HEALTH BASICS

Safe sex

Safe sex means using practical steps to reduce sexually transmitted infections and unintended pregnancy.

WHAT IT IS
Practices that reduce STI transmission and unintended pregnancy

WHERE IT COMES UP
Sexual activity, new partners, contraception, testing, and pregnancy planning

WHY IT MATTERS
Reduces infection and unintended pregnancy risks

WHAT IT IS NOT
Not a disease or a guarantee against risk

WHO TO ASK
Sexual health clinic, primary care clinician, pharmacist, or midwife

HOW IT IS CHECKED
STI tests, pregnancy tests, and vaccination records

Overview

Safe sex means making informed choices to reduce the chance of sexually transmitted infections, or STIs, and unintended pregnancy. It also includes consent, communication, and respect for each person's boundaries.

Safe sex is not a disease or diagnosis. It is not one particular method, and no method makes every sexual activity completely risk-free. The steps that matter depend on the kind of contact, the body parts involved, pregnancy possibility, and each partner's health information.

STIs can spread through vaginal, anal, or oral sex. Some also spread through close skin-to-skin contact or shared sex toys. A person can have an STI without knowing it because many infections do not cause noticeable symptoms.

Pregnancy prevention and STI prevention are related but separate. Birth control pills, implants, injections, patches, rings, and intrauterine devices can prevent pregnancy, but they do not prevent STIs. Condoms and other barriers can reduce STI transmission and also help prevent pregnancy.

How it works

Safe sex usually works best as a group of practical measures rather than a single choice.

External condoms are worn over the penis. Internal condoms are placed inside the vagina or anus. They create a barrier that limits contact with semen, vaginal fluid, rectal fluid, blood, and some areas of skin. Use a new condom for each sex act and when moving between body areas.

Do not use an external and internal condom together. Friction between them can make slipping or breaking more likely. Oil-based lubricants can weaken latex condoms. Water-based or silicone-based lubricants are generally compatible with latex and can reduce friction.

Dental dams or cut-open condoms can provide a barrier during oral contact with the vulva or anus. Oral sex can transmit infections, including gonorrhoea, syphilis, herpes, human papillomavirus, or HPV, and HIV, although HIV risk differs by activity.

Condoms reduce risk but do not fully cover nearby skin. Infections spread by uncovered skin or sores, such as herpes, HPV, and syphilis, can still pass between partners.

Other parts of safer sex include:

PrEP is medicine used before possible HIV exposure to greatly reduce the chance of acquiring HIV. Post-exposure prophylaxis, or PEP, is medicine considered after a possible exposure. PEP is time-sensitive and should be started as soon as possible, no later than 72 hours after the exposure.

- Using reliable contraception when pregnancy is possible and not wanted
- Getting recommended HPV and hepatitis B vaccinations
- Having STI tests suited to your sexual contacts and body parts
- Taking HIV pre-exposure prophylaxis, or PrEP, when appropriate
- Cleaning sex toys and using a new condom on shared toys
- Agreeing freely to each activity and checking that consent continues

Why it matters for your health

Reducing STI exposure matters because untreated infections can sometimes cause lasting health problems. Chlamydia and gonorrhoea, for example, can lead to pelvic inflammatory disease. This is an infection of the reproductive organs that may affect fertility or contribute to ongoing pelvic pain.

Some STIs can pass during pregnancy or birth. Others can affect the liver, immune system, nerves, heart, or risk of certain cancers. Testing and treatment can protect your health and

reduce transmission to partners.

Preventing unintended pregnancy gives you more control over whether and when to become pregnant. If both STI and pregnancy prevention matter, using condoms with another contraceptive method can address both goals.

Consent is also part of health and safety. Consent means a clear, voluntary agreement to a specific activity. It can be withdrawn at any time. Someone who is asleep, unconscious, or too affected by alcohol or drugs to make a free decision cannot consent. Laws and legal definitions differ by location, but your boundaries always matter.

What can go wrong

A condom may tear, leak, slip off, or be used after genital contact has already begun. Birth control can also be missed or fail. These situations can create a possibility of pregnancy or STI exposure, but they do not mean that either has occurred.

STIs related to sexual contact include chlamydia, gonorrhoea, syphilis, HIV, genital herpes, HPV, trichomoniasis, and hepatitis B. Symptoms, when present, may include discharge, sores, pain during urination, pelvic pain, testicular pain, rash, or bleeding after sex. These symptoms can have other causes, so testing is needed rather than guessing.

Testing too soon after an exposure may miss an infection. This is because each test has a "window period," meaning the time between infection and when the test can reliably detect it. Ask which tests are appropriate now and whether any need repeating.

A recent possible HIV exposure needs urgent assessment for PEP. Contact an emergency department, urgent care service, sexual health clinic, or other service able to prescribe it. Do not wait for symptoms.

Emergency contraception is also time-sensitive after unprotected sex or contraceptive failure. A pharmacist or sexual health service can explain available pills and intrauterine device options.

Seek emergency help after sexual activity if you have severe bleeding, fainting, major injury, or severe abdominal pain, especially if pregnancy is possible. Severe one-sided lower abdominal pain with dizziness, fainting, or shoulder pain can occur with an ectopic pregnancy, where a pregnancy develops outside the uterus.

If sexual activity happened without your consent, you can seek medical care even if you are unsure about reporting it. Emergency services are appropriate for immediate danger or serious injury. Otherwise, a sexual assault service, emergency department, or sexual health clinic can discuss injuries, pregnancy prevention, STI care, and evidence collection without blaming you.

What you can do

Choose measures that fit the activity and your health priorities.

There is no single STI test that checks for everything. A urine test alone may not detect an infection in the throat or rectum. Herpes and HPV testing are not routinely included in every STI screen. Ask what is and is not being tested.

Routine testing may be useful after a new partner, after sex without a barrier, when a partner has an STI, or as part of regular care based on your circumstances. A sexual health clinician can explain the timing without assuming anything about your identity or relationships.

If you and your partner have agreed not to use barriers, testing can provide useful information, but it cannot guarantee that no infection is present. Some tests have window periods, and some infections are not part of routine screening.

- Ask a partner when they were last tested, what was tested, and whether they have had partners since
- Discuss condoms, contraception, PrEP, vaccination, and boundaries before sexual contact
- Check condom packaging and expiry dates, and follow the product instructions
- Use enough compatible lubricant to reduce friction
- Ask whether throat, genital, urine, rectal, or blood tests match your exposures
- Keep a private record of test dates, results, vaccinations, and contraception
- Arrange prompt care after condom failure, missed contraception, or possible HIV exposure

Common questions

Can you tell whether someone has an STI by looking at them?

No. Many STIs cause no visible signs, and appearance cannot replace testing.

Does washing, urinating, or douching after sex prevent an STI?

No. These actions do not remove an infection after exposure. Douching can irritate tissue and disturb the normal balance of bacteria.

Are two condoms safer than one?

No. Using two external condoms, or an external and internal condom together, creates extra friction and may increase the chance of breakage.

Does contraception protect against STIs?

Most contraceptive methods do not. Condoms provide STI protection while also helping prevent pregnancy. Another contraceptive can be used alongside them.

Is oral sex risk-free?

No. Several STIs can spread through oral sex. Barriers reduce contact with body fluids, sores, and affected skin.

Should both partners be tested at the same time?

Testing around the same time can make conversations clearer, but the right tests and timing may differ for each person. Results describe the time and body sites tested, not every possible future exposure.

What if a condom breaks?

Stop and replace it if you continue. Consider emergency contraception when pregnancy is possible. Seek urgent advice about HIV PEP if the exposure may carry HIV risk, and ask when STI testing will be reliable.

Sources

- Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021 . MMWR Recommendations and Reports. 2021;70(4):1-187.
- Centers for Disease Control and Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, 2024 . MMWR Recommendations and Reports. 2024;73(3):1-77.
- Centers for Disease Control and Prevention, HIV Nexus. Clinical Guidance for PEP .
- Centers for Disease Control and Prevention, HIV Nexus. Clinical Guidance for PrEP .
- World Health Organization. Condoms fact sheet.
- U.S. Preventive Services Task Force. Screening for Chlamydia and Gonorrhea: Recommendation Statement . JAMA. 2021;326(10):949-956.
- U.S. Preventive Services Task Force. Screening for HIV Infection: Recommendation Statement . JAMA. 2019;321(23):2326-2336.