

Safer sex and T

- Testosterone (or ‘T’) can change vaginal lubrication, so some trans men find they just don’t produce enough. While there is no conclusive proof, this may be because the natural acidity in the lubrication has changed, making them more vulnerable to infection. This change seems to be more of an issue during the first few years on testosterone.
- Reduced levels of oestrogen affect the thickness of the walls of the vagina, which may result in tiny unnoticed tears happening more easily during sex. Some also report the walls of the rectum are affected in the same way. This makes it even more important to use condoms and lube, because tears can provide an entryway for STIs.

Oral sex

- Oral sex is a lower risk sexual activity than penetrative anal or vaginal sex, but it is still possible to get or pass on STIs in this way.
- Bleeding gums, ulcers, a sore throat or recent dental work can make it easier for an infection to get into the body. Avoid oral sex in these circumstances.
- If someone gives you oral sex when you have recently had lower surgery, any unhealed wounds could provide a way for STIs or other infections to get into your body or theirs.
- To reduce the risk from oral sex, avoid letting a partner ejaculate in your mouth. You can also use flavored condoms or dental dams for oral sex.
- If you give someone oral sex, don’t clean your teeth or use mouthwash directly beforehand as your gums may bleed, providing a route into your body for an STI or HIV.

[www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Transmen/Sex and www.blogher.com/safer-sex-trans-people](http://www.tht.org.uk/sexual-health/Sex,-reproduction-and-gender/Transmen/Sex-and-www.blogher.com/safer-sex-trans-people)

Safer Sex for Trans Men

Adapted from:

General safe sex tips:

Whether or not you have had lower surgery, the best way to protect yourself and your partner against [sexually transmitted infections \(STIs\) and HIV](#) is to:

- Use a condom (internal or external) for vaginal or anal sex.
- Use a water-based lube with your internal or external condom.
- Use a condom or dental dam for oral sex.
- Always use a new condom when switching from vaginal to anal sex or vice versa.
- Similarly, always use a new condom on sex toys that are being shared or used for both vaginal and anal penetration.
- Remember that some STIs such as genital warts and herpes are passed on through close skin contact, so a condom won't necessarily protect you against these infections.

Anal and Vaginal Sex

- Whether a penis is the 'standard issue' type, surgically-constructed or bought in a shop, the safest option is to always use a condom.
- After having surgery, it can be difficult to find an external condom that fits. Some alternatives are using either a finger cot or the thumb of a latex glove as a condom.
- If you have trouble finding an external condom that fits, the receptive partner can always wear an internal condom (also sometimes called a female condom, though it can be used by anyone of any gender). This is a condom worn inside the body of the partner being penetrated and can be used in the vagina or anus (if the top ring of the internal condom is removed).
- Internal condoms are generally the safest option for those with a metoidioplasty (a type of genital surgery that creates a small penis) or enough testosterone-enhanced clitoral growth for penetration. This is because part of the internal condom sits on the outside of the orifice, potentially offering greater protection to both partners from contact STDs like genital warts or herpes.

Contraception

- If you are having vaginal sex with a partner who has a biological penis, then you need to consider contraception, unless you want to get pregnant. If you are taking testosterone (T) and your periods have stopped or are very irregular, you are unlikely to conceive - but it isn't impossible.
- Hormonal contraceptives are not an option once you start on T, as the contraceptive pill contains high levels of female hormones (which is not what you want if you're taking testosterone).
- Condoms, both internal and external, and the cervical cap are all barrier methods which stop sperm getting into the uterus, and although no contraception method is 100 per cent effective, correctly using a barrier method and testosterone would make an effective combination to prevent a pregnancy.
- If you are on T you won't be able to use the morning after pill for the same reasons that you can't use hormonal contraceptives - as the interactions between hormones could cause problems.

- If you're not on T, hormonal contraceptives will still work for you, but remember that they don't offer any protection against sexually transmitted infections (STIs).