

ORAL SEX

“ORAL SEX NO LONGER SOMETHING ONLY OTHER PEOPLE DO”

“A survey of young university students shows oral sex, once considered a ‘way out’ sexual practice, is becoming mainstream. And women are receiving as well as giving.”

“Over a 10-year period, researchers from the University of NSW surveyed more than 4000 first-year students aged 19 or younger. They asked the students questions about the sexual practices they engaged in, from tongue-kissing to fellatio, cunnilingus and vaginal sex.”

“More than half the students in every year were still virgins, but from 1990 to 1999 there were significant increases in the number of student engaging in a range of sexual practices with regular and casual partners. The number of girls who had experienced cunnilingus with a regular partner rose by 16 percentage points between 1990, when it was 41 per cent, and 1999, when it was 57 per cent.”

“Experience of the practice with casual partners rose from 14 to 23 per cent in the same period.”

“The proportion of girls performing fellatio on a regular partner also increased 16 percentage points, from 40 per cent to 56 per cent. Those performing fellatio on a casual partner rose from 12 per cent to 22 per cent over the same period.”

(Jacqueline Maley, “Oral sex no longer something only other people do,” SMH, October 15, 2005, www.smh.com)

“ORAL SEX AT THE SYNAGOGUE”

“oral sex is seen by our kids as nothing more than an after-school snack.”

“I asked the girls I teach and love last Sunday, ‘When you offer oral sex to a boy who does not love you and may not even like you and who will most probably destroy your reputation by telling his friends what you will do, are you proud of yourself? Do you think you are making your parents proud of you? Do you think this is what God wants you to do with your body? You are better than that. You are much better than that.’”

“I asked the boys I teach and love last Sunday, ‘When you ask or beg or plead or coerce or manipulate a young girl who likes you and just wants to be popular to go down on you, are

you proud of doing that to her? Do you think you are making your parents proud of you? Do you think that is what God wants you to do with your body? You are better than that. You are much better than that.”

(Marc Gellman, “Oral Sex at the Synagogue,” MSNBC, November 2005, www.msnbc.msn.com/id/9979345/site/newsweek/print/1/displaymode/1098)

“NEW DATA ON ORAL SEX AMONG TEENS”

“Oral sex among all teens: Among teens ages 15 to 19, a similar percentage of males and females engaged in oral sex (55 percent of males and 54 percent of females). Older teens were more likely to engage in oral sex. Specifically, among teens ages 18 to 19, 70 percent of males and 72 percent of females reported having ever engaged in oral sex, compared with 44 percent of males and 42 percent of females ages 15 to 17.”

“Oral sex among teens who have not had sexual intercourse: Among teens ages 15 to 19 who had not had sexual intercourse, no significant gender differences were found in oral sex experience. Almost a quarter of all teens ages 15 to 19 who had not had sexual experience (24 percent of males and 22 percent of females) had engaged in oral sex. Again, older teens who had not had sexual intercourse were more likely to have engaged in oral sex. Among teens ages 18 to 19 who had not had sexual intercourse, 31 percent of males and 35 percent of females reported having ever engaged in oral sex, compared with 21 percent of males and 18 percent of females ages 15 to 17 who had not had sexual intercourse. Among teens who had not had sexual intercourse, whites were most likely to report experience with oral sex: 26 percent of white males reported engaging in oral sex compared with 17 percent of Hispanic and 23 percent of black males. Among females, 25 percent of whites reported engaging in oral sex compared with 19 percent of Hispanics and 16 percent of blacks.”

“**Oral sex trends:** The new information on teen oral sex posted on the Child Trends DataBank also includes a limited amount of data on the overall time trend. These data are not available for females, but they are for males from published analyses of data on oral sex in the 1995 National Survey of Adolescent Males. The data show no overall significant increase in the receipt of oral sex between 1995 and 2002 among never-married males ages 15 to 19 (49 percent in 1995 versus 51 percent in 2002), but they do show an increase in the receipt of oral sex among males who had not had sexual intercourse (from 15 percent in 1995 to 21 percent in 2002).”

“**Oral sex and condom use:** Fewer than one in ten teens who engaged in oral sex used condoms to protect themselves from sexually transmitted infections. Only 9 percent of

males and females reported using a condom the most recent time they engaged in oral sex.”

“The National Survey of Family Growth

The National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics (NCHS), collects data on factors relating to reproductive health such as sexual and contraceptive behaviors, and fertility outcomes and family formation such as marriage and divorce. This information is also relevant for addressing important public health concerns.”

(“New Data On Oral Sex Among Teens,” Child Trends, September 2005, www.childtrends.org)

“ORAL SEX COMMON AMONG U.S. TEENS”

“More than a third of males aged 15-17 reported having had vaginal sex. In addition, 28% reported giving oral sex to a female and 40% reported receiving oral sex from a female.”

“For men aged 18 to 19, two-thirds reported having vaginal sex. About half report giving oral sex to a woman, and two-thirds report receiving oral sex from a woman.”

“Among females aged 15-17, 39% report having had vaginal sex, 30% report giving oral sex to a male, and 38% report receiving oral sex from a male. By age 18-21, the percentage of women who had had vaginal sex was similar to those who had had oral sex.”

“Some teens reported having oral sex but not vaginal sex (13% of males and 11% of females aged 15-17)”

“Nine out of 10 men called themselves heterosexual, 2.3% called themselves homosexual, 1.8% called themselves bisexual, nearly 4% selected ‘something other,’ and about 2% didn’t answer.”

“Among women, 90% called themselves heterosexual, 1.3% called themselves homosexual, 2.8% selected ‘something other,’ and 1.8% didn’t answer.”

(Miranda Hitti, “Oral Sex Common Among U.S. Teens,” WebMd, September 2005, www.webmd.com/content/article/111/110203.htm?printing=true)

“NEARLY ONE IN FOUR VIRGIN TEENS HAS HAD ORAL SEX”

“New Analysis Shows Oral Sex is Now More Common Than Sexual Intercourse Among Teens”

“Just over half of teens (aged 15-19) have had oral sex and nearly one in four who have not had sexual intercourse report they have had oral sex (24% of boys and 22% of girls), according to a new analysis released by the National Campaign to Prevent Teen Pregnancy. Based on data from 2002, the new analysis also indicates that the proportion of virgin teen boys (aged 15-19) who have had oral sex did not increase between 1995 and 2002, but did increase for those teens who have had sexual intercourse (from 82% in 1995 to 88% in 2002). Trend data for teen girls are not available.”

“The National Campaign’s analysis also shows that teen boys and girls are equally as likely to have had oral sex (55% of boys and 54% of girls). Among teens, oral sex is now more common than sexual intercourse – in 2002, about half of teens (53% of girls and 49% of boys) reported having had sexual intercourse. Nearly nine in ten teens (88% of boys and 87% of girls) who have had sexual intercourse also have had oral sex. The proportion of virgin and non-virgin teens who have had oral sex increases as teens get older.”

(“Nearly One in Four Virgin Teens Has Had Oral Sex,” The National Campaign to Prevent Teen Pregnancy)

“URETHRITIS IN MEN LINKED TO ORAL SEX”

“FRIDAY, Jan. 6 (HealthDay News) – New research suggests that the gonorrhea-like condition known as urethritis, perhaps the most common sexually transmitted disease, can spread to men when they’re on the receiving end of fellatio.”

“‘This one really nails it down,’ said Dr. Hunter Handsfield, a professor of medicine at the University of Washington who wrote a commentary about the findings.”

“Urethritis, a condition related to a number of health problems, such as urinary tract infections and some sexually transmitted diseases, causes inflammation of the urethra. It can lead to genital discharge, burning during urination and redness and swelling at the tip of the penis, said Dr. Jeffrey D. Klausner, director of STD Prevention and Control Services with the San Francisco Department of Public Health. The symptoms ‘usually signify and infection due to a germ, like a bacteria or virus,’ he said.”

“Urethritis usually goes away on its own or is easily treated with antibiotics, Klausner said. But in some cases, it can result in serious complications, including permanent damage to the urethra in both men and women, especially if it’s not treated.”

(Randy Dotinga, “Urethritis in Men Linked to Oral Sex,” Yahoo News, January 2006, www.news.yahoo.com)

“ORAL SEX AND CONDOM USE AMONG YOUNG PEOPLE IN THE UNITED KINGDOM”

“Results: Fifty-six percent of survey respondents had experienced fellatio or cunnilingus, including 22% of those who had not yet engaged in penetrative intercourse. Of young people who had vaginal intercourse, 70% had previously had oral sex. Among those who had experienced fellatio once, 17% had used a condom, but only 2% of respondents who had engaged in fellatio more than once reported consistent use. Reduced pleasure and lack of motivation, desire and forethought were reasons given for not using condoms during fellatio; hygiene, avoidance of the dilemma of whether to spit or swallow ejaculate, and taste were commonly cited as trigger for use.”

(Nicole Stone, Bethan Hatherall, Roger Ingham and Juliet McEachran, “Oral Sex and Condom Use Among Young People In the United Kingdom,” Perspectives on Sexual and Reproductive Health, 2006, 38(1):6-12)

“ORAL AND ANAL SEX INCREASING AMONG TEENS”

“In examining the 1994 medical records of 2,598 12- to 25-year-olds, and the 2004 medical records of 6,438 subjects of the same age, attending STD clinics in Baltimore, Erbeling and colleagues found that over the 10-year period the prevalence of self-reported oral sex in the previous 90 days doubled among males (from 16 percent to 32 percent) and more than doubled among females (from 14 percent to 38 percent).”

“There was also an increase in rectal sex among young women, ‘but it was a lot less common than oral sex,’ Erbeling said. Among young women, the prevalence of self-reported anal sex over the period rose from 3 percent to 5.5 percent.”

(Megan Rauscher, “Oral and anal sex increasing among teens,” Reuters, May 2006, www.today.reuters.com)

“MANY YOUNG TEENAGERS CONSIDER ORAL SEX MORE ACCEPTABLE AND LESS RISKY THAN VAGINAL INTERCOURSE”

“Ninth graders surveyed in two California public schools had more experience with oral than with vaginal intercourse, and their intended behavior in the next six months favored oral sex.¹ The teenagers estimated that they have less chance of becoming pregnant or contracting chlamydia or HIV if they engage in oral sex than if they have vaginal intercourse, as well as less chance of jeopardizing their relationship or their reputation, getting into trouble or feeling guilty about their behavior. Respondents expressed greater acceptance of oral sex than of vaginal intercourse for youth their age, and said that oral sex is the more prevalent behavior among their peers.”

“1. Halpern-Felsher BL et al., Oral versus vaginal sex among adolescents: perceptions, attitudes, and behavior, *Pediatrics*, 2005, 115(4):845-851.”

“Some 20% of the teenagers said that they had had oral sex, a significantly higher proportion than reported experience with vaginal intercourse (14%). Likewise, a significantly greater proportion intended to have oral sex in the next six months than intended to have vaginal sex (32% vs. 26%). Males and females did not differ in their reports of sexual experiences and intentions.”

(Source: D. Hollander, “Many Young Teenagers Consider Oral Sex More Acceptable and Less Risky Than Vaginal Intercourse,” The Alan Guttmacher Institute, Perspectives on Sexual and Reproductive Health, September 2005, Volume 37, Number 3)

“SURVEY: TEENS UNDERESTIMATE ORAL SEX RISK”

“The survey of 580 children with a mean age of 14.5 found 20 percent said they had engaged in oral sex, compared to 14 percent who said they had engaged in sexual intercourse.”

“In addition, one-third of the multi-ethnic 9th graders surveyed said they intended to have oral sex within the next six months and nearly one-fourth planned to have intercourse during the period. It was more common for boys to have performed oral sex on girls than vice versa. The report said.”

(“Survey: Teens Underestimate Oral Sex Risk,” *CNN*, April 4, 2005)

“ORAL VERSUS VAGINAL SEX AMONG ADOLESCENTS: PERCEPTIONS, ATTITUDES, AND BEHAVIOR”

“Results. More study participants reported having had oral sex (19.6%) than vaginal sex (13.5%), and more participants intended to have oral sex in the next 6 months (31.5%) than vaginal sex (26.3%). Adolescents evaluated oral sex as significantly less risky than vaginal sex on health, social, and emotional consequences. Adolescents also believed that oral sex is more acceptable than vaginal sex for adolescents their own age in both dating and nondating situations, oral sex is less of a threat to their values and beliefs, and more of their peers will have oral sex than vaginal sex in the near future.”

“Conclusions. Given that adolescents perceive oral sex as less risky, more prevalent, and more acceptable than vaginal sex, it stands to reason that adolescents are more likely to engage in oral sex. It is important that health care providers and others who work with youths recognize adolescents' views about oral sex and broaden their clinical preventive services to include screening, counseling, and education about oral sex.”

“Studies indicate that between 14% and 50% of adolescents have had oral sex before their first experience with sexual intercourse,^{3,5-8} that more adolescents have had oral sex than vaginal sex,^{5,8,9}”

“Although it is true that oral sex negates the risk of pregnancy and entails significantly less risk of STI transmission, various studies and case reports suggest that oral sex is still a potential transmission route for oral, respiratory, and genital pathogens,^{6,15-18} including STIs such as herpes, hepatitis, gonorrhea, chlamydia, syphilis, and HIV.¹⁵ Although HIV transmission rates are lower for oral sex than vaginal and anal sex,¹⁷ HIV and STI transmission is still possible through oral sex,^{6,16-18} with 1 estimate for HIV transmission through oral sex of 0.04% compared with 0.06% for anal sex,¹⁷ and another estimate of 1% (range: 0.85–2.3%) for oral sex with a single partner, as compared with 10% (range: 4.2–12%) for anal sex.¹⁸”

“Adolescents' Attitudes About Participating in Oral Versus Vaginal Sex”

”A within-subjects, repeated measures ANOVA compared participants' attitudes toward oral sex versus vaginal sex (Table 4)”.

“TABLE 4.”

“Adolescents' Attitudes Toward Engagement in Vaginal Sex Versus Oral Sex*”

| | Vaginal Sex, Value Mean (SD) | Oral Sex, Mean (SD) | F Value | P |
|--|------------------------------------|------------------------|---------|------|
| It is okay for teens my age to have (vaginal/oral) sex with someone they are dating. | 2.62 (1.19) | 2.87 (1.25) | 21.889 | .000 |
| Teens my age are too young to have (vaginal/oral) sex. | 3.51 (1.23) | 3.34 (1.27) | 6.37 | .012 |
| It is okay for teens my age to have (vaginal/oral) sex with someone they are not dating. | 1.96 (1.10) | 2.17 (1.14) | 27.36 | .000 |
| It is okay for teens my age to have (vaginal/oral) sex with someone they are in love with. | 3.02 (1.30) | 3.05 (1.32) | 1.39 | .239 |
| Having (vaginal/oral) sex at my age is against my moral/ethical/religious beliefs. | 3.08 (1.41) | 2.93 (1.34) | 4.62 | .032 |

*Responses made on a 5-point scale, ranging from strongly agree (5) to strongly disagree (1).”

“As expected, adolescents believed that having oral sex is more acceptable for their age group than vaginal sex. Specifically, participants reported more acceptance of having oral sex with someone they are dating and with someone they are not dating than vaginal sex. Participants also agreed more that teens their age were too young to have vaginal sex, compared with oral sex. In addition, participants believed that vaginal sex was more against their moral, ethical, or religious beliefs, compared with oral sex. Participants did not demonstrate a significant difference in attitudes between having oral or vaginal sex with someone with whom they are in love. Interaction effects of gender and oral sex experience (dichotomously scored) were also conducted for each attitude variable. No significant interactions were found for oral sex experience. There was 1 significant gender interaction ($F = 5.23$, $P < .05$), in which female adolescents agreed that vaginal sex at their age is against their ethical beliefs more than is oral sex (means: 3.08 for vaginal sex and 2.86 for oral sex), whereas male adolescents on average reported no difference in such beliefs between vaginal or oral sex (means: 2.60 for both sex types).”

“Results from a within-subjects ANOVA indicated that adolescents in this study believed that a greater number of adolescents their age have had and intend to have oral sex in the near future compared with vaginal sex. The adolescents also perceived that more teens will choose to abstain from vaginal sex in the near future and will wait to have vaginal sex until marriage, as compared with oral sex (Table 5).”

“TABLE 5.”

“Adolescents’ Perceived Peer Engagement in Vaginal Versus Oral Sex”

| Out of 100 Teens Your Age, How Many . . . | Vaginal Sex, <i>P</i> Value Mean (SD,) | Oral Sex, Mean (SD) | <i>F</i> Value Mean (SD) |
|---|---|------------------------|-----------------------------|
| Have had (vaginal/oral) sex? .000 | 40.87 (25.22) | 46.72 (25.13) | 49.39 |
| Will choose not to have (vaginal/oral) sex in the next 6 mo? .000 | 44.81 (26.01) | 41.65 (25.45) | 13.27 |
| Will have (vaginal/oral) sex in the next 6 mo? 34.27 (23.79) | 39.02 (24.37) | 65.52 | .000 |
| Will wait to have (vaginal/oral) sex until they are married? 29 (24.66) | 26.80 (24.44) | 33.08 | .000 |

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(Bonnie L. Halpern-Felsher, PhD*, Jodi L. Cornell, MSW, MA*, Rhonda Y. Kropp, BScN, MPH* and Jeanne M. Tschann, PhD, “Oral Versus Vaginal Sex Among Adolescents: Perceptions, Attitudes, and Behavior,” *American Academy of Pediatrics*, April 11, 2005, <http://www.pediatrics.org/cgi/content/full/115/4/845>)

“ORAL SEX SAFE AND NOT REALLY SEX, SAY U.S. TEENS”

“One in five U.S. teenagers say they have engaged in oral sex, an activity that some adolescents view as not sex at all and certainly less risky than intercourse, a report released Monday said. The survey of 580 children with a mean age of 14-1/2 found 20 percent said they had engaged in oral sex, compared to 14 percent who said they had engaged in sexual intercourse.”

“In addition, one-third of the multi-ethnic 9th graders surveyed said they intended to have oral sex within the next six months and nearly one-fourth planned to have intercourse during the period. It was more common for boys to have performed oral sex on girls than vice versa, the report said.

Previous studies and numerous campaigns aimed at deterring teenaged sex have focused on intercourse, but as many as half of adolescents experience oral sex first, the report said.”

“The risk of transmitting infections, including HIV, is significantly less with oral sex than with intercourse but is likely underestimated by teenagers, said the report in the journal *Pediatrics*.”

“Youngsters who engage in oral sex rarely used condoms or dental dams, even though herpes, hepatitis, gonorrhea, chlamydia, syphilis as well as the virus that causes AIDS can all be transmitted orally, it added.”

“Given the suggestion that adolescents do not view oral sex as sex and see oral sex as a way of preserving their virginity while still gaining intimacy and sexual pleasure, they are likely to interpret sexual health messages as referring to vaginal sex,” wrote lead author Bonnie Halpern-Felsher, a pediatrician at the University of California, San Francisco.”

“Adolescents also believed that oral sex is more acceptable than vaginal sex for adolescents their own age in both dating and non-dating situations, oral sex is less of a threat to their values and beliefs, and more of their peers will have oral sex than vaginal sex in the near future,” she wrote.”

“Oral sex Safe and Not Really Sex, Say U.S. Teens,” Chicago Reuters, April 2005, http://news.yahoo.com/news?tmpl=story&u=/nm/20050404/od_nm/health_sex_dc)

“TEENS AND ORAL SEX”

“How prevalent is oral sex among today’s children and teens? The Urban Institute’s National Survey of Adolescent Males (15-19 year old boys) reveals alarming numbers that reflect our culture’s increased disregard for a biblical, sexual ethic. Their findings include

- “55 percent reported in engaging in vaginal intercourse;”
- “53 percent had been masturbated by a female”
- “49 percent had received oral sex”
- “39 percent had given oral sex to a female; and”
- “11 percent had engaged in anal sex.”

(Walt Mueller, “Teens and Oral Sex,” Lifeway Press, 2001)

“ORAL SEX IS SEX, AND MOST TEENS DON’T KNOW IT”

“How rampant has this sexual act become among teens?”

“Check out these statistics:”

- “Some 36 percent of teens ages 15-17 admit to having had oral sex. These numbers increase among teens and young adults ages 15-24.”
- “About 75 percent of teens ages 15-17 who have had intercourse have also had oral sex, while 13 percent of teens ages 15-17 who have never had intercourse have admitted to engaging in oral sex.”
- “Nearly 25 percent of 10th graders in an upper middle class school district in New England reported having multiple oral sex partners within the last year. The females reported having three to four partners.”

“Why are so many adolescents engaging in such an intimate act?”

“The media heavily influences the way kids act, feel and respond to sexually related issues. The messages communicated by the media are that sex outside of marriage is okay (and expected!), oral sex is not as big a deal as intercourse, and exploring multiple sexual partners and experiences should be encouraged. And these messages are becoming more common and explicit in relation to oral sex.”

“Another factor is the varied perceptions that teens have about oral sex. A 2003 series of national surveys conducted for the Kaiser Family Foundation (KFF) and *Seventeen* magazine revealed that half of all teens ages 15-17 do not believe that oral sex is ‘sex.’ And why should we expect anything different? Teens are bombarded with the message that it’s okay, yet where are the voices telling them otherwise?”

“As they mature and get older, teen views on oral sex only get worse. A survey of undergraduate students revealed that 59 percent of college students do not define oral sex as sex. Many are merely following the lead of former president Bill Clinton, whose message came across loud and clear when he said he did not consider his actions to be ‘sexual relations.’”

“In the March 2003 edition of the *Journal of School Health*, directors and leaders of federally funded abstinence programs were surveyed regarding their definition of abstinence. This group could not even agree on a definition. Some considered oral sex as acceptable behavior for abstinent teens!”

“Postmodern thinking is also evident in the decisions teens make. They no longer rely on God’s objective truth to dictate what is right and wrong. Rather, they rely on their feelings to determine whether or not something is right ‘for me’ at that moment. If they think oral sex will make them ‘feel good,’ they’ll give in. Until we teach kids to integrate their faith into all of life we should not expect anything else.”

“Another reason students are tempted to have oral sex is social pressure. More than 92 percent of teens think being a virgin in high school is good. But, in the eyes of many teens, you can have oral sex and still remain a virgin. One-quarter of sexually active adolescents report engaging in oral sex as a strategy to avoid intercourse! The belief that ‘everybody’s doing it’ may lead some teens to believe it’s alright for them. A 2004 survey by KFF revealed that 61 percent of teens and young adults believe ‘waiting to have sex is a nice idea but nobody really does.’”

“Oral sex is becoming so common among teens that many only consider it ‘third base.’ Peer pressure undeniably plays a large role. Guys are often the initiators of oral sex encounters, but more and more girls are willingly and enthusiastically participating. In

some circles, it has become expected behavior for girls. Girls with lower self-esteem will often engage in oral sex just to remain in the group or to keep guys from leaving them.”

“Drugs and alcohol hinder the decisions teens make regarding their sexual activities as well. Students who use drugs or alcohol are three times more likely to participate in oral sex than nonusers.”

“Finally, a lack of knowledge about the dangers and risks of oral sex leaves many students to make uninformed decisions. For example, 40 percent of adolescents consider oral sex to be ‘safer’ sex, while 20 percent of teens do not even know that STD transmission can occur through oral sex. The Medical Institute for Sexual Health clearly states that, ‘oral sex is sex, and is not part of the repertoire of abstinent behavior. Oral sex is likewise neither ‘safe’ nor ‘safer’ sex.’ Nobody is telling our teens these simple truths. STDs can be transmitted through oral sex. Of sexually active teens, one out of four will contract an STD every year.”

“What can we do?”

“First, we need to define oral sex, sex and abstinence. Oral sex IS sex. Engaging in oral sex is not part of abstinence. Pam Stenzel bluntly but accurately defines sex this way in her book, *Sex Has a Price Tag*. ‘Any genital contact at all, whether hand to genital, mouth to genital, or genital to genital, is sex.’ She goes on to say, ‘if you’ve had any genital contact at all, you’ve had sex.’ We need to make these definitions clear to young people.”

(Chris Wagner, “Oral Sex Is Sex, and Most Teens Don’t Know It,” Center for Parent/Youth Understanding, http://www.cpyu.org/pageview_p.asp?pageID=18565)

“CHILDREN LEFT HOME ALONE”

“(Transcript from the Oprah Winfrey show, January 14, 2004)”

Winfrey: “This is Jessica Weiner, who’s an expert on teens and self-esteem. And she conducts workshops all over the country. Maybe you’ll want her to come to your school, because she was called in to help students from Columbine High School after the terrible tragedy there. And she’s also written a new book called ‘A Very Hungry Girl.’ Jessica says that things have changed. We all just need to get with that program. And teens and preteens are engaging in sexual behavior at much earlier ages. What is the deal with the oral sex thing?”

Ms. Weiner: “Let me tell you...”

Winfrey: “What is the deal? I mean, I – I did 13-year-olds...”

Ms. Weiner: “It is...”

Winfrey: “...last year who told me that it is just as common as dirt.”

Ms. Weiner: “They tell me that, too.”

Winfrey: “Yeah.”

Ms. Weiner: “Every teen-ager that I talk to now, practically every teen-ager, has not a clue why they’re doing and having oral sex, but it – that it’s no big deal. It’s become incredibly casual.”

Winfrey: “It’s casual.”

Ms. Weiner: “It’s really casual. Sex in general is casual.”

Winfrey: “Like – so you can do it – on the back of the school bus and everybody knows that you’re doing that and that is not a big deal?”

Winfrey: “Oh, I’m just asking the question. We’ll be right back. Coming up, children having sex. And later, teens say oral sex is no more serious than a kiss goodnight. One mom’s eye-opening conversation with her son. How young is too young?”

Winfrey: “Now meet 18-year-old Vykki. Vykki says she was way too young when she lost her virginity at 11 years old. The boy was only 13. Were you old enough to realize at the time even what was going on?”

Vykki: “I understood what was going on, but I didn’t understand what consequences my actions could have on my life and the life of somebody else.”

Winfrey: “Were you at home – were you home alone a lot?”

Vykki: “Yes, I was. My mom’s a single parent and works very hard.”

Winfrey: “And bored.”

Vykki: “Yeah.”

Winfrey: “Yeah. Did your parents know you were having sex?”

Vykki: “No.”

Winfrey: “Nobody knew.”

Vykki: “No.”

Winfrey: “No. And you used to sleep – you slept with – What? – 14 – did I hear 14 different people?”

Vykki: “That’s correct, yes.”

Winfrey: “Before you were...”

Vykki: “Before I was 15.”

Winfrey: “Before you were 15. Thank you. What do you make of 11- and 12- and 13-year-olds – and the oral sex issue?”

Ms. Weiner: “Well, you know what? It is incredibly all about self-esteem for these teens. What they tell me is they they do it to be liked. You know, they do it to be accepted. And it sounds horrific, and it is – it is, but that’s the truth. They are feeling – if you want to see what peer pressure looks like, this is what teens tell me. This is what peer pressure looks like. They get asked enough to perform oral sex – girls – and specifically now we’re talking about girls performing oral sex on guys. We’re not talking about the other way around.”

Ms. Weiner: “But at 11 and 12, when you’re caught giving oral sex on the back of a bus to somebody that you know or don’t know – it doesn’t matter – that is so much about not having sense of self, and it is incredibly dangerous.”

Winfrey: “Because I don’t – I – I’ve heard you say this, that the girls die a little spiritual death every time.”

Ms. Weiner: “They do.”

Winfrey: “Yeah.”

Ms. Weiner: “Well, we die a spiritual death when we do things that aren’t good for us, when we know they’re not good for us, you know, and you feel your sense of hope and your sense of purpose and your sense of good destroyed. Well, when you’re giving your body away and you’re performing acts that are intimate and basically intimate and soulful,

when you're doing that casually, it affects us as adults, and it affects our 13-year-olds in profound ways. And I see that. The teens I work with, it sets them up for other poor choices. It sets them up for eating disorders and other addictions and other forms of, you know, sexual abuse and promiscuity. It sets the pattern that they're not worth."

Winfrey: "This is Norma, who says she was shocked when her teen-age son told her oral sex was an impersonal, casual act. Exactly what we just heard here, right?"

Norma: "Yeah. My – I had my son in a ca – I call it the captive audience, was – which is the car."

Winfrey: "Yes."

Norma: "And so I – I said, 'So what do you think about, you know, all this oral sex stuff?' and he says – shrugs his shoulder, and then he says, 'It's like a kiss.' And I said, 'A kiss? Oral sex and a kiss are the same thing?' So he said, 'Yeah.' He said, 'it's no big thing at all, Ma.' He said, 'You're making a big deal out of nothing.' He said, 'Everybody does it.' And I said, 'Well, does she expect you to call her the next day?' And he said, 'No. There's no relationship. You don't have to know her name. You don't have – there's no expectation. There's no expectation at all.' And I said, 'Well, what do you think about a girl that does that?' He said, 'Nothing. They're all doing it.' And we live in a very upscale neighborhood, and he said, 'Everybody's doing it.' And I said, 'Well, what about intercourse?' And he said, 'Oh, now you're – now, you know, you've got – that's got to be your girlfriend.' So, 'OK.' And, I – of course, I tried to act as though, you know ..."

("Children Left Home Alone," The Oprah Winfrey Show, January 14, 2004, Harpo Productions, Inc., Transcript produced by Burrelle's Information Services)

"THE FACTS ABOUT ORAL SEX AND STDs"

"Who's Doing It?"

"In one study of 12- to 15-year-olds, about one of every six students said they had tried oral sex (including many who had never had vaginal sex). (2) In a study of senior high students, more than four out of five nonvirgins and one out of five virgins had tried oral sex. (3) Teens exposed to drugs and alcohol are particularly likely to try oral sex." (4)

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(“The Facts About Oral Sex and STDs,” The Medical Institute for Sexual Health, www.medinstitute.org/medical/STD%20overview/OS&STD.htm)

“ORAL SEX: HARMLESS FUN?”

“What’s oral sex?”

“Oral sex is contact of one person’s mouth or tongue with the genitals of another person. Even though some young people do it, many have no idea what’s at stake.”

“Emotional risks”

“In addition to the risks of STDs, oral sex can really mess with your mind. You may feel serious regret over your loss of innocence, self-control, or self-respect. You might get a reputation you don’t want or memories you can’t forget. Oral sex is powerful enough to not only damage existing relationships, but future ones, as well. Why risk it?”

(“Oral Sex: Harmless Fun?” The Medical Institute brochure, 2003. www.medinstitute.org)

“ORAL SEX: A RISKY ALTERNATIVE?”

“Oral sex and syphilis”

“Oral sex is an efficient way to transmit syphilis.” (6,7,8)

“Oral sex and genital herpes”

“Both HSV-1 and HSV-2 can be spread from an infected person to an uninfected person even if the infected person has no visible sores. **Both viruses are easy to spread through oral sex.** Oral sex appears to be changing how many people get herpes and where they get

it. In one study of STD clinic attendees, those who had oral sex during the preceding two months were three times more likely to have HSV-1 than HSV-2. (10) This is the opposite of what used to be seen, when most genital infections were caused by HSV-2.”

“Oral sex and Chlamydia”

“Chlamydia appears to be transmissible through oral sex. In one study of people in an STD clinic, one of every 30 patients had a throat culture positive for Chlamydia. Women who practiced oral sex were three times more likely to have Chlamydia in their throats than other women.” (11)

“Oral sex and HPV”

“HPV appears to be transmissible by oral sex. Adults with recurrent respiratory papillomatosis (a throat condition that causes hoarseness) were more likely than uninfected adults to have practiced oral sex.” (13)

“HIV”

“Transmission of the virus also occurs during vaginal and oral sex. Recent estimates of the proportion of new HIV cases attributable to oral sex range from less than 1 percent (14) to 7 percent.” (15)

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“Oral Sex: A Risky Alternative?” The Medical Institute brochure, 2003,
www.medinstitute.org)

“WOMEN FACE HIGHER RISK OF GETTING VIRUS DURING ORAL SEX”

“Dr. Marc Steben, an expert on infectious diseases, said that women are at heightened risk of contracting the human papilloma virus through oral sex. There are different strains of the virus, HPV for short, and they are considered the most common of sexually transmitted diseases. One strain causes genital warts, while HPV 16 can lead to cervical cancer. In rare instances, HPV 16 has been linked to cancer of the tonsils, the tongue and the esophagus.”

“‘We’ve heard from Bill Clinton that oral sex is not sex, or that it doesn’t carry consequences, but we know now that the human papilloma virus can be transmitted by the mouth during oral sex,’ Steben told reporters.”

“Steben made the comments after a presentation in Montreal at the 74th Congress of the Association des Medecins de Langue Francaise du Canada.”

“It’s estimated that 30 percent of women under the age of 30 have contracted HPV. Furthermore, one in three North American adults – men included – will have contracted the virus at one point during their lives.”

(www.abstinence.net/library/index.php?entryid=336)

“MEDICALLY SPEAKING – ORAL SEX AND STDs”

“Oral sex can be defined as contact of one person's mouth (active) with the genitals of another person (receptive). Although the practice of oral sex may not affect someone's virginal status in the traditional meaning of the term virgin (ie, someone who has not had penile-vaginal intercourse) oral sex is sex, and is not part of the repertoire of abstinent behavior. Oral sex is likewise neither ‘safe’ nor ‘safer’ sex. With the major exception of pregnancy, the panoply of risks associated with the practice of oral sex roughly mirror those associated with penile-vaginal sex, though the magnitude of most risks appears to be lessened.”

“The practice of oral sex is fairly common among adult Americans. In a nationally representative survey of 18- to 59-year-olds conducted during the early 1990s, three fourths of respondents said that they had practiced oral sex at some point in their lifetime. One quarter (27%) of men and one fifth of women (19%) said that they participated in oral sex the last time that they had sex. Married men and women were somewhat less likely than their unmarried counterparts to engage in oral sex. African Americans were less likely than Hispanics and whites to practice oral sex.” (3)

“The practice of oral sex is similarly not uncommon among adolescents and young adults. A survey of 335 12- to 15-year-olds being seen in health maintenance organizations in the Washington, DC area from 1994-1997 revealed that almost one in five had practiced oral sex, and one quarter of those who had practiced oral sex had never had vaginal intercourse. (4) In a separate study of 545 slightly older students – 10th-12th graders – 84% (198/237) of the nonvirgins and 20% (60/308) of the virgins had participated in oral sex. (5) High school students in Los Angeles County who consumed alcohol or used recreational drugs were three times more likely than nonusers to engage in oral sex. (6) The National Survey of Adolescent Males targets a representative sample of 15- to 19-year-old US males. Overall, half (49%) of the 1995 participants said that they had participated in oral sex –including three fourths of the nonvirgins and one fifth of the virgins. (7)

College students are particularly likely to have engaged in oral sex. Though by no means a representative study, of more than 300 sexually active students who volunteered to fill out a questionnaire in class, 86-87% had practiced oral sex. (8) Despite the widespread practice of oral sex on college campuses, confusion exists about whether oral sex is sex. In 1994-1995, 1/3 (37%) of 1,101 southern college freshman and sophomores described oral intercourse as abstinent behavior.” (9)

“Chlamydial Infection”

“With four to five million cases of chlamydial infections reported yearly in the US, chlamydial infections are the most commonly reported conditions in the US. Although authorities estimate that almost 90 million occur worldwide annually, it wasn't until the early 1970s that practitioners were able to distinguish the genital manifestations of chlamydia from those of gonorrhea. (19) Chlamydial infection, caused by *Chlamydia trachomatis*, can extend from the urethra to the epididymis and from the cervix to the uterine lining and fallopian tubes. Despite the extent of the tissue involvement, a significant proportion of infections in both males (20-30%) and females (70%) result in no symptoms.”

“Chlamydial infections can be transmitted both sexually and from mother to infant during the birth process. Because the focus of infection in the female is the cervix and endocervix rather than the vagina, female to male transmission is less efficient than male to female transmission. Immunity following infection is minimal and reinfection is common. However some immunity may develop with repeated infections.”

“Chlamydia appears to cause one third to one half of all urethritis in men, 50-80% of mucopurulent cervicitis (ie, cervix with pus), and 10-40% of pelvic inflammatory disease. Though better data are needed, approximately 20% of women with chlamydial infections develop PID; 4% develop chronic pelvic pain; 3%, infertility; and 2%, adverse pregnancy outcomes (such as ectopic/tubal pregnancies).” (20)

“In one of the few studies to address the issue of whether oral sex poses a risk for chlamydial infection, throat cultures were performed on 706 male and 626 female STD patients. 3.7% of the men and 3.2% of the women had throat cultures positive for Chlamydia; women who practiced oral sex were three times as likely as those who did not to be culture positive ($p = 0.01$).” (21)

“Chancroid, Granuloma Inguinale, Lymphogranuloma Venereum, Bacterial Vaginosis, And Trichomoniasis”

“There are a handful of case reports to suggest that chancroid – an ulcerative sexually transmitted disease common in developing countries – can be transmitted through oral sex. In contrast, there is little to no evidence to suggest that bacterial vaginosis, granuloma inguinale, lymphogranuloma venereum, or trichomoniasis can be transmitted through oral sex.” (2)

“Candidiasis”

“Vulvovaginal candidiasis (yeast) infections were described in Greek writings and were linked to a fungal cause in the late 1800s. (22) Most women (75%) have at least one yeast infection during their lifetime and about half of these have two or more. (22) However not every woman with yeast in her genital (or gastrointestinal) tract is symptomatic; many women, particularly during pregnancy, may have candida without any symptoms. Natural immunity is cellular; antibodies offer no protection. Not unexpectedly, women with conditions that interfere with cellular immunity –such as diabetes, chemotherapy, or HIV infection – are at increased risk for recurrent vulvovaginal yeast infections.”

“Although the vast majority of candidal infections are not sexually transmitted, candida can be present in the male genital tract, and can contribute to recurrent infection in the female partner.” (23,24)

“There is some evidence that receptive oral sex in females increases the risk of vulvovaginal candidal infections, including recurrent infections. Female university students with culture-proven yeast infections were three and a half times as likely as their counterparts to have recently had receptive oral sex. (25) In a cohort of women with repeated (ie, median 6) yeast infections, regular oral sex and recent oral sex were significantly associated with infection (odds ratio (OR) 2.4, 95% confidence interval (CI) 1.5 -4.0 and OR 3.1, CI 1.5 -6.8).” (26)

“Herpes 1 & 2”

“Herpes (Greek for ‘to creep’) infections have been recognized for more than 2,500 years. Although the infectious nature of the lesions was shown in the 1920s in both human and animal experiments, it wasn't until the 1960s that German and American researchers parsed the virus into two types, herpes simplex 1 (HSV-1) and herpes simplex 2 (HSV-2). (27) With the advent of laboratory tests, HSV-1 was shown to usually be associated with oral lesions (ie, cold sores), while HSV-2 was generally associated with genital lesions. (28) However, HSV-2 can cause oral lesions and HSV-1 can cause genital lesions. Up to 50% of genital infections that are newly acquired late in pregnancy (ie, primary) cause herpes infection in the newborn; far fewer (ie, 4-5%) recurrent infections result in neonatal infection.” (29)

“Following primary infection (which may be either symptomatic or asymptomatic), both herpes viruses travel up nearby peripheral nerves to nerve roots located in the spinal cord, where they reside in a dormant state until temporarily reactivated. Reactivation, like the initial infection, can be either symptomatic or asymptomatic (ie, lacking symptoms), and is accompanied by mucosal shedding of infectious viral particles. Most persons with newly acquired genital herpes will experience a recurrence (reactivation) during the first year following initial infection; however, recurrences during the first year are more common with HSV-2 than with HSV-1 (90% vs. 60%). (30) Transmission to a susceptible partner most commonly occurs during asymptomatic shedding.”

“Serosurveys (blood tests for evidence of past or current infection) suggest that HSV-1 is extremely common and varies by socioeconomic standing: 30-50% of middle-aged adults of high socioeconomic standing have evidence of infection with HSV-1 and 80-100% of persons with less wealth have evidence of infection. (31) The proportion of adults infected with HSV-2 has changed dramatically over the last three decades: US visits for new genital infection increased 10-fold from 1970 to 1995 – from approximately 17,000 to 160,000 per 100,000 population. (32) Evidence of infection also varies by sex and ethnicity, with females being more likely than males, and African Americans more likely

than whites, to have evidence of infection. National serosurveys suggest that over 20% of the adult population in the US has evidence of HSV-2 infection.” (33)

“The practice of oral sex appears to be changing who has what type of herpes. Persons performing oral sex can transmit either HSV-1 or HSV-2 to susceptible (ie, nonimmune) partners if they are shedding virus. Conversely, persons performing oral sex may be exposed to either HSV-1 or HSV-2 if their partner is shedding and they are susceptible. New infections acquired in this manner may be either genital or oral/pharyngeal. Of STD clinic attendees in Seattle with positive HSV cultures, those who had experienced receptive oral sex during the preceding two months were 3 times more likely (OR 2.8, 95% CI 1.9-4.3) to have HSV-1 than HSV-2 infections. (34) Similar findings were observed in persons presenting with first episodes of genital herpes in Sweden. Of HSV culture-positive persons who provided a history of sex practices, a history of oral sex was provided by 25/26 (96%) with HSV-1 and 8/14 (57%) with HSV-2. (35) In some places, new HSV-1 genital infections now outnumber new HSV-2 infections. On one midwestern campus HSV-1 accounted for 29% of new genital herpes infections in 1993, but 78% in 2001. (36) Of almost 500 persons belonging to a family practice who answered a questionnaire about sexual practices, the only significant predictor of HSV-2 infection in female minority patients was a history of oral sex. (37) Throat infections with newly acquired herpes are common, (38) are usually symptomatic, and can cause serious morbidity. A more than fourfold increase in the antibody titer (1:128 to 1:4096) to HSV-2 was observed in a patient hospitalized for pharyngitis of sufficient severity to threaten his airway; the patient gave a history of oral sex with a receptive female partner.” (39)

“Human Papillomavirus”

“Of the more than 100 human papillomaviruses, approximately 35 cause human genital infections. However the clinical manifestations tend to vary by type. HPV 6 and 11 are usually associated with genital warts, and HPV 16, 18, 31, and 45 are typically associated with cancers of the genital tract (eg, cervix, anus). Genital warts were described in the first century AD and attributed to a viral etiology in the early 1900s, but it wasn’t until the last few decades of the 20th century that the relationships between papillomaviruses and the genital tract and anal cancers were confirmed.” (40)

“Microtrauma (tiny tears) during sex allows the virus to enter the skin or mucosa of the genital tract.” (41)

“Papillomavirus infections are exceedingly common and often (70%) go unrecognized. Current evidence suggests that more than half of sexually active adults are infected with one or more papillomaviruses. (42) And a significant proportion of these are infected with HPV 16. In one nationally representative study (ie, NHANES) from the early 1990s, 13% of all persons in the US had antibodies (ie, evidence of past infection) against HPV 16 in

their blood – 12.5% of whites, 19.1% of African Americans, and 8.9% of Hispanics. (43) As the authors point out, since less than 60% of infected persons actually develop antibodies, this is an underestimate of the true proportion of infected persons. More recently, 21% (510/2,392) of 16- to 23-year-old females in university towns were excluded from an HPV vaccine trial because they had serologic evidence of prior HPV 16 infection.” (44)

“There is some suggestion that oral sex may be linked to adult onset respiratory papillomatosis (a condition most commonly associated with HPV 6 or 11 that manifests as hoarseness and is typically treated with a laser), asymptomatic oral papillomavirus, and oncogenic HPV strains of the cervix. Adults with recurrent respiratory papillomatosis (secondary to HPV) were significantly more likely than controls to practice oral sex. (45) Almost all (99/101) patients with genital condyloma gave a history of practicing oral sex but none complained of oral symptoms. Oral papillomavirus was suspected by visual inspection in 8 and by culposcopy in 46; HPV DNA was identified in all 8 of the visually identified lesions and in 38 of the culposcopically identified lesions. (46) Among Canadian university students presenting for routine Pap smears, women with 4 to 9 and 10 or more lifetime oral sex partners were significantly more likely than those with 0-3 lifetime oral sex partners to be infected with HPV types associated with cancer (multivariate OR 2.4, CI 1.1-5.3 and OR 4.6, CI 1.3-16.9, respectively).” (47)

“Nonchlamydial nongonococcal urethritis”

“Urethritis (urethral inflammation) is usually divided into gonococcal, chlamydial, and Chlamydia-negative nongonococcal urethritis (nonchlamydial NGU). Although white cells are usually present in the urine with urethritis, symptoms may be absent. Oral sex appears to be a risk factor for nonchlamydial NGU. In one study of men who have sex with men attending an STD clinic, 15.6% had nonchlamydial NGU. Men who practiced receptive (insertive) oral sex were twice as likely as other men to have nonchlamydial NGU (multivariate OR 2.2, CI 1.3-3.7). (48) Similar findings were observed for urethritis patients attending an STD clinic in Seville. Even after adjusting for homosexuality, men who practiced receptive (insertive) oral sex were almost 9 times (OR 8.8, CI 2.2-35.4) as likely as those who did not to have nonchlamydial (and Ureaplasma-negative) NGU.” (49)

“In the early 1980s human immunodeficiency virus (HIV) was identified as the necessary but not causal agent underlying mysterious increases in Pneumocystis carinii pneumonia and Kaposi's sarcoma in homosexual males. Two decades later, approximately 900,000 Americans have been infected with HIV and more than a half a million have died from acquired immunodeficiency syndrome (AIDS), the illness resulting from HIV

infection. (50) Authorities estimate that 20 million have died worldwide since the beginning of the epidemic and that 5 million are infected annually, 800,000 of them children.⁵¹ Three modes of transmission have been elucidated: bloodborne, sexual, and mother-to-child.”

“From the late 1980s to the mid 1990s numerous case reports, published primarily as letters to the editor, suggested that HIV could be transmitted through oral sex. Rozenbaum and colleagues reported 5 homosexual men with new HIV infections whose only sexual activity was oral sex. (52) Spitzer and Weiner reported a 60 year-old diabetic male with erectile dysfunction and new onset HIV infection. His only sexual contact besides his HIV (-) wife was a single prostitute whom he visited over a two-year period; only receptive and active oral sex was performed during these liaisons. (53) Chin and Samarasinghe reported two homosexual men with new HIV cases. Both reported receptive oral intercourse with multiple partners but no anal intercourse without condoms. Both had histories of allergic sore throats. (54) Additionally one study of hemophiliac couples was somewhat suggestive that oral sex was a possible route of transmission for HIV. In a study of 21 couples in which the hemophiliac male partner was HIVinfected, 4 female partners were found to be HIV (+). Compared to couples in which the female partner remained HIV (-), couples in which both partners were HIV (+) were more likely to have engaged in oral sex (2/4 vs.1/16 p 0.08).” (55)

“In 1996 an animal study showed that oral transmission of simian immunodeficiency virus (SIV), a virus closely related to HIV, was possible. In this study, a majority of monkeys were infected at a lower oral than rectal (nontraumatic) dose.” (56)

“Since then a number of studies have addressed HIV risk from oral sex; and a few have attempted to determine the proportion of new cases attributable to oral sex. Of 12 patients with newly acquired HIV infections who could specify sex practices in the month before illness, 4 recalled only oral sex. 3 of 4 practiced both active and receptive oral sex, and 1 only receptive oral sex. (57) In a letter to the editor, Wallace and colleagues describe crack use and oral sex as risk factors for HIV acquisition in non-IV drug-using female sex workers in New York. 21.5% of the workers who performed mostly oral sex were HIV (+) compared to 15% of those who performed mostly vaginal sex. Sex workers whose clients always used condoms when the worker performed oral sex were somewhat less likely than those whose clients used condoms inconsistently to be HIV (+) (14.7% vs. 25.4%). (58) More than 2,000 high-risk, HIV (-) homosexual and bisexual men were followed over time during the early 1990s. The per-contact risk of receptive oral sex with an HIV (+) or HIV (unknown) partner was estimated to be 0.04% (4 per 10,000). (59) Recent estimates of the proportion of new HIV cases attributable to oral sex range from less than 1% (60) to 7%.” (61)

“Syphilis”

“First termed syphilis in a 1530 poem about afflicted shepherds, the rampant and severe nature of syphilis in the late 15th century had earlier earned it the moniker the ‘Great Pox.’ Syphilis remained a scourge for centuries to follow, and was exceedingly common across all social strata until the discovery of penicillin. During the preantibiotic era of the early 20th century, 5-10% of autopsies revealed evidence of syphilis, and up to one fourth of persons of low socioeconomic standing were infected.” (10)

“Unlike many STDs that cause primarily genital tract infections, syphilis is a systemic (widespread) infection that progresses (if untreated) through typical stages – primary, secondary, latent, and tertiary. Usual symptoms of primary syphilis are a painless ulcer accompanied by lymph node enlargement; the ulcer heals without treatment. About 30% of persons exposed to a partner with a syphilitic lesion will become infected and go on to manifest symptoms of primary syphilis an average of three weeks (range 10-90 days) after exposure. Secondary syphilis causes a flu-like illness accompanied by enlarged lymph nodes and a rash that may go unnoticed. Symptoms are absent during latent syphilis. Tertiary syphilis can affect the nervous system (causing dementia), the cardiovascular system, and soft tissue or bone. Transmission from an infected mother to her infant can also occur during pregnancy and result in congenital syphilis.” (10)

“The number of reported syphilis cases decreased 100-fold from 1946 to 2000, from approximately 600,000 cases to just under 6,000. Although an almost 90% reduction was observed from 1990 to 2000, rates began going up in 2001. Women aged 20-24 and men aged 35-39 are most likely to be affected, and rates are highest in African Americans and in persons living in the southeast.” (11)

“Oral sex appears to have been an important mode of syphilis transmission in numerous recent outbreaks. Twenty-three of 27 men infected with syphilis in a recent outbreak gave a history of sex with men. Taken together, the 23 estimated that they had had more than 1,400 partners during the previous year, 90% of whom were anonymous. Though not recognized as a risky sexual practice by the infected men, oral sex was the most common sexual practice mentioned. (12) In another outbreak, 28 of 30 syphilis cases in an English town over a roughly two-year period were men who had sex with men. The men in this outbreak reported far fewer sexual partners than those in the previously mentioned outbreak – a median of 3 in 6 months. One third (11/30) of infected persons listed oral sex as their only route of acquisition. (13) In a third recent outbreak, 39 of 41 reported syphilis cases were men who had sex with men; 19 of the 41 gave a history of only oral sex.” (14)

“Gonorrhea”

“Although the ancient Chinese, Egyptians, Hebrews, Romans, and Greeks recognized the symptoms of gonorrhea (Greek, ‘flow of see’) in men, it was a few thousand years before the male and female symptoms were linked. The bacterium *Neisseria gonorrhoea* usually infects ‘noncornified’ skin such as occurs in the urethra, vagina, rectum, mouth, and eye, although not all infections result in symptoms. The overwhelming majority of gonorrhea is sexually transmitted, and mother-to-child transmission can occur during the birth process.” (15)

“More than 360,000 cases of gonorrhea were reported to health authorities in the US in 2001, or approximately 130 per 100,000 population. Nationwide, gonorrhea rates generally declined from the mid-1970s through 1997, and have increased slightly since then. Risk, however, varies considerably by age; 15- to 19-year-old women and 20- to 24-year-old men have extremely high rates (703 and 563 per 100,000 respectively for 2001).” (16)

“Like its cousin *Neisseria meningitides*, *Neisseria gonorrhoea* survives well in the oropharynx (ie, mouth and throat). Although most (90%) pharyngeal (throat) infections cause no symptoms, a sore throat with or without fever and enlarged lymph nodes can accompany infection. Pharyngeal infections resulting from oral sex are quite common, and appear to be more efficiently transmitted from infected male (receptive) to susceptible female (active) than from infected female (receptive) to susceptible male (active). Data also exist to suggest that infected active partners can transmit gonorrhea to susceptible receptive male partners. From 3-7% of heterosexual men, 10-20% of heterosexual women, and 10-25% of homosexual men infected with gonorrhea have pharyngeal infections. (17) Of 1,453 STD patients who had throat cultures for gonorrhea, 42 (2.9%) were positive; all 42 gave a history of oral sex. Eleven of the 42 were heterosexual males lacking a recent history of penile-vaginal sex, but who had performed oral sex on their female partners. Thirty-five of the 42 were asymptomatic, and 7 had symptoms. All 7 of the patients with sore throat had performed oral sex on a (receptive) male partner.” (18)

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(“Medically Speaking – Oral Sex and STDs,” Sexual Health Update, Spring 2003, The Medical Institute)

“SECRET SEX LIVES OF KIDS”

“Thirteen year old Ashley Robinson began dating in fourth grade. At first, ‘it was movies, malls and making out,’ says the eighth grader from Pleasantville, New York. These days, ‘about half of the people in my class are sexually experienced. Some have lost their virginity, but most have oral sex. It’s popular because you can’t get pregnant.’ Last July, she decided to try oral sex with a boy she’d been seeing for a month. ‘We did it to each other; it was fun. Now we do it at his house, my house, everywhere. Oral sex rules!’”

“But even those kids who remain virgins aren't necessarily innocent. In a recent survey by *Seventeen* magazine, 55 percent of teens, aged thirteen to nineteen, admitted to engaging in oral sex. Half of them felt it wasn't as big a deal as intercourse—a view Sarah Brown often hears from kids. ‘It didn't help that we had a president who said oral sex isn't sex,’ she says. Adds Robin Goodman, Web site director of New York University's Child Study Center, in New York City, ‘Oral sex is like the latest sport, an activity kids egg each other on to try. Parents may say, ‘That's not my child,’ but nearly half of them are wrong.’”

“Recent scandals highlight the extent of the problem. In 1998, parents of as many as fifteen eighth-graders at Williamsburg Middle School, in Arlington, Virginia, were aghast when school officials informed them that their kids were having oral sex at parties and in local parks. (Apparently, a child had confided in a school counselor.) Also that year, a twelve-year-old girl and thirteen-year-old boy were arrested for allegedly organizing an oral-sex-for-hire ring at Langston Hughes Middle School, in upper-middle-class Reston, Maryland. The boy was convicted and sent to a juvenile-detention center, and the girl was placed under house arrest. And in suburban Rockland County, Georgia, more than two hundred children—some as young as twelve—were exposed to syphilis through group sex in 1996. Local health officials were appalled by reports of fourteen-year-olds with as many as fifty sex partners, and girls who engaged in sexual activities with three boys at once.”

“‘Leaving children in the dark can promote risky behavior,’ says Resnick. ‘Most kids think oral sex is safe because they aren't told that it can lead to sexually transmitted diseases [STDs], such as gonorrhea, syphilis, chlamydia, HIV, human papilloma virus and possibly hepatitis C,’ he explains. Nearly all of the kids with whom *Ladies' Home Journal* spoke believed the practice posed little danger. Meanwhile, four million teens contract an STD each year; some from oral sex.’”

(“Secret sex lives of kids”—*Ladies Home Journal*, March 2001)

"ORAL ADVICE"

"A study investigating HIV transmission from oral sex has run into a novel problem: no cases. So far, researchers have studied 198 people who have only oral sex, 20% of them with an infected partner. Unprotected oral sex is safer, they believe, than anal or vaginal sex with a condom. But protected oral sex is certainly safest."

(“Oral Advice” *Time Magazine*, August 27, 2001)