw the condom away.

HOW TO USE SPERMICIDAL JELLY

1. For vaginal intercourse: insert spermicide before any genital contact and repeat application if more than 15 minutes passes before intercourse.

Fill the applicator completely by attaching to the tube and squeezing. Insert the applicator deep into the vagina and push the plunger completely into the applicator. Use an additional application of jelly if intercourse is repeated. Do not douche for eight hours after intercourse.

2. For anal intercourse: if spermicidal lubricant is used, it should be applied to the outside of the condom prior to penetration.

Even if you use a lubricated condom, the use of additional lubrication can increase pleasurable sensations and help prevent tearing of the condom. Lubricants or spermicides containing nonoxynol-9 can provide extra protection because this chemical kills many STD (sexually transmitted disease) germs.

STDs can be passed during vaginal, oral and anal sex. If you are using a condom for oral sex, you may prefer to use a non-lubricated or flavored condom. A condom can be cut to form a latex square for use as a barrier during cunnilingus or

during oral-anal contact.

If a condom breaks, immediate withdrawal is recommended. A new condom can then be used. To reduce the risk of pregnancy, a woman can immediately insert two applications of spermicide into the vagina.

THINGS TO REMEMBER

Latex condoms are recommended for best STD protection.

Proper usage can increase a condom's protection. Avoid sharp objects, fingernails, and air bubbles. Be sure there is plenty of lubrication.

Store condoms in a cool place.

Plan ahead and be prepared.

Learn the facts about how HIV and other STDs are spread.

Learn about how to talk with your partner about safer sex.

Alcohol and other drugs lower inhibitions, seriously affect judgment, and lead to unsafe sex.

another sex tutorial

Sex aids and aphrodisiac s

A variety of sex aids toys are sold over-the-counter in sex shops or by mail order through magazines. Theseinclude Chinese balls (a woman can wear themin her vagina where they vibrate slightly as shemoves about during the day) and condoms withvarious protrusions on them, which are designedto stimulate the clitoris during intercourse. Othercondoms are brightly colored and flavored withfruit.

The vibrator is by far the most popular sex toy. Shaped like a penis andbattery-ope rated, it can be used in love play orfor female masturbation. Some vibrators have an ejaculation mechanism. Many sex therapistsadvise the use of a vibrator for women learning togive themselves orgasms.

To help maintain erection, the simple ring designed to fit at the base of the penis is probably the onlyuseful device. A piece of ribbon will do equally well. Tied fairly tightly around the penis, it acts asa one-way valve. Blood enters the penis but isprevented from leaving it, and thus the erection ismaintained for a little longer. A variety of creamsand sprays that claim to prolong erections or totrigger orgasms are also available.

Named after Aphrodite, the Greek goddess of love, aphrodisiacs aredrugs claimed to excite lust. They may also betaken to stave off exhaustion or heightenpleasure during sex. The popularity of thesedrugs throughout history is a testimony to thefickleness of human sexual chemistry.

In some civilizations, highly nutritious foods were regarded as the mostreliable stimulants, and may indeed have had abeneficial effect on people whose diet wasusually poor. The Greeks went for eggs, honey,

snails, and shellfish such as mussels and crabs. One Arab recipe from The Perfumed Gardenrecommends a glass of very thick honey, twentyalmonds and a hundred pine nuts to be taken forthree nights on retiring. Other recipes were to beapplied externally. In order to increase thedimensions of small members and make them splendid', the author of *The Perfumed Garden* advised rubbing the penis with the melted downfat from the hump of a camel, bruised leeches,asses' members, and even hot pitch. These 'rubs'were probably less effective than the treatment ofrubbing itself.

The Chinese were more scientific in their approach. They measured and blended thepowdered roots of plants, then gave them colorfulnames like 'the bald chicken drug'. This drug gotits name when a septuagenarian civil servantwho took it regularly, fathered three sons andpaid so much attention to his wife that she couldno longer either sit or lie down. He was forced tothrow the remains of the drug out into the yard,where it was gobbled up by the cockerel. Thecock jumped on a hen straight away, andcontinued mating with it for several days withoutinterruption, all the while pecking at its head tokeep its balance, until the chicken wascompletely bald, whereupon the cockerel fell off.The proud inventor of the drug claimed that if itwere taken three times a day for sixty days, aman would be able to satisfy 40 women.

Horns have long been thought to, have aphrodisiac properties because of their obviousphallic shape. Continuing belief in the potency ofrhinoceros horn has brought the single-hornedAfrican rhinoceros to the brink of extinction. In fact horn consists of fibrous tissue, similar in construction to hair and nails. Like them, rhino horn contains the protein keratin, and theminerals sulfur, calcium and phosphorus. Theaddition of these elements to a poor diet mightimprove vigor, but a cheese sandwich would dojust as well.

Another famous aphrodisiac is Spanish fly, the common name of the beetle cantharides. The beetle is dried and the active principal,cantharidin, is extracted. If swallowed,

cantharidin causes an intense burning sensationin the throat, followed by diarrhea. Then theurinogenital tract becomes so inflamed thaturination becomes impossible. The penis ends upengorged and throbbing, but this is due toexcruciating pain rather than to sexual urgency.Taking Spanish fly can sometimes be fatal.

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another sex tutorial

Sexually transmitted diseases

The SYMPTOMS of sexually transmitted diseases (STD) **are often impossible** to detect initially, but if your partner is infected, or you havea sexual relationship with someone who ispromiscuous, then a check-up is essential. Ifsymptoms do manifest themselves, they arelikely to take the form of a discharge from thevagina, penis or anus, or itching or sorenessaround the genitals or anus, or a lump or rash onthe genitals, anus or mouth.

- **Always use a condom.**

If you suspect you may have a sexually transmitted disease, you should seeyour doctor or clinic straight away. You can findthe telephone number of your nearest clinic bylooking up 'special clinic', 'venereal disease' or'VD' in the telephone directory, or by phoningyour local hospital. You will be tested as quicklyas possible, and if the test is positive, you will beadvised to contact your recent sexual partners,as they too may need treatment. Avoid sex untilyou are clear of the disease.

- **Always use a condom.**

AIDS stands for Acquired Immune Deficiency Syndrome, and the disease is caused

by the human immuno-deficiency virus, known asHIV Once it is inside the body, this virus invadesthe white blood cells, which normally fight offdisease, then it multiplies and destroys them. Italso breeds inside the brain. Three to four yearsnormally elapse between infection with HIV andany subsequent development of the symptomsassociated with AIDS.

- **Always use a condom.**

As AIDS develops the body's natural defences become depleted, and the AIDSpatient is increasingly likely to contract diseasesthat a healthy body would normally ward off, andso rare forms of cancer and pneumonia develop.Sometimes AIDS patients are attacked byseveral infections at once, such as candida, herpes and TB. At the same time, the brain maysuccumb to increasingly severe dementia.Somewhere between one in ten and one in three of those infected with HIV are likely to develop**AIDS.** As yet there is no cure for AIDS. AIDS usually progresses through various infections andstages of increasing debility to the eventual deathof the sufferer.

- **Always use a condom.**

How to avoid AIDS

- **Always use a condom.**
- **Avoid anal sex.**
- **Always use a condom.**
- **Don't share toothbrushes, razors or any other instrumentthat might transfer blood fromcuts or abrasions.**

- **Always use a condom.**

The virus is present in body fluids, primarily semen and blood. It may also be present in saliva, thoughresearch indicates that saliva seems to

present little risk. Having anal intercourse with aninfected partner is the most likely way of catchingAIDS, and 80 per cent of British cases so farhave been male homosexuals.

The second most common way of contracting the disease is through infected blood.Almost a quarter of Britain's haemophiliacpopulation now carry HIV because they havebeen injected with the clotting agent collectedfrom infected blood. (Haemophiliacs are bornwithout the blood-clotting factor, and can suffersevere bruising from a minor injury, and bleed todeath from a cut unless they receive the clottingfactor from donated blood.) HIV in the blood mayalso be transmitted on infected needles, and drugaddicts are the third most highly at risk group ofthe population.

To become HIV positive you do not have to be homosexual or promiscuous, a drugaddict or a haernophiliac. Heterosexuals are alsoat risk. Even a heterosexual in a steadyrelationship stands the risk of contracting thedisease if their partner has been infected in a**previous relationship. Therefore** when embarking on any new relationship, it is safest towear a condom.

Gonorrhoea is caused by the bacterium gonococcus, which cannot survive outside thebody and is transmitted only by sexualintercourse, and never (as is sometimesimagined) on toilet seats or towels. In men theurethra, along which urine passes from thebladder, is infected, and there is sometimes painon urinating and a thick discharge from the peniswithin a week after infection. In homosexual men the rectum may be infected, with the possibility ofirritation and discharge from the anus. In women,gonorrhoea infects the cervix, urethra and

rectum, and, as with men, there may bedischarge and pain on urinating. If infectionspreads to the uterus there is a 10 per centchance that the fallopian tubes may be blocked,causing sterility. Often, however, there are nosymptoms in either men or women.

The treatment for gonorrhoea is usually a single dose of antibiotics such aspenicillin, with a check-up afterwards to makesure the infection has cleared. If gonorrhoea isnot diagnosed and treated, serious complicationscan develop. Men may suffer epicliclymitis - painand swelling in the testicles; women may sufferperitonitis - inflammation of the membranes of theabdomen. Both sexes could develop gonococcalsepticaernia, an infection of the bloodstream withskin rashes and arthritis. In serious cases, sterility can result in both sexes. Pregnantwomen with gonorrhoea may pass it on to theirbabies, who can be born with gonococcalopthalmia, an acute inflammation of the eyes.Complications are, however, relatively rarenowadays.

Non-specific urethritis or NSU can be identified by lumps, soreness or itching aroundthe genitals, anus or mouth. There may also be adischarge from the vagina or penis. Thetreatment is usually a two-week course ofantibiotics for anyone who has had contact withan infected person. During treatment, patientsare asked to give up alcohol, as this can bringabout a recurrence of the symptoms.Complications can occur, and these are similar tothose for gonorrhoea, but fortunately earlydiagnosis and treatment can **prevent these.** It is possible for a man to be periodically reinfectedwith NSU without changing his sex partner, andno explanation has so far been put forward forthis. However, both partners will need treatmenteach time NSU manifests itself.

Syphilis is quite rare in Britain today. It affects women less than men, and its main victims are male homosexuals. Symptomsappear between 10 days and 12 weeks afterinfection. In the primary stage of the disease asmall hard sore or chancre appears on the penis,vagina or rectum. It is painless and usuallydisappears very quickly. A few weeks later, in thesecondary stage, the patient is feverish, withswollen glands and itching skin. The disease iscurable with antibiotics, but if for some reason it

should not be treated, serious complications willdevelop many years later. Until the advent ofantibiotics, tertiary syphilis used to be quitecommon, with patients eventually suffering fromdementia and dying a slow, agonizing death.

Chlamycliais one of the most common STDs and is caused by a bacterial parasite calledchlamydia trachomatis. The disease is diagnosedby a swab test, and treatment is with antibiotics.Symptoms in men include a whitish yellowdischarge from the penis, frequent 'burning'urination, and redness at the tip of the penis.Women may notice a discharge, a frequent need to **urinate, and mild discomfort** which they may mistake for vaginitis or menstrual cramps.However, many women experience no symptomsuntil they develop complications such as pelvicinflammatory disease, a serious condition whichcan result in infertility. Babies born to infectedmothers may suffer from eye infection, which issometimes serious, or pneumonia.

Genital herpes is a viral infection transmitted through sexual intercourse. It is verysimilar to the other sort of herpes, which causescold sores, and can also be caught by having oralsex with someone who has active cold sores. The symptoms are itching, pain in the groin,discomfort on urinating and fever, followed by theappearance of painful red blisters on the vulva orpenis, which burst to form ulcers. After about 10days the symptoms disappear and the patientappears to be cured. But the infection is onlylying dormant and may recur at any time,particularly when the patient is under stress.There is as yet no treatment for this disease.While the disease is dormant, it is safe to have sex without infecting one's partner, but it isimpossible to predict the next attack, so the riskof infection remains. If the infection is active at **the end of** a pregnancy, a Caesarean sectionmay be performed to prevent the baby becominginfected in the birth canal.

Genital warts are unpleasant but painless and can be treated quite easily. They are smalllumps that appear on the penis, vulva, or anusand are mildly contagious. The treatmentinvolves either painting the warts with apreparation called poclophyllin, or freezing themoff with liquid nitrogen. An association has beenidentified between genital warts and cervicalcancer, so it is important to get rid of them as

soon as possible, and to have regular cervical smears.

Thrush is a fungal infection that develops in certain conditions in the vagina. It is sometimeslinked to taking the Pill, and if it recurs frequently,a different method of contraception may beadvisable. A man may carry thrush, though heusually manifests no symptoms. Thrush causesvaginal soreness and itching, and a thick whitedischarge. The doctor will probably prescribeanti-fungal cream, to be used by both partners,and vaginal pessaries, though oral treatments areavailable too. Some women find that natural yoghurt in the vagina is effective. Avoid hotbaths, and wearing tights, tight jeans and nylonknickers.

Trichomoniasis is one of the most common and least serious of all sexuallytransmitted diseases and may be passed on bybad hygiene practice in the use of towels as wellas by sexual contact. It can exist in asymptomfree form and some people act aspassive carriers for the disease. However, it canalso cause discharge and pain in urinating in bothsexes. Several drugs are available for treatmentand their success rate is high.

- **Always use a condom.**