

PREVENTION **SAFER SEX**

What is safe sex?

No risk or very low risk - No reported cases due to these behaviours

- Masturbation - mutual masturbation
- Touching - massage
- Erotic massage - body rubbing
- Kissing
- Oral sex on a man with a condom
- Not sharing drug injecting, body piercing instruments, needles, syringes
- Using properly sterilised hospital tools

Low risk - Rare reported cases due to these behaviours

- Deep kissing
- Oral sex
- Vaginal intercourse with a condom or female condom
- Anal intercourse with a condom (Try not to get semen or blood into the mouth or on broken skin.)

High risk - Hundreds of thousands of reported cases are associated with the following.

- Vaginal intercourse without a condom
- Anal intercourse without a condom
- Sharing needles, syringes and other body piercing instruments

And what is the UNAIDS definition of ABC?

For UNAIDS, ABC means:

- **A**bstinence or delaying first sex
- **B**eing safer by being faithful to one partner or by reducing the number of sexual partners
- **C**orrect and consistent use of condoms for sexually active young people, couples in which one partner is HIV-positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure.²

Q. How can I avoid being infected through sex?

Ans. You can avoid HIV infection by abstaining from sex, by having a mutually faithful monogamous sexual relationship with an uninfected partner or by practicing safer sex. Safer sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.

1) What do you mean by a safer sexual relationship?

It is a sexual relationship in which there is minimal chance of contracting STD/HIV. Celibacy/ abstinence or masturbation including mutual masturbation are completely safe options. Penetrative sex tends to have a higher risk of acquiring

STDs/HIV. This can be reduced by using condoms. Such practices are called “safer sex” practices.

Safer sex practices are ranked as follows, with lowest to highest risk:

- a) Celibacy/Abstinence.. Abstain from vaginal, anal, and oral sex. Many other things feel good and are safe, because no blood, semen, or vaginal secretions get into the body.
- b) Masturbation. Safe activities include hugging, cuddling, masturbating, kissing, fantasizing, body-to-body rubbing, and massage.
- c) Mutual masturbation.
- d) Sexual relationship with a healthy and trustworthy partner. Reduce no of partners
- e) Leave risky partner
- f) STD treatment.
- g) Avoid mixing alcohol or other drugs with sexual activities-they might cloud your judgment and lead you to engage in unsafe sexual practices.
Regular uses of condoms during treat penetrative sex.. Unless you're 100% sure your sexual partner is not infected with HIV or other STDs, reduce your risk by using a latex condom (rubber) on the penis from start to finish every time you have anal, vaginal, or oral sex. The female condom can also help protect you. Learn to talk with your partner about condoms and safer sex. Condoms can protect both of you from many STDs.
- h) If you use lubricant, use one that is water-based. Lubricants containing oil (such as Vaseline) might cause latex condoms to break.

Use condoms. Unless you're 100% sure your sexual partner is not infected with HIV or other STDs, reduce your risk by using a latex condom (rubber) on the penis from start to finish every time you have anal, vaginal, or oral sex. The female condom can also help protect you. Learn to talk with your partner about condoms and safer sex. Condoms can protect both of you from many STDs.

CONDOMS

How effective are latex condoms in preventing HIV?

Ans. Studies have shown that latex condoms are highly effective in preventing HIV transmission when used consistently and correctly. These studies looked at uninfected people considered to be at very high risk of infection because they were involved in sexual relationships with HIV-infected people. The studies found that even with repeated sexual contact, 98-100 percent of those people who used latex condoms correctly and consistently did not become infected.

2) What is the proper way to use a condom?

One can significantly decrease the chance of contracting HIV infection or any other sexually transmitted disease by using a condom in a correct manner. One should remember the following points for correct condom use:

- Use a latex condom every time you have sex whether vaginal, anal, or oral. Latex serves as a barrier to the virus which is present in the genital secretions of an HIV-infected person.
- Put the condom on the penis as soon as it becomes erect by retracting the for skin.

- Leave a small space at the tip of the condom to catch the ejaculated semen by pinching it. Remove any air that remains in the tip by gently pressing toward the base of the penis.
- If one needs a lubricant, check its label to make sure that it is water-based.
- Do not use petroleum-based jelly, cold cream, baby oil or other lubricants such as cooking oil. These weaken the latex condom and can cause it to break.
- If one suspects that the condom has broken while having sex, stop immediately and take the penis out. Continue sex only after putting on a new condom.
- After ejaculation, withdraw while the penis is still erect. Hold the rim of condom, while pulling out so that it doesn't come off
- Never use a condom more than once.
- Don't use a condom that has been stored near heat or in your wallet or glove compartment of the car for a long time.
- Check the package for date of expiry.
- Check whether the condom package has oily stains on its wrapper. The condom may have deteriorated during storage. Do not use such a condom.

3) How does a condom prevent HIV infection?

During sexual intercourse semen or vaginal secretions harboring HIV transfer the viruses from one person to another. Use of a condom prevents contact of the semen with the vagina and cervix as also the contact of vaginal secretions with the penis.

4) What precautions should be taken if a condom is torn during sexual intercourse with a casual sex partner?

One should immediately stop sexual intercourse and carefully remove the condom. Both partners may clean their genitals with soap and water. One should use a new condom for that sexual act.

5) Will the condom slip in to the vagina during sexual intercourse?

The condom is likely to slip during sexual intercourse if it is not properly used. If the condom is not put on a fully erect penis, it is likely to happen. It can also happen if the rim (ring like part of the condom) is not rolled on till the base of the penis.

What condoms should you use for anal intercourse?

With anal intercourse more strain is placed on the condom. You can use stronger condoms (which are thicker) but standard condoms are just as effective as long as they are used correctly with plenty of lubricant. Condoms with a lubricant containing Nonoxynol 9 should **NOT** be used for anal sex as Nonoxynol 9 damages the lining of the rectum increasing the risk of HIV and other STD transmission

Q. Do Condoms Work?

Ans. Like seatbelts or bike helmets, condoms can't offer 100 percent protection; and sex with condoms can feel different from unprotected sex. The risks associated with not using condoms, such as getting pregnant, getting HIV, sexually transmitted infections (STD's) such as hepatitis and chlamydia, or just having to worry about it, make condoms well worth the hassle.

You've probably heard a lot of old myths about condoms: "They have holes, they're too tight for me, you can't feel anything", etc. Since AIDS, condoms are thinner, stretchier, stronger, and packaged to last longer on the shelf. Each condom is individually tested for holes.. If one condom fails the leakage test, the whole lot is discarded.

How can I persuade my partner that we should use a condom?

It can be difficult to talk about using condoms. But you shouldn't let embarrassment become a health risk. The person you are thinking about having sex with may not agree at first when you say that you want to use a condom when you have sex. These are some comments that might be made and some answers that you could try...

EXCUSE	ANSWER
Don't you trust me?	Trust isn't the point, people can have infections without realising it
It does not feel as good with a condom	I'll feel more relaxed, If I am more relaxed, I can make it feel better for you.
I don't stay hard when I put on a condom	I'll help you put it on, that will help you keep it hard.
I don't have a condom with me.	I do.
I am afraid to ask him to use a condom. He'll think I don't trust him.	If you can't ask him, you probably don't trust him.
I can't feel a thing when I wear a condom	Maybe that way you'll last even longer and that will make up for it
I don't stay hard when I put on a condom	I'll help you put it on, that will help you keep it
I don't have a condom with me	I do
It's up to him...it's his decision	It's your health. It should be your decision too!
I'm on the pill, you don't need a condom	I'd like to use it anyway. It will help to protect us from infections we may not realise we have.
It just isn't as sensitive and I	Maybe that way you will last even

can't feel a thing	longer and that will make up for it
Putting it on interrupts everything	Not if I help put it on
I guess you don't really love me	I do, but I am not risking my future to prove it
I will pull out in time	Women can get pregnant and STDs from pre-ejaculate
But I love you	Then you'll help us to protect ourselves.
Just this once	Once is all it takes

There are many reasons to use condoms when having sex. You could go through these reasons with your partner and see what she/he thinks.

Reasons to use condoms

1. Condoms are the only contraceptive that also helps prevent the spread of sexually transmitted diseases (STDs) including HIV when used properly and consistently.
2. Condoms are one of the most reliable methods of birth control when use properly and consistently.
3. Condoms have none of the medical side-effects of some other birth control methods may have.
4. Condoms are available in various shapes, colours, flavours, textures and sizes - to increase the fun of making love with condoms.
5. Condoms are widely available in pharmacies, supermarkets and convenience stores. You don't need a prescription or have to visit a doctor.
6. Condoms make sex less messy.
7. Condoms are user friendly. With a little practice, they can also add confidence to the enjoyment of sex.
8. Condoms are only needed when you are having sex unlike some other contraceptives which require you to take or have them all of the time.

Here are also some tips that can help you to feel more confident and relaxed about using condoms.

Confidence tips

- Keep condoms handy at all times. If things start getting steamy - you'll be ready. It's not a good idea to find yourself having to rush out at the crucial moment to buy condoms - at the height of the passion you may not want to.
- When you buy condoms, don't get embarrassed. If anything, be proud. It shows that you are responsible and confident and when the time comes it will all be worthwhile. It can be more fun to go shopping for condoms with your partner or friend. Nowadays, it is also easy to buy condoms discreetly on the internet.
- Talk with your partner about using a condom before having sex. It removes anxiety and embarrassment. Knowing where you both

stand before the passion stands will make you lot more confident that you both agree and are happy about using a condom.

- If you are new to condoms, the best way to learn how to use them is to practice putting them on by yourself or your partner. It does not take long to become a master.
- If you feel that condoms interrupt you passion then try introducing condoms into your lovemaking. It can be really sexy if your partner helps you put it on or you do it together

Question: Does the use of a condom reduce sexual pleasure?

Answer: Condoms do not reduce sexual pleasure, as sexual pleasure is a perceived pleasure. Psychologically, some people perceive a loss of pleasure when using a condom. Whereas, ribbed condoms, for example, are known to increase sexual pleasure.

Is using 2 condoms better than one in avoiding pregnancy?

Using two condoms at the same time-either two male condoms or a male and female condom- is not a good idea as the friction may result in one or both of the condoms tearing. If you want to take extra precautions against pregnancy when having sex, and are concerned about the possibility of a condom breaking it is better to use another form of contraception. For example, using the birth control pill as well as a condom will ensure that you both have double protection against pregnancy as well as protection against STDs.

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If I use a condom I seem to lose my erection...

It is a good idea to get some condoms before having sex and practise using them. That way you can get use to the feel of condoms and putting them on, which should help you feel more relaxed about using when having sex and less likely to lose your erection.

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Can you use a condom under water?

If you are going to use a condom under water it is important that you put the condom on before you get into the water, Also, if the water contains chemicals such as chlorine, or additives such as soap, bath oil or bubble bath then this may affect the latex.

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What is the best way to get condoms?

What are spermicides and how do they work?

Spermicides are chemical products that inactivate or kill sperm to prevent pregnancy. They are available in a variety of formats such as a cream jelly, foam or foaming tablet that is inserted into the vagina before having sex Some condoms also come lubricated with spermicide.

The most common spermicide is Nonoxynol 9. Recent research on Nonoxynol 9 has found that it does NOT protect against STDs or HIV as previously thought. So spermicides should only be used by HIV negative women who are sure that their partner is HIV negative along with a barrier method of contraception such as diaphragm or cap. Condoms containing Nonoxynol 9 are NOT

recommended. However it is much safer to use a condom containing Nonoxynol 9 than no condom at all.

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PEP

Provide immediate care to the exposure site.

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

Determine risk associated with exposure by

- type of fluid (e.g., blood, visibly bloody fluid, other potentially infectious fluid or tissue, and concentrated virus) and
- type of exposure (i.e., percutaneous injury, mucous membrane or nonintact skin exposure, and bites resulting in blood exposure).

Evaluate exposure source.

- Assess the risk of infection using available information.
- Test known sources for HBsAg, anti-HCV, and HIV antibody (consider using rapid testing).
- For unknown sources, assess risk of exposure to HBV, HCV, or HIV infection.
- Do not test discarded needles or syringes for virus contamination.

Evaluate the exposed person.

- Assess immune status for HBV infection (i.e., by history of hepatitis B vaccination and vaccine response).

Give PEP for exposures posing risk of infection transmission.

- HBV: See Table 3.
- HCV: PEP not recommended.
- HIV: --- Initiate PEP as soon as possible, preferably within hours of exposure.
- --- Offer pregnancy testing to all women of childbearing age not known to be pregnant.
- --- Seek expert consultation if viral resistance is suspected.
- --- Administer PEP for 4 weeks if tolerated.

Perform follow-up testing and provide counseling.

- Advise exposed persons to seek medical evaluation for any acute illness occurring during follow-up.

HBV exposures

- Perform follow-up anti-HBs testing in persons who receive hepatitis B vaccine.
- --- Test for anti-HBs 1--2 months after last dose of vaccine.
- --- Anti-HBs response to vaccine cannot be ascertained if HBIG was received in the previous 3--4 months.

HCV exposures

- Perform baseline and follow-up testing for anti-HCV and alanine aminotransferase (ALT) 4--6 months after exposures.
- Perform HCV RNA at 4--6 weeks if earlier diagnosis of HCV infection desired.
- Confirm repeatedly reactive anti-HCV enzyme immunoassays (EIAs) with supplemental tests.

HIV exposures

- Perform HIV-antibody testing for at least 6 months postexposure (e.g., at baseline, 6 weeks, 3 months, and 6 months).
- Perform HIV antibody testing if illness compatible with an acute retroviral syndrome occurs.
- Advise exposed persons to use precautions to prevent secondary transmission during the follow-up period.
- Evaluate exposed persons taking PEP within 72 hours after exposure and monitor for drug toxicity for at least 2 weeks.

Accumulated data from animal and human clinical and observational studies demonstrate that antiretroviral therapy initiated as soon as possible within 48--72 hours of sexual, injection-drug--use, and other substantial non occupational HIV exposure and continued for 28 days might reduce the likelihood of transmission. Because of these findings, DHHS recommends the prompt initiation of PEP with HAART when persons seek care within 72 hours after exposure, the source is known to be HIV infected, and the exposure event presents a substantial risk for transmission. When the HIV status of the source is not known and the patient seeks care within 72 hours after exposure, DHHS does not recommend for or against PEP but encourages clinicians and patients to weigh the risks and benefits on a case-by-case basis. When the transmission risk is negligible or when patients seek care >72 hours after a substantial exposure, PEP is not recommended; however, clinicians might consider prescribing PEP for patients who seek care >72 hours after a substantial exposure if, in their judgment, the diminished potential benefit of PEP outweighs the potential risk for adverse events from antiretroviral medications. These

recommendations are intended for the United States and might not apply in other countries.

. How can people who use injection drugs reduce their risk for HIV infection?

Ans. The CDC recommends that people who inject drugs should be regularly counseled to

- stop using and injecting drugs.
- enter and complete substance abuse treatment, including relapse prevention.

For injection drug users who cannot or will not stop injecting drugs, the following steps may be taken to reduce personal and public health risks:

- Never reuse or "share" syringes, water, or drug preparation equipment.
- Only use syringes obtained from a reliable source (such as pharmacies or needle exchange programs).
- Use a new, sterile syringe to prepare and inject drugs.
- If possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs.
- Clean the injection site prior to injection with a new alcohol swab.
- Safely dispose of syringes after one use.

If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled in water or disinfected with bleach before reuse. Injection drug users and their sex partners also should take precautions, such as using condoms consistently and correctly, to reduce risks of sexual transmission of HIV.

What is Mother to Child Transmission?

Mother to child transmission (MTCT) is when an HIV positive woman passes the virus to her baby. This can occur during pregnancy, labour and delivery, or breastfeeding. Without treatment, around 15-30% of babies born to HIV positive women will become infected with HIV during pregnancy and delivery. A further 10-20% will become infected through breastfeeding.

How can MTCT be prevented?

A three-fold strategy is needed to prevent babies from acquiring HIV from their infected mothers.^{4, 5}

- Preventing HIV infection among prospective parents
- Avoiding unwanted pregnancies among HIV positive women
- Preventing the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding.