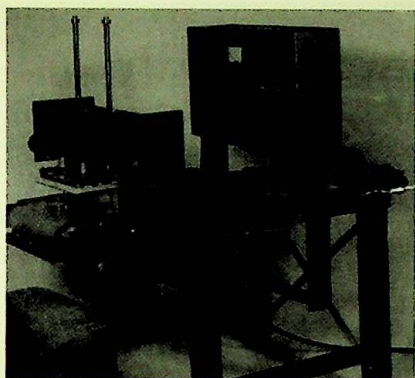


Martin Sagera

A.I.D.S. AND OVERBIRTH

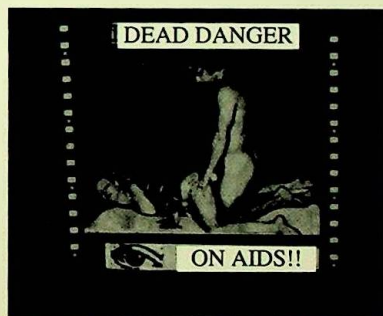
THEIR PHISICAL, SEXUAL,
AND SOCIAL PREVENTION



NEW PLASTIC CONDOM MACHINE



THE FEMALE CONDOM (FEMIDOM)



YOU CAN'T LIVE ON HOPE

Editorial Fundamentos

A.I.D.S. AND OVERBIRTH

**THEIR PHISICAL, SEXUAL,
AND SOCIAL PREVENTION**

© Martín Sagrera

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Carnaval é mais carnaval COM SEGURANÇA

"CARNIVAL IS MORE OF A CARNIVAL IF IT'S SAFE" (BRAZIL)
Excess prudence is imprudent. As the Romans said, "to live, one doesn't have to give up the things worth living for". The current campaigns against AIDS and overpopulation should not deny sexuality, letting the shadow of sexophobia remain. This mistake is inherited from the conceptions of some "Malthusians" which obstructed adequate family planning (although the work of Malthus was less puritanical than that of Godwin and many of his other opponents).

INTRODUCTION

THE PREVENTION OF AIDS AND OVERBIRTH

Among the great evils that afflict humanity today, be they health-related or not, there are two illnesses which appear to be very distinct but yet are similar in the way they are transmitted, and consequently, their methods of prevention are also similar: AIDS and unwanted conception. Because of this, it is very useful to try to link the prevention of both problems, as we attempt to do in this analysis, combining our years of experience fighting AIDS and our decades of involvement in the fight against **overbirth** (By overbirth, we refer to all undesired birth, not only due to possible overpopulation within a family or in society in general, but also for its qualitative aspects, such as any undesired conception due to the age or health of the mother. The concept of overbirth includes, but is greater than, the concept of overpopulation, and hence is not limited by the social criteria by which overpopulation is defined).

At first, AIDS and conception seem to have nothing in common, even more, appear to be completely opposite processes: while semen and the egg are normal and healthy phenomena which unite following a normal enjoyable act and which, by definition, prolong life by reproducing it, the AIDS virus is a pathologic phenomenon that debilitates the organism, develops painfully and leads to death. However, excess reproduction of life, overbirth, has in a generalized manner constituted an epidemic, first in the industrialized

world and today in the rest of the world. It has been compared to the excessive and deadly multiplication of the cells of an individual's body which is known as cancer.

Unfortunately, this comparison is not exaggerated: the excess of children is not only unhealthy in respect to the physical and mental equilibrium of individuals, couples, and families but, at a collective level, lies at the root of larger pathologies (nationalism, fascism, and war) and economics problems (environmental contamination, soil depletion, poverty, and qualitative and quantitative hunger). In reality, this generalized overbirth can and should be considered the epidemic which ultimately constitutes the leading cause of death in the world. (To be exact, it should be noted that contemporary overbirth is not so much due to the increasing birth rate –because women are now healthier than ever before–, but to the fact that less births are now necessary to replace other children who in the past died in infancy or childhood.)

In practice, both sicknesses can fundamentally be considered venereal diseases. AIDS has some exceptions to this rule, like the transmission between mother and child at birth (though procedures are being developed to avoid this) and by blood transfusions (which are less and less frequent, due to the increasing awareness of the danger). There can also be births without intercourse, by artificial insemination.

- ~~Embarazos no deseados.~~
- ~~Gonorrea, SIDA, Hongos,~~
~~Hepatitis B, Vaginitis,~~
~~Tricomonas, Herpes Genital,~~
~~Sífilis, Cándidas, Condi-~~
~~Treponemas, Chancro, Gac-~~



**Póntelo.
Pónselo.**



"PUT IT ON YOURSELF. PUT IT ON HIM". Modern health campaigns inform the population about different benefits of using the condom, aiding in the fight against unwanted pregnancy, AIDS and venereal diseases. This state campaign in Spain sparked a national discussion which polls latter showed to have had better results, in terms of distributing the information, than that achieved by the campaign posters, radio and television ads.

As venereal diseases, AIDS and overbirth have a very important social component. Without a doubt, this aspect is not lacking in regards to other diseases either. Cancer, for example, often stems from the eating habits of a society and addictions such as tobacco. Quetelet, Niceforo and many others have already studied the social components of illnesses such as tuberculosis. However, venereal diseases depend on a single act, something as well known and concrete as coitus, an action with the appearance of being a free responsibility of individuals, which makes it particularly sensitive to complex personal emotions of guilt and repulsion. Yet the individual responsibility of coitus is extremely limited in each society by social-sexual norms, including rules for the transgression of these norms. No one is really marginal in any society.

Due to this important social component, AIDS and overbirth can and should be fought, even more so than other diseases, by preventive medicine. This would be true even if they were to find a vaccine and a cure for AIDS, as unfortunately is not the case. (There is already a certain remedy for conception, and the whole world agrees that this "cure" by means of abortion should be avoided as much as possible).

Classic medicine developed primarily as the art of curing and still focuses on this point to an excessive and lamentable degree. This is due in part to secular inertia, and also in part to the ignoble interests, such as arrogance and greed, of certain individuals and medical corporations. Of course, we can not extend indefinitely

the already overloaded professional requirements of medical doctors, expecting them to be experts in all the social sciences necessary for planning an efficient preventive medicine for different illnesses. Yet it is necessary to extend the integral concept of medicine, putting preventive medicine first, and not almost its opposite as is done today. Preventive medicine is not only better; it is the only completely pure and satisfactory medicine. All other medicine begins with evidence of a serious failure: the loss of health. For this reason, it will always be, even in the best of cases, a patch, a remedy of health already lost.

In accordance with this new emphasis of the science of health on preventive medicine, traditional doctors should quit considering themselves simply "curers" and blindly defending, because of arrogance and economic interests, their exclusive or prevailing role in preventive medicine. On the contrary, they should admit and even demand, with the seriousness that the case requires, the cooperation of all the other specialists in different areas who could and should help in the prevention of illnesses. In the case of AIDS and overbirth, as in many others, the full range of professionals in the social sciences should be called on to collaborate. In respect to other health related problems, a great many other types of professionals could be called upon to help, such as architects, engineers, etc.

From within this new, more complete mentality of health, we call on everyone to fight against these two great epidemics that today threaten us: AIDS and

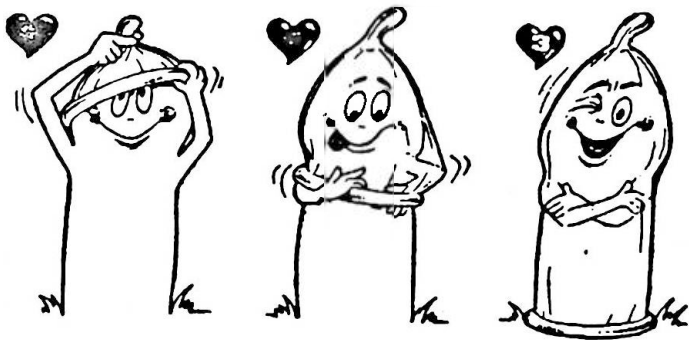
overbirth. We can not, nor should not, exclude anyone. The efforts of everyone together will barely be sufficient in meeting the challenge of these two crisis, in which we have already irreparably lost so many battles and had so few successes. However, the award for our efforts is the greatest: survival, and a survival with dignity.



Enjoy without pregnancy nor AIDS.

FIRST PART:
PHYSICAL BARRIERS

THE IMPROVEMENT
OF BARRIER METHODS



Keeparubber on hand



**National
Condom
Week
Feb. 14-21**

"KEEP A RUBBER ON HAND" Campaign by United States pharmacies to promote condom use.

C. I. SAFER, CHEAPER AND MORE AVAILABLE CONDOMS

Before the AIDS epidemic, the condom had a bad reputation, due to its connection with venereal diseases and prostitution, which acted as an obstacle to its diffusion as a birth control device. However, now because it is considered the only device against AIDS (although we will see that, in reality, there are more), the condom has become increasingly accepted. This acceptance would be even greater if we could only diminish some of the problems that prevent its adoption or which lessen its efficiency. Let us examine some of the principle problems:

- 1) **The Price.** This is a problem, even in the developed countries, for many of the groups in greatest danger of unwanted conception or AIDS. And, of course, the price has been an obstacle for the majority of those in greatest need in less developed countries.
- 2) **The Distribution Network.** This is almost an irrelevant problem in the developed countries in respect to geography and commercial networks, but the distribution of condoms still encounters problems when it comes to the moral aspect, due to continuing prejudices in certain rural areas and the taboos which make access to the condom by youths, women, etc. difficult. The lines of distribution are much more problematic still, as we know, in the rest of the world.

- 3) **The Fragility of the Product.** The thinness of the condoms currently in use causes much more frequent failure than would ordinarily be expected, resulting in less success in the fight against AIDS and unwanted conception. These failures are due to:
- A) **MANUFACTURE:** Even in the United States and France, defects in the machines or materials used have resulted in the scandalous production of thousands of defective condoms.
 - B) **TRANSPORTATION AND STORAGE:** Due to a variety of circumstances, condoms are sometimes affected by high summer temperatures in many developed countries and by permanent hot weather in tropical areas. We should keep in mind that condoms are also affected by exposure to the air, humidity, light, florescent bulbs, etc.
 - C) **USE:** The user, with regrettable frequency, irreparably damages the condom while taking it out of its package, placing it on the penis, or in the course of sexual activity; this last risk is especially damaging to the fight against AIDS because it's aggravated by anal sex, etc. This has already led to some attempts, like those of Hero, to strengthen them.

AN ALTERNATIVE

All of these problems would diminish substantially with the availability of a type of condom that has already

been used for many decades in the West. It was variously called the strong, reusable, or washable condom. In effect, this variety of condom, scarcely more expensive than others, would be much cheaper because it's reusable. For the same reason, the distribution could also be reduced and the problem with the fragility of the product almost completely eliminated. It would also solve many of the problems of manufacture, transportation, and storage, as well as those of its manipulation by the user.



Safer, re-usable, cheaper condom

Why then has this type of condom dissappeared? Various and convergent reasons have contributed to it. The most immediate was the appearance of the more modern and "refined" condoms which are used and thrown away. They won over the demand of individuals with money (at this time there was no demand by governments or other organizations): the clients of prostitutes, or those with sporadic love affairs, were bothered by the need to recover and wash the condom, such a taboo object. In addition, the producers enthusiastically welcomed the new condom, like disposable paper tissues, because they can only be used once, hence multiplying profits.

Of course, the strong reusable condom is one alternative but not a perfect one. It has to be washed and decontaminated. Yet this would not have to be a major obstacle in the home, just as it is not a problem to wash handkerchiefs, or for that matter, socks, as condoms were euphemistically called in puritan England. Even aside from the stable couple, the relative advantages combined with the new, urgent argument of AIDS, permits the anticipation of its massive adoption, not only among current users, but also among those who don't have faith in the visibly more fragile disposable condom.

A more frequent objection would, without a doubt, be that the strong, thick condom is an obstacle for sexual pleasure. However, experimental studies by Masters and Johnson (1966) showed that the real sensitivity of the sexual organs in respect to outside stimulation is objectively very small in the final moments of coitus. Remember that similar objections were made without great success against the current condom by puritan groups disguised as defenders of eroticism, in their effort to combat contraception and the fight against AIDS. The possible obstacle to pleasure that the thickness of the condom might represent is compensated for by its improved protection, greater accessibility, and in respect to enjoyment, the greater sense of security which its proportional strength allows: fear is the main obstacle to pleasure. Those not convinced by these facts and considerations could continue using the current condoms, which of course are not, in this sense, disposable and would not disappear due to the addition of options which we propose.

C. II. THE NEW PLASTIC CONDOMS

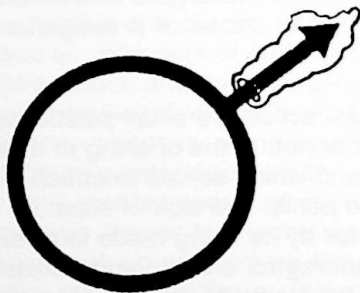
"The methods of birth control are archaic, an embarrassment in this age of technical progress". The indignation which is reflected in this phrase from the manager of the French family planning office echoes even truer now, thirty years after it was said, and more than a decade since the eruption of AIDS, especially if we keep in mind what we have just seen in respect to the reusable condom, or what we will now explain in respect to the plastic condom.

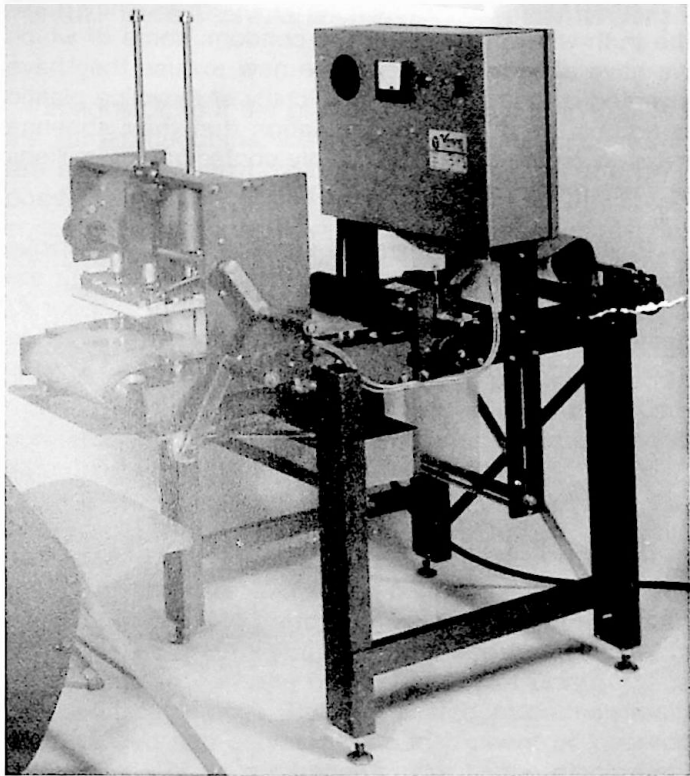
When it comes to prophylactics, we have not yet arrived at the plastic age. It has been a quarter of a century since we first received some samples of these condoms and photographs of the simple machines used to produce them in the headquarters of the Population Council in New York. Prototypes and patents have since multiplied, including those of prestigious international laboratories.

These prophylactics are small plastic bags; they can be transparent or not. In the opening of these bags there is an elastic band which serves to attach the condom at the base of the penis. The lack of elasticity of the bag is compensated for by its being made in three sizes (in the same way diaphragms are of varied sizes for different women). They are incredibly inexpensive, and the cost of the machines that produce them is also low. This would solve the problems with importation in many small or poor countries, where demand is not sufficient to be able

to buy and maintain the very expensive machines which are currently used. These plastic condoms are also resistant to heat and other factors which negatively effect latex condoms.

However, the world has been deprived of this safe and economical method of alleviating the tragedies of overpopulation and AIDS, all because of the inertia and the well known alliances against change: custom, traditions, and more specifically, the selfish economic interests of the industry which are focused on the short or medium term. However, this is short sighted because in reality, the business that launches these new plastic condoms (like the reusable rubber variety) would reap tremendous rewards in a brief time, even without the support of the state or other organizations.





This machine from the United States (about 1969), cost only eight thousand dollars, and produced plastic condoms which cost three cents apiece. What are the antisocial interests which have prevented the development of this important advance in family planning, the fight against venereal diseases, and, ultimately, the fight against AIDS?

These elements resistant to change frequently mask the truth with myths about the condom, some of which we have already analyzed. One new excuse they have invented is the "ecological" difficulty of recycling plastic condoms, as if the overpopulation that their absence helps to create does not multiply contamination millions of times more than the use of these condoms would.

Pushing for the immediate production and extensive distribution of plastic prophylactics, combined with the other methods of fighting the increasing number of deaths caused by AIDS and overpopulation, is one of the most important humanitarian tasks which face us today.



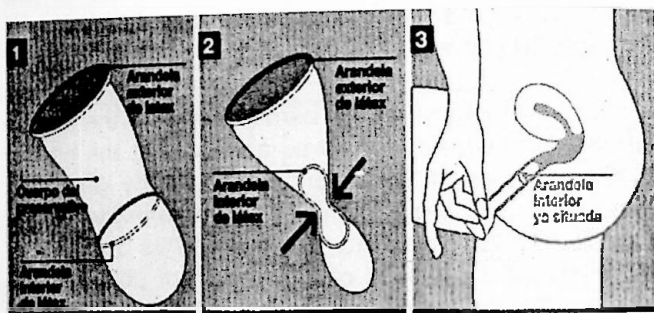
C. III. THE FEMALE CONDOM (FEMIDOM)

In addition to if the previous propositions to improve the current condoms, we have to take into account that the masculine prophylactics are no longer the only possible barrier solution against AIDS and unwanted conception. There are now feminine barrier methods that solve both problems as well and which also present a solution to the problem of the relatively high number of men who don't like to use condoms. We should not forget that initially AIDS was not usually spread through heterosexual contact. For this reason, people have not fully taken into account the role of women in the prevention of the illness. We will analyze here, among other barrier methods, the female condom.

The most recent of the barrier methods, the female prophylactic or femidom, was approved at the end of 1992 in the United States (and distributed by Wisconsin Pharmacal Co., Inc.), after its fabrication in the United Kingdom for Chartex International and its approval in Switzerland. It consists of one sheath of polyurethane with two flexible rings. The ring located inside the sheath at its closed end serves as the instrument of insertion and placement, in a manner similar to the diaphragm. The other ring constitutes the external limit of the sheath and remains outside of the vagina, fashioned so that the sheath extends over the labia.

The current version, like the masculine condom, can only be used once. The difference between it and the

other female barrier methods, is that the femidom can prevent AIDS and conception by itself, without the help of creams which chemically improve effectiveness. It constitutes the first method against AIDS patented after the appearance of the disease and obviously merits all the support that we can offer in its diffusion. We should emphasize its advantage, in comparison to the masculine prophylactic, of not interrupting the sexual act, and its convenience for a particularly significant group in the transmission of AIDS, prostitutes. We must also encourage the adoption of a reusable form which would make it cheaper and multiply the number of users, as we have seen in the case of its masculine equivalent.



THE VAGINAL CONDOM (FEMIDOM) 1. Outside latex ring. Body of the condom. Interior latex ring. 2. Outside latex ring. Interior latex ring. 3. Interior ring in place.

C. IV. THE DIAPHRAGM AND THE VAGINAL SPONGE

The diaphragm (including the cervical capsule) and the vaginal sponge, both with spermicide, not only have demonstrated effectiveness similar to the condom (85-90%) as methods of birth control, but some studies have shown that they are even more effective than the condom for the prevention of certain venereal diseases.

The use of the diaphragm and the sponge with nonoxynol-9 or chloride of benzalkonium have demonstrated effectiveness against AIDS, though this efficiency is inferior to that of the condom. Even though they are not the most effective prevention against AIDS, we should still disseminate knowledge about their resistance to the disease, because, in practice, something is better than nothing. Withholding this information leads to the same mistake made by those who denounce that the advocates of the condom are propagators of AIDS because the only sure method of prevention is sexual abstinence.

It is particularly important to point out that, in the same manner that a homemade sponge (natural or artificial), with homemade spermicide (lemon, salt water, etc.) are made outside the reach of pharmaceutical family planning by many women of underdeveloped countries, so a version of homemade methods that would prevent AIDS would constitute, if extended and widely applied, an important advance in the prevention

of AIDS in Africa and other regions of the world where modern medicine is not available. Better still would be to connect those kinds of homemade barriers for family planning and the prevention of AIDS with the use of tampons for menstruation, which sometimes are also homemade.



SECOND PART:
SEXUAL BARRIERS

**MODIFICATION
OF SEXUAL PRACTICES**



"THE CONDOM SHOULD BE PLACED ON THE ERECT PENIS WHEN IT IS HARD". This drawing forms part of a series of detailed illustrations which provoked the wrath of conservative sectors in Columbia.

C. V. FOR AN EVEN SAFER SEX

In the first part we have analyzed some devices for improving the barrier methods which can be used to prevent conception and the transmission of the AIDS virus. But this practical focus of placing the remedy where the immediate danger exists is not the only serious solution. On the contrary, while during the first years after discovering the growing threat of AIDS we focused on urgent remedies, now we must plan for the future and try to place barriers to AIDS before the last possible moment, coitus, because at that point all error is final, irreversible, mortal.

There is much to be learned in the fight against AIDS from the many thousand years spent trying to avoid unwanted conception. We should examine carefully the traditional contraceptive methods which have been overlooked in the last decades due to the success of the new clinical methods: contraceptive pill, IUD, etc.

- All societies have in effect created complete systems for protecting, in accordance to their differing social and economic opportunities, the growth of the population on some occasions, and at other times, its control through contraception (and/or abortion, infanticide, war, etc., as we have analyzed in our book **Sociology of Sexuality**).

We must analyze, because of its continuing influence, traditional western culture. Like many other civilizations, it has reduced sexuality to the genitals in order to

"liberate" the rest of the body for work, in accordance with the puritan mentality of reserving the genitals for reproduction... of other workers. In this system the sexual act is called (and also exists as, not only linguistically) the genital act, coitus, resulting in reproduction. All that is sexual that is not oriented toward reproduction is considered a deviation, a perversion, a sin. Traditional Catholics today take great pleasure in repeating the definition of Freud: "We qualify as perverse all sexual activity that has the objective of pleasure independent of reproduction". Similar expressions are repeated throughout Freud's works, and in his theory of the three ages (oral, anal, and genital), although at times he timidly insinuates an idea of sex which is larger and more closely linked to pleasure.

Contrary sentiments existed in societies during ages of scarcity of food, space, etc. which emphasized the sexual activities which are not reproductive: homosexuality, masturbation, etc. In addition, within heterosexuality, some societies encouraged promiscuous forms of sexual intercourse (less fertile). In other societies coitus was limited to less fertile women: (the older, prostitutes, etc.), or nonreproductive practices were encouraged (petting), as well as traditional contraceptive methods (withdrawal, douches, sponges, chemicals in the vagina, etc.).

At first it seems easier to distribute a barrier method against AIDS or conception than to change sexual customs. But in the long run both are necessary. We need to remember two axioms of ancient Rome:



YOU CAN'T LIVE ON HOPE

Drawing from the U. S. which insists on the necessity of taking precautions and speaks frankly about sexual relations.

"Necessity respects no law" and "destiny drives those who respect it and drags those who resist it". Necessity creates customs, and customs, the laws. For example, in a generation contraception has, in many countries, gone from being immoral and penalized to being a moral and

social obligation, and in some sense and places, also legally sanctioned.

In a similar fashion, other sexual customs have come into social honor or dishonor when changed circumstances have required it of them. Take the case of homosexuality: in our overpopulated society it had begun to recover a prestige that it already enjoyed, in analogous circumstances, in the Athens of Plato. Later, it suffered a new devaluation with AIDS, but this tendency is changing as AIDS also expands among heterosexuals, and as the habits of relation among homosexuals become safer.

We insist on making this distinction very clear: the change in sexuality as it adapts to AIDS and contraception is not one possible option among others, (as choosing whether to use a condom or a diaphragm) but instead constitutes a strict necessity for our survival. One can not doubt whether this change is to occur or not. It is already happening and will happen. We can only choose to facilitate this change or not.

We analyze in the next three chapters some of the most important changes which are being caused by current circumstances and are being realized in our sexuality. We must emphasize the importance of substituting, at least in great part, the traditional "sexual relation", the coitus, for other sexual practices.

Before the current AIDS epidemic, in 1966, the Swedish Ullerstam denounced that "of all forms of



"AIDS. THE EPIDEMIC HAS JUST STARTED. GENERAL MOBILISATION!" Demonstrations in the street, like this French one during elections, have been and continue to be an important element in alerting citizens and authorities to the problem.

sexual intercourse, the heterosexual kind certainly is the most dangerous, having the greatest potential risks in social consequences. Yet this act has fewer restrictions

than several other sexual expressions of a far tamer kind". Around the same time, De Marchi criticized the sexophobia resulting from western puritanism as responsible in great part for overpopulation which is deforming the planet and damaging our species.

Today not only do births increase in absolute numbers in a world already overpopulated, but venereal diseases (and hepatitis B), which are also sexually transmitted, kill millions of people. Even more, AIDS, likewise transmitted through sex, threatens humanity. We have to change our sexual habits, centred around coitus, or resign ourselves to misery, sickness and death.

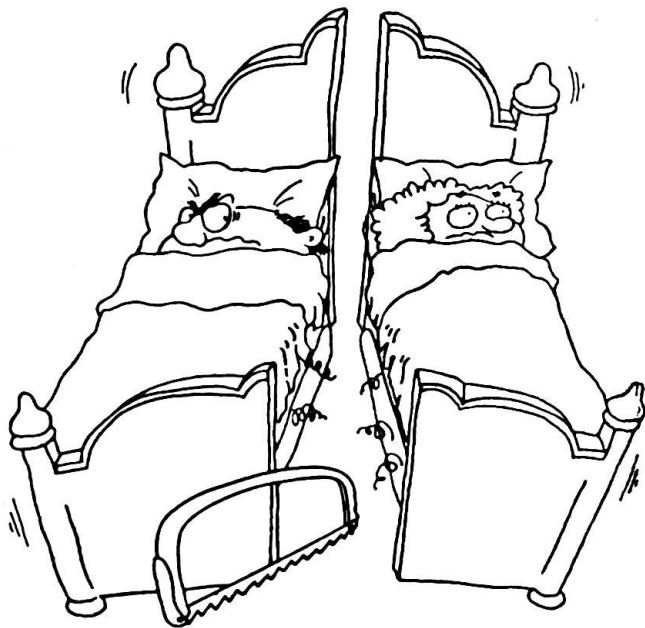
Before continuing to the description of these new or rather, renewed sexual habits that are becoming accepted among us, we have to mention and reject a "radical" general and definitive solution to the problem of AIDS and overpopulation by means of sexual abstinence.

Of course, sex is not, or should not be, obligatory. We can't forget that there are some people that engage in greater sexual activity than they desire but are obliged by economic necessity (as with many prostitutes and some married people, mostly women), because of an incorrect understanding of prestige, because of boredom, etc. But to defend the sexual abstinence as the best solution for everyone, as is now being done with respect to AIDS and has been counselled for so long with respect to overpopulation by the Catholic Church, is in reality a fraud. There is no other way to qualify such a fake remedy which goes against the experience of



Protest in Poland against repressive birth control laws maintained due to pressure from the Catholic Church. In opposition to the official opinion of the Catholic hierarchy, sexual abstinence is denounced as an impractical pseudosolution for almost everyone, resulting in ignorance and situations which lead to the spread of AIDS and an increase of unwanted conceptions.

millennia and which results in such serious consequences, including death, for those who are seduced by the hope of this "salvation". And some of those who pretend to cure AIDS this way have the audacity to accuse people who are really fighting the illness of not emphasizing the failures of condoms enough, while in fact abstinence fails almost always. It's a true "miracle" to find one person who is really able to practice abstinence in the long run, even among the few that make public and solemn vows to be chaste.



C. VI. OUR SALVATION IS IN OUR OWN HANDS: PETTING

What we today know of as petting has been called many other things throughout history: flirting, courting, spooning, mugging, larking, sparking, etc. This list, a summary from Kinsey's work, already convinced him to reject the notion that petting was a "North American invention", though American college students, by using it a lot to avoid conception, made petting famous. However, it is a very old practice. For example, the French Cathars, who for ideological reasons wanted to prevent conception, were also famous for petting. Defending the natural character of these acts, Kinsey observed that "among most species of mammals there is, in fact, a great deal of sex play which never leads to coitus".

Petting doesn't have to end with the ill-named "sexual act" (as if the other acts were not, or were only a "preparation" for intercourse); petting, in the sense of achieving an orgasm, can be completely satisfactory by itself. Though we have to point out that this last comparison is not quite correct as there are many, chiefly women, who in certain circumstances can experience general sexual satisfaction without achieving orgasm, as Gleston and Kinsey have observed. However, even equating this complete satisfaction to orgasm, it's clear that this same satisfaction can be achieved through petting, without coitus. In fact, Masters and Johnson monitored a greater physiologic intensity of

orgasmic response during mutual masturbation than during coitus.

There is also a false conception that coitus is the only real, satisfactory, virile manner of achieving orgasm. One of the origins of this prejudice is the exclusive use of petting by people, generally adolescents, who lacking a place, decision, etc. limit themselves to petting when in reality they want intercourse. Another origin of this myth can be found in the age old patriarchal conception that women should be passive and men should not "lower" themselves by asking women to take an active part in sex. It is understood that in these circumstances the man can only ejaculate during coitus. Lastly, we need to remember that the reproductive obsession of traditional societies has caused the belief that the only sexually satisfactory act (correct and worthy of men) is coitus.

If we took all of this into account, we would be able to liberate ourselves from the "terrorism of coitus" as the Supreme Good (E. Cohen). "To consider coitus as the first and last sexual expression," observed Masters and Johnson, "is to locate the first step toward erotic boredom and disharmony in a couple's relations /.../ The only thing to do is to empty one's head of the notion that sex must end in penetration and coitus. There is no such fixed concrete objective".

The best lover is not necessarily an excellent copulator (A. Ellis). We already see how it has been scientifically proven that orgasm achieved manually with

a partner is more intense than that experienced through coitus. It is also the easiest way for both partners to achieve the orgasm of one of them, which helps explain the superior orgasm in relation to that achieved through intercourse, when the attention of each person is concentrated much more on his or herself.

Petting also offers the advantages over coitus of lasting longer, of being independent of erection, and of requiring less physical exertion in general. In addition, it allows a lot of variety thanks to the generous use of both hands and all the other parts of the body. This permits a greater contact than penetration, even with the 36 different coital positions. We should remember that the word "coitus" comes from the Latin "co ire", and in this etymological sense, petting permits two people to go together, to unite, better than penetration and so constitutes a better coitus.



"SILENCE = DEATH". This equation's impact comes from its simplicity. Sticker distributed in gay circles in Spain.

The value of petting and the satisfaction of giving and receiving it will increase socially and personally as the reduction of sexuality to the genitals is rejected, the whole body becomes re-eroticized and personal contact, skin on skin, becomes more fully appreciated. Many studies have shown that epidermic contact is not something superficial, but that it is so necessary, so vital, that small children can die suddenly if deprived of it. Even adults, independent of whether they live with other people or not, live longer and in a more stable and happy manner when they have the possibility of establishing skin contact with another living being, even a non-rational one. For this reason, animals, well named "pets", provide a useful sensual function.

Petting is not only a supplement or a prelude to something else. **"Touch is an end in itself.** It is a primary form of communication, a silent voice that avoids the pitfall of words while expressing the feelings of the moment." (Masters and Johnson, 1970, underlined by the authors)

The "new sexuality" has been rightly compared, for example by the Janus Report in the United States, to "nouvelle cuisine" for placing more emphasis on quality over quantity. In effect: the amount of intercourse will be less, but the sexual satisfaction achieved through petting and other methods, to be analyzed in the following chapters, could be much greater.

The triumph of quality over quantity will also be manifested in the number of sexual partners one has,

which AIDS is already causing to diminish. Only a don Juan, or his female equivalent, could confuse "conquests" of other people (by violence, direct or indirect purchase, or deceit), with authentic relations and improvement of one's sexual life.

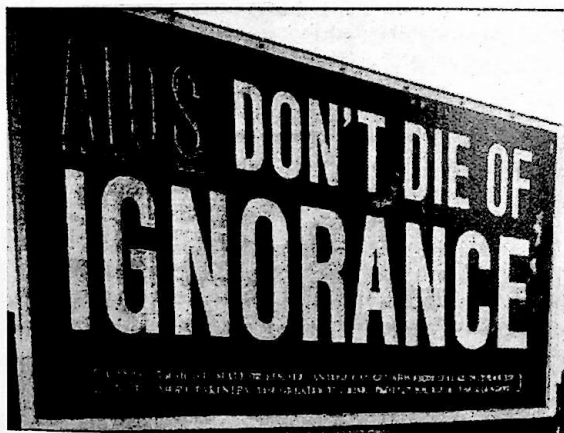
All change requires true courage and effort, and the new more qualitative sexuality requires it also. However, the reward is a change to a much more satisfying level of sexuality, because it depends on methods and habits which, like petting, allow more frequent and more intense orgasms.

Of course, this new sexuality has its limits, which are more visible and restricting as they are new and we are not accustomed to them. Triumph will come, here as in other things, to the person who uses his or her brain to adapt to the new and great advantages of change. Recall, as Pomeroy states, that "the greater part of sex is mental. The physical acts, in general, only approximate the fantasies that one can have during sex with another". "The most important sexual organ is the brain". As the poet Machado stated, "all love is fantasy".

As if all this were not enough, remember that the new non-coital sexual relations will allow greater pleasure for its participants when they become conscientious and take precautions to avoid dangers such as AIDS, venereal diseases, and the risk of unwanted conception. A sexual partner who does not agree to use the new sexual practices, nor barrier methods, would be demonstrating very little wisdom in exposing him or

herself to such dangers. Except in the case of mental defects and the like, such irrational conduct shows that this possible companion has so many sexual complexes that relations with him or her would almost always prove to be unsatisfactory (Pomeroy).

The importance of petting in the fight against AIDS and unwanted conception is more and more widely understood, as revealed, for example, by the slogans of a recent campaign in Barcelona: "If you don't have a condom, use your imagination" and "Masturbation, kisses, and caresses won't infect". These preventive techniques come from a long tradition of substituting penetration for petting as a means of avoiding pregnancy, a method still used today and considered valid (not sinful) even among certain groups of married Catholics.



C. VII. MASSAGE AND PROSTITUTION

Like other epidemics, AIDS has excited a conservative reaction (abstinence, absolute monogamy, etc.) as well as a progressive one (sex education, the use of condoms, etc.). In this progressive current, we want to promote already existing practices which can aid in stopping the spread of AIDS, as well as bettering the social conception of sexuality in general.

Classic prostitution, with its strong elements of classism and sexism, leads to sexophobia. AIDS has given it an even more sinister hue. But the sexual needs of those isolated or embarrassed because of age, handicap, erotic peculiarities, etc. continue to exist. The old type of prostitution, with the spread of AIDS, has in some circumstances been replaced by the creation of different types of massage. We believe it necessary to encourage by means of private enterprises, "trade marks", and even public control, a system of **safe massage**, with very well defined characteristics: 1. Complete sexual release. 2. The exclusive use of manual massage. 3. A clean environment and acceptable aesthetic. 4. Well trained professionals, and 5. A fixed and accessible economic cost.

Two examples can help in understanding the possibilities of this project. The First is **Playboy**, a magazine which combined esthetically acceptable nude bodies with prestigious general and cultural information. It has redeemed "pornography" from its usually

clandestine and socially unacceptable position. Dr. Masters even called **Playboy** "the best available medium for sex education in America today".

The other example is the success of "fast food", as established by McDonalds and others. It, like **Playboy**, has not lacked critics, but it has still managed to fill an ample worldwide demand for food which, though of limited selection, is relatively healthy, clean, economical, and served in an acceptable environment.

In a similar style, a system of massage with well defined characteristics, as the one we have proposed, could have worldwide success, as it responds to vital needs and because of its "prophylactic" character. Although we advocate massage for its pleasure, we can't forget that sexuality is still very much affected by millennia of repression. The use of these massages will only be socially acceptable when they become considered as something "healthy", that is, as a method to prevent the spread of AIDS.

To this great advantage of safe massage we can and should add other beneficial effects of prostitution that society has acknowledged for millennia. For example, it functions as an escape valve for avoiding rapes, adulteries, etc. Also, in the same patriarchal system (which doesn't mind converting wives into "sexual widows"), prostitution has been considered as a relatively cheap method for avoiding numerous offspring and the resulting elevated economic cost; Socrates has said: You do not suppose that men beget children

merely to satisfy their passion, since the streets, as well as the brothels, are full of means to allay desire”.



As for the individual, this “therapeutic” massage will eliminate many obstacles to pleasure in general, and not just provide genital release, that is, orgasm. We must remember the healthy and emotional safety, as well as the tranquillity, of the entire procedure, which result from the sexually passive role of the recipient of the massage, who doesn’t have the responsibility of the physical and mental satisfaction of another. This responsibility, which to a greater or lesser degree worries and distracts participants during sexual relations, is avoided if a massage is received from a professional.



"WITHOUT A CONDOM? DON'T FUCK (WITH) ME". In informal language, the official Young Council of Spain supports the campaign against AIDS in Madrid.

C. VIII. THE SAFEST SEX. AUTOEROTICISM

Of all the sexual acts, there is no question that the safest, in terms of avoiding the risks of AIDS and conception, better than protected coitus, petting or massage, is autoeroticism or masturbation. For this reason, it has been praised and encouraged by many authors during periods of epidemics of syphilis or other venereal diseases. This was true even when masturbation was prohibited by the dominant religion and punished (with exile!) by law, like in 18th century France. A French poet, obliged by this official persecution to be anonymous, praised his own hand "that has saved me from cancer and syphilis"; at the same time, in neighbouring Spain, Quevedo recalled those who lived "in concubinage with their hand".

Against the current AIDS epidemic, campaigns more and more frequently emphasize that masturbation, practised individually or by a couple, constitutes a safe method of avoiding contagion. This advice should be widely publicized and accompanied by encouragement of the different elements that lead to the exercise of satisfactory masturbation. However, these campaigns will not be convincing nor effective while traditional prejudices against masturbation continue to hold sway.

A joke in **Playboy** magazine (1973) reflects the recent change in the appraisal of this activity, in the commentary overheard from a group of boys: "—The way I hear it, if you **don't** masturbate, you'll go crazy". The

myth that masturbation leads to insanity was believed for centuries in the West. Masters and Johnson still had to refute it repeatedly in the face of doubts of other doctors in the United States. When this myth becomes too absurd, another one takes its place which derides masturbation as a sign of immaturity, despite the fact that Kinsey, Hunt and others have ascertained that masturbation continues throughout one's life, "even" among married people, and even to a greater degree by people with more education.

SIDA
apprenez
le geste
qui sauve



"AIDS. LEARN THE ACTION WHICH SAVES YOU". Humour acts as a key to get around, at least in part, remaining taboos. The distribution of "sexual first aid", such as this, is extremely important today, as it can save someone's life, as well as that of others to whom that person could have transmitted AIDS.

From the point of view of pleasure, Masters and Johnson confirmed in their laboratory, as we have already noted, that orgasm by autoeroticism is more intense than that achieved by manipulation by someone else or coitus. In addition, from the physical point of view, the often heard allusion to "excessive masturbation" is false; like itching, this activity is self-regulated and ends in one's own satisfaction. The only "excessive masturbation" is social, that is to say, the masturbation that is done more often than would be natural for an individual body's satisfaction, as a compensation for the "sexual misery" (W. Reich) that results from lack of social possibilities of realizing other sexual activities.

The root of the secular discredit of masturbation lies in the interest of the dominant groups of assuring that those beneath them yield their own satisfaction for the benefit of the dominant, so that it doesn't "distract" them from working (for their bosses), work which here includes the reproduction of great numbers of other servants to provide cheap labour. By way of blessing these repressive interests, the Catholic church condemns, with Saint Thomas, masturbation, even more than it condemns fornication, and about the same as atheism (Taylor). This harshness is not without reason because masturbators, by satisfying themselves, are their own masters, and that is one of the definitions of divinity. The Egyptians represented Osiris as receiving pleasure from himself, with his penis in his mouth, an expression of sexual monotheism. The only apparent exception to this prohibition against masturbation is its permission by the Catholic church for women who do not orgasm during

coitus, as it was said that orgasm contributed to fecundity (Noguera); in reality, this apparent exception only serves to reaffirm the subordination of sex, masturbation and pleasure to reproduction.

The revindication of the right to masturbate constitutes an important point, as the feminist Betty Dodson observed in her book **Sex for One**, not only for avoiding AIDS, but also for accepting one's own sexuality. The repression of masturbation leads to disdain of sex for fear of pleasure. As Greer, another feminist, points out, this disdain of sex is transmitted from the repressed male to the woman who finally allows him to enjoy sex. We have known for a long time that there are proportionally more violent offenders and rapists among those who don't know how to sexually satisfy themselves.

Masturbation is not then a "lesser" or "secondary" sexual activity, but normally constitutes the first natural sexual activity which, through experimentation, teaches us about our sexuality (Dodson). In addition, masturbation can ease various physical and psychological maladies, including menstrual pain (Masters and Johnson), relax the body, and facilitate sleep.

We conclude by pointing out that in order to fight AIDS, unwanted conception, sexophobia, and various other physical and mental problems, it is necessary to emphasize the importance that autoeroticism naturally has in the human lifecycle, as is true with other species. We must demystify the anti-scientific errors propagated

against it and denounce, as we have already indicated, the antisocial interests which promote them.

Combined with the promotion of correct notions regarding masturbation, it is also useful to encourage the availability of instruments associated with it, for example, erotic books and images. To an unbiased observer it would seem, if not a mistake, at least premature to define humans as "rational animals" observing that with the current AIDS crisis and overpopulation the methods which lead to safer sex are still considered embarrassing, clandestine, and punishable, at least economically, instead of there being ample aid in promoting the health of everyone. As Ullerstam, we too insist with Betty Dodson: "Instead of raising ourselves against pornography, we should raise ourselves in favour of sexual expression, of new erotic images, and of turning sex and pleasure into art".

Self Masturbation

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"THAILAND FIGHTS AGAINST AIDS". This banner, carried by social workers dressed as condoms, is written in German and directed at tourists of that nationality in the night Clubs of Bangkok. Thailand is characterized by a wider consciousness of the problem than other countries, which has been translated into multiple and original campaigns against AIDS.

THIRD PART:
SOCIAL BARRIERS

**SOME MEASURES AGAINST
AIDS AND OVERBIRTH**

STOP SIDA

C. IX. COMPENSATING FOR THE "BAD EXAMPLE" IN THE MASS MEDIA

Even the best campaigns which alert the population to the dangers of AIDS have a formidable enemy which to a large degree contradicts their educational efforts. It is of little use to impress upon a person the importance of fiscal honesty or respect for traffic signals, if afterwards that person sees that hardly anyone else follows these rules. In a similar fashion, it is of little use to insist on using precautions against AIDS, if afterwards people observe that others are not employing these precautions during the sexual act.

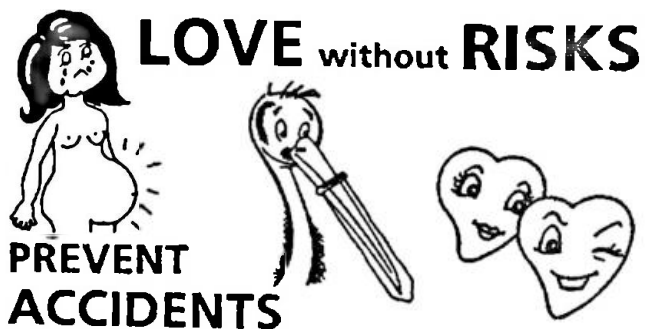
Of course in our culture, coitus is generally practised in private by isolated pairs. Nor is much detailed information circulated regarding this point, and the little that is filtered through friends and acquaintances is often untrustworthy. However, more and more frequently and in a more explicit manner, citizens witness the realization of sexual acts on the part of characters in the movies and on television and, to a lesser degree, in descriptions on the radio, in magazines, or in illustrations. These characters, who for many reasons have high prestige, hardly ever use precautions against AIDS; because of this, the average person reflects, normally unconsciously, (and because it is unquestioning, it is particularly effective) that the dangers of AIDS must be exaggerated, and that if important prestigious people don't make use of the forms of prevention from contagion, it should not worry them either.

To remedy this problem we propose that measures similar to those already used in comparable cases be adopted. We should keep in mind the advice, more and more often obligatory, larger, and more severe, contained in labels placed on cartons of cigarettes and in all tobacco publicity: "Tobacco is a serious health risk", "Tobacco causes cancer", "Tobacco harms those around you", etc. There are also warnings about other activities which can be dangerous such as the classic advertisement: "Kids don't try that at home". Even adults are warned that certain methods of driving an automobile have been performed by very experienced professionals.

It is in this line that we propose that they include warnings in movies, magazines, and in other media where coitus and other risky practices are represented more or less explicitly, which explain that these practices, without protection, constitute in real life a true and immediate danger of death by AIDS. Only in this way will it be possible to counter the serious negative effect on the viewing public caused by such a notorious lack of health precautions in these scenes. It does not seem much to ask the media to make an effort, when the aim



is to prevent the imminent danger of death from AIDS following a grievous illness, to include these advertisements, like: "Unprotected relation can give you AIDS", "This act can transmit you AIDS", "Caution. AIDS hazard" or "An eye on AIDS!"



C. X. THE EFFECTIVENESS OF MULTI-THEME PAMPHLETS FOR AIDS, CONTRACEPTION, ETC.

These days, radio and television are the optimal methods of communication for calling attention to and creating favourable attitudes towards the fight against AIDS. For this reason, they are to be utilized to the maximum, according to the political, social and economic possibilities of each country.

Notwithstanding this, the written word continues to be very important in order to concrete, detail, and fully explain the contagion of AIDS and its prevention, useful addresses, etc. Apart from books, which at times have limited access due to economics or intellectual problems, the written word is diffused everywhere by pamphlets, which can be distributed in whatever moment and place, and in this way can reach some of the most marginalized and high risk groups, in unfavourable political and social circumstances, at lower cost, etc.

For these reasons, we want to emphasize the importance in the fight against AIDS of the distribution of pamphlets that explain the illness, ways of contagion and remedies. We have distributed about ten million copies of a pamphlet like this, which we reproduce at the end of this chapter. In our experience from campaigning for family planning and related themes, the success of

this system of pamphlets depends, in great part, on overcoming the two particular limitations: lack of interest and fear.

1) LACK OF INTEREST: There is always a proportion of people that, in a given moment, are not prepared to receive, read or save a pamphlet on AIDS, for a variety of reasons, such as they are not sexually active because of age, health, solitude, etc. or because they believe that AIDS should only worry gays, drug addicts, etc. One practice commonly used in publicity and which can overcome this lack of interest is to include other information, such as calendars, useful telephone numbers, horoscopes, etc. Without excluding these possibilities, and for their intrinsic worth, we have also utilized, even before AIDS, in our campaigns for contraception, various health related issues such as information regarding euthanasia, first aid and Chinese finger massage for relief of pain. These are included in our current pamphlets which also contain information on sex life and venereal diseases. In this fashion, the pamphlet, like a line with many hooks, captures readers of all ages and conditions interested in that moment in some of the proposed themes which in turn complement one another (such as contraception, AIDS, venereal disease, and euthanasia).

2) FEAR: A pamphlet can even be too interesting, causing people to fear preserving or showing it, as is true with political pamphlets in revolutionary circumstances. In a similar fashion, where the taboo exists in certain environments against themes such as



"AIDS. TO KNOW OR TO DIE". Multi-thematic pamphlets constitute an important element in the prevention of AIDS and overpopulation. In the photo, the pamphlet is being distributed in the Rastro in Madrid. This pamphlet has been translated into eight languages and ten million copies have been distributed, by hand or mail, throughout the world.

AIDS or contraception, it can be difficult for those who receive the pamphlet to show it to others, or even just save it, for fear that parents, superiors, mates, etc. could think that they are sexually active in a socially unacceptable way. However, if the pamphlet also contains other "good" information, such as first aid, etc., this acts as a valid excuse for keeping it or even showing

it to others. Far from being diluted, the message becomes stronger when dispensed along with various other themes. Giving information about AIDS or contraception along with information about non-controversial themes, like those related to health (including, in certain regions, information on cholera, malaria, etc.) complement each other and aid their diffusion and reception.

The distribution of these pamphlets by mail is a way of getting them to many very different locations, but it is costly. It is much cheaper to distribute them in the streets and other public places where large numbers of people congregate. In addition, in regions where it is permissible and circumstances favour it, they can be delivered door to door or put in mail boxes. Stacks of them can also be left in pharmacies and other health and social service centres with a poster indicating that people take one, as has been done, for example, in Spain.

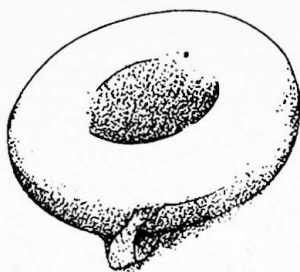
In New York we have adopted a mixed technique which could be useful in other places (during the dry season). We have placed about twenty-five pamphlets in plastic bags and attached them to walls and poles with transparent tape in visible areas such as bus stops, intersections, etc. Inside the bag, written on a colour of paper different from the pamphlets to make it more visible, is an announcement: "AIDS. TAKE ONE. (Do not take risks)".

NOTE TO THE READER

We will acknowledge all types of suggestions in respect to any of the points here mentioned, the contained theories, methods for their diffusion, and any possible support regarding these and other propositions for the prevention of AIDS and unwanted conception. Send all correspondence to Martín Sagrera. Apartado Postal 50.898. 28080. Madrid. Spain.

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16. GOD AND GODS. THE CRISIS OF MONOTHEISM
17. THE THOUSAND SPAINS
18. AGEISM AGAINST YOUNG AND OLD PEOPLE
19. SEX, POPULATION AND POLITICS
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