

Coalition of Rights Based Groups

A Civil Society Coalition for Advocacy and Capacity Building of Sexual Minorities and People Living with HIV in West Bengal to Advance their Health and Rights

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Frequently Asked Questions on Sexual Health

a) What is sexual health?

Good health is considered to be a state of “complete physical, mental and social well being” and not merely the absence of diseases or infirmity. The principles of sexual health are the same:

“Physical well being” means good health and hygiene for your genitals and related systems. “Mental well being” means feeling okay about your sexual desires and needs and not guilty or depressed about them. “Social well being” means not facing social discrimination because of your sexual desires and needs, or because of any problem that may result from unsafe sex.

A combination of all these factors makes for a (sexually) healthy YOU!

b) What are HIV and AIDS? Are they the same?

HIV stands for “human immunodeficiency virus” and AIDS stands for “acquired immune deficiency syndrome”. **In simple terms:** HIV is a “virus” that makes the human body’s immune system weak or deficient, while AIDS is an “outcome of HIV infection”. However, being infected with HIV is not the same as having AIDS.

AIDS is actually a late stage of HIV infection and comes about only when HIV has made your body’s immunity (defence system) too weak to fight off other infections. It may take several years for AIDS to develop. The healthier your body and the better you take care of it, the longer it will take for AIDS to develop.

c) What is the meaning of the full form of AIDS: Acquired immune deficiency syndrome?

The term “acquired” implies that AIDS is not hereditary or present in your body from birth. It comes from an external source through certain behaviours or situations.

“Immune deficiency” means AIDS is something that makes your immunity deficient.

“Syndrome” implies that AIDS is a collection of diseases that attack your body when its immunity becomes weak. These diseases are often called opportunistic infections. An AIDS death is actually an outcome of these diseases. But if treated properly and in time, they need not be fatal. Which means that AIDS need not be fatal.

Two of the commonest opportunistic infections in India are tuberculosis and diarrhoea.

d) How can you get infected with HIV?

You can get infected with HIV if certain body fluids from an infected person's body enter your body. By body fluids we mean blood, seminal fluids (semen, pre-cum) and vaginal fluids, which can host HIV and carry it from one person to another.

- In almost 80% of cases, HIV is passed on sexually. If you have unprotected penetrative sex – anal, vaginal or oral – with an infected person, body fluids from that person can enter your body. Different sexual acts have different risks. Unprotected anal sex and vaginal sex are considered to be more risky than unprotected oral sex.
- You can get infected with HIV if you receive blood or blood products from an infected person.
- HIV can enter your body if you share syringes or other sharp injecting instruments with an infected person because these instruments can lead to exchange of blood from the infected person to you.

HIV can also be transmitted from an infected mother to her child during pregnancy (through blood across the placenta), during delivery (through vaginal fluids or blood) or during breastfeeding (through milk).

HIV has also been detected in other body fluids like saliva, tears and sweat, but the concentration of the virus in these fluids is too little for transmission of the virus to take place. Viral concentration is much higher in blood, vaginal fluids, seminal fluids and breast milk.

e) How can you avoid being infected with HIV through sex?

By having a mutually faithful and monogamous sexual relationship with an uninfected partner.

If such a relationship is not possible or preferable, then by practising safer sex with every sexual partner, which involves:

- Using condoms or other latex barriers (like dental dams and femmedoms) properly and every time you practice certain penetrative sexual acts, specifically anal sex, vaginal sex and oral sex – Condoms and other latex barriers prevent exchange of infected blood, vaginal fluids and seminal fluids during these sexual acts.
- A wide range of other sexual acts where chances of exchange of infected blood, vaginal fluids or seminal fluids are minimal and condoms or other latex barriers need not be used. For example: Dry kissing, deep or wet kissing, petting and fondling, hugging, body rubbing, massage, licking erogenous zones of the body like ears, neck and thighs, sucking fingers or nipples, thigh sex and mutual masturbation.

Note: What does the expression “penetrative sexual acts, specifically anal sex, vaginal sex and oral sex” stand for? It stands for the following: Penetration of the penis into the anal passage, vaginal passage or mouth; penetration of the tongue into the anal or vaginal passage; licking of the penis, testicles, clitoris, outer vagina or anus; penetration of fingers or hands into the anal or vaginal passage; and sharing of sexual toys like dildos that are penetrated into the anal or vaginal passage.

f) What is proper condom usage?

Proper condom usage involves the following:

- i) Checking the expiry date of the condom before use
- ii) Tearing one end of the condom pack and gently pressing the other end of the pack so that the condom slides out

Warning: Trying to pull out the condom from the pack with your fingers may tear the condom, especially if you have long nails

- iii) Putting on the condom only when the penis becomes fully erect, and avoiding penetrating the penis into the partner's body before the condom is put on
- iv) Before putting on the condom making sure that the lubricated side of the condom remains on the outside
- v) Pressing the tip of the condom with one hand while unrolling it on to the penis with another to make sure that no air remains trapped inside the condom

Warning: Air trapped inside the condom can make it tear during ejaculation

- vi) Unrolling the condom right down to the base of the penis before starting the penetration
- vii) After ejaculation, holding the condom at the base and gently withdrawing the penis to make sure that the condom does not remain inside the anus, vagina or mouth
- viii) Taking the condom off carefully and away from the partner's body to avoid spilling the semen outside the condom
- ix) Tying up the condom with a knot, wrapping it up in a piece of paper and disposing it off into a dustbin

Warning: Used condoms should not be flushed down a toilet as they may block the pipe. They should not be thrown out on to the road or parks where birds or children may open them up and make a mess!

- x) Never re-using a condom. A fresh condom should be used for each sexual act
- xi) Using a water-based lubricant like KY Jelly or saliva on the condom for extra lubrication during anal sex (to make the penetration easier and smoother)

Warning: Using oil-based lubricants like hair or cooking oil, cream, grease, Vaseline or butter can tear the condom. Condoms are made of latex, which is easily damaged by oily substances.

g) How can HIV be detected?

A person infected with HIV may look and feel healthy for many years, but can still pass on the virus to others. You cannot tell whether a person is infected with HIV just by looking at the person. The only way to find out for sure is through a blood test. If HIV is detected through the test, the result is said to be “HIV positive”. If not, the result is “HIV negative”.

There are several types of blood tests for HIV, each with its own procedures and costs involved:

- **Enzyme Linked Immuno Sorbent Assay (ELISA) test** is the most common and cost effective test. It detects the presence of anti-bodies to HIV in the body. But it takes approximately 6-12 weeks from the time of the infection for the anti-bodies to show up in the body. So the ELISA test is effective only if it is conducted after this time period.
- **Western Blot test** is also an anti-body based test. It is more accurate than the ELISA test in detecting HIV, but is much more expensive than the ELISA test. Thus in India it is often used only to confirm the results of ELISA tests.
- **Spot test** is another most commonly used HIV test in India with a high degree of accuracy. It also tests for anti-bodies to HIV.
- **Polymerase Chain Reaction (PCR) test** is a direct test that looks for viral particles rather than anti-bodies to the virus in the blood. This test is capable of detecting HIV in the blood even within a few hours since the time of infection. But it is an expensive test and is available only in select pathology laboratories.

Attention: No test for HIV should be done without your informed consent. That is, HIV tests should be voluntary and not forced. If you agree to an HIV test, strict confidentiality should be maintained with regard to your identity and the test result.

You should receive both pre-test and post-test counselling – the first to help you mentally prepare for the test and its result, and the second to guide you on what to do after the test result is available (irrespective of whether you test positive or negative).

Remember: An “HIV positive” result need not be the end of the world. There is help at hand to help you deal with the situation. And an “HIV negative” result need not mean you can throw caution to the wind and take risks that could lead to infection in future. It is important to listen to what the counsellor has to tell you to play safe and stay safe!

Do you want to get tested for HIV?

Do you feel the need to get tested for HIV? If you are in eastern India, please do get in touch with us for information on where you can get tested for HIV voluntarily and confidentially. We will refer you to an integrated counselling and testing centre nearest to your location. And we too will keep your identity completely confidential. **Please call us at 033 2484 4841 or write to us at saathiihelpline@rediffmail.com**

h) Is there a treatment for HIV or AIDS?

A cure for HIV/AIDS has not yet been discovered and prevention remains a crucial weapon against HIV/AIDS. However, the days when AIDS was considered invariably fatal are on their way out. It is increasingly becoming possible to treat HIV/AIDS.

In some cases HIV-infected individuals who went on to develop AIDS, when given proper treatment, recovered to the extent that the viral load (amount of HIV) in their body became negligible! This is why AIDS is no longer called the “end stage” of HIV infection. It is now referred to as a “late stage” of HIV infection.

In other words it is possible to live with HIV/AIDS. Hence an increasing use of the expression “people living with HIV/AIDS” or PLWHA.

HIV/AIDS treatment has broadly two components:

- Treatment for HIV infection through anti-retroviral (ARV) therapy. If started at the right time and taken regularly, ARV therapy can reduce the viral load in the body to negligible levels. However, ARV therapy needs to be life-long. If it is stopped, HIV can regain its strength in the infected person’s body.
- Early and complete treatment for the opportunistic infections that invade the body when a person infected with HIV develops AIDS. In India two of the commonest opportunistic infections are tuberculosis and diarrhoea.

Attention: HIV/AIDS treatment should be taken only under the supervision of a certified doctor, after knowing fully potential side effects. The costs involved should also be clearly understood. Efforts are being made to reduce costs of medicines for ARV therapy and opportunistic infections, and associated diagnostics, but these still remain quite high for many people in India. Free or subsidized medicines and diagnostics are currently available only through select government hospitals.

For more information on HIV/AIDS treatment, please call us at 033 2484 4841 or write to us at saathiihelpline@rediffmail.com.

i) Is medical treatment for PLWHA enough, or is something more needed?

What PLWHA need is not just treatment, but also self-care, care from their close ones and larger social support. A combination of care, support and treatment can remarkably improve the quality of life of PLWHA, something they deserve as much as people dealing with any other illness!

So what constitutes care, support and treatment for PLWHA? Treatment for HIV and opportunistic infections associated with AIDS, yes. But also:

- Provision of emotional, social and economic support – not only to PLWHA but also to their families, particularly children.

- Maintenance of general health and well being through nutritious food (that is in keeping with the person's socio-economic background), exercise and rest, and stress reduction and management.
- Prevention of opportunistic infections through general hygiene, safe food and drinking water, and safeguarding against air-borne infections and diseases like malaria.
- Prevention of opportunistic infections is also possible by limiting the chances of HIV re-infection. For this what is needed are safer sex practices, safer sharing of injecting equipment and safer exchange of blood and blood products.

It is not necessary that care, support and treatment can be provided to PLWHA only in a hospital or hospice. Home-based care is also possible, where PLWHA can learn to take care of themselves in many ways.

For more information on HIV/AIDS care, support and treatment, please call us at 033 2484 4841 or write to us at saathihelpline@rediffmail.com.

j) What are sexually transmitted infections (STIs)? How can they be prevented?

As the name suggests, STIs are infections that are transmitted through sexual contact. Like HIV, many STIs are transmitted through unprotected penetrative sex (anal, vaginal or oral). Therefore these STIs can also be prevented in the same way as HIV – mutually faithful and monogamous sexual relationship with an uninfected partner or practising safer sex with each and every sexual partner – **see item (e) for details on safer sex** (hyperlink to be given).

However, what is safer sex with regard to HIV may not prevent STIs. For instance, sexual acts like body rubbing and deep kissing may not be risky in terms of HIV, but can transmit certain STIs. Limiting the number of sexual partners and maintaining overall personal hygiene (including oral hygiene) are some of the ways to reduce possibility of transmission of these STIs.

There are a large number of STIs known to medical science. Some of the common ones are: Chlamydia, genital warts, gonorrhoea, hepatitis A, hepatitis B, hepatitis C, herpes simplex virus, pubic lice, syphilis and trichomoniasis.

Each of these STIs affects specific parts of the body, including the genitals and related systems. If you want to know how each STI is transmitted, which parts of the body it affects and how it can be prevented, please **call us at 033 2484 4841 or write to us at saathihelpline@rediffmail.com**.

STIs also facilitate the entry of HIV into the body. For details see **item (m)** (hyperlink to be given)

k) Can STIs be transmitted non-sexually?

Yes, like HIV, many STIs can be transmitted non-sexually as well. STIs like Hepatitis B and C, herpes simplex virus, syphilis, gonorrhoea and many others can be transmitted through sharing

of infected injecting instruments and infected blood and blood products. Some of these can also be passed on by an infected pregnant woman to her child during pregnancy or delivery.

Safer sharing of injecting instruments and blood / blood products, and early detection and complete treatment of infected pregnant women help in preventing non-sexual transmission of STIs.

STIs like pubic lice can be transmitted through sharing of towels and underwear. Not sharing clothes and maintaining personal hygiene prevents non-sexual transmission.

Hepatitis A can be transmitted through contaminated food and water. Maintaining personal and general hygiene, and food and water safety prevents non-sexual transmission of Hepatitis A.

1) What are the symptoms of STIs?

Some generic symptoms of common STIs in men:

- Discharge or pus from the penis or anus
- Sores, blisters, rashes or boils on the penis or testicles
- Sores, blisters, rashes or boils in or around the anus or mouth
- Lumps on or near the penis, testicles, anus
- Swelling on the penis or testicles
- Pain or burning during urination
- Itching in and around the genital areas – penis, testicles, thighs, anus

Some generic symptoms of common STIs in women:

- Pain in the lower abdomen
- Unusual and foul smelling discharge from the vagina
- Lumps on or near the vagina or anus
- Pain or burning during penetrative sex (vaginal)
- Itching in and around the genital areas – vagina, thighs, anus
- Sores, blisters, rashes or boils in or around vagina, anus or mouth

Warning: For each STI there is a certain time period between infection taking place and its symptoms showing up. However, just like HIV infection can remain invisible for a long time – see **item (g)** (hyperlink to be given) – some STIs can also remain dormant for a long time.

However, the person carrying these STIs can still infect others. Safer sex and other precautions remain the best preventive measures.

Attention: Some STIs, particularly in women, can have symptoms inside the body, which cannot be seen. If left untreated, these STIs can cause serious complications like infertility. STIs also facilitate the entry of HIV into the body – **see item (m)** (hyperlink to be given). So if you think you may have been exposed to an STI, you should go for its early detection and complete treatment – **see item (n)**.

m) Is there a link between STIs and HIV?

The predominant mode of transmission of both HIV and STIs is sexual (in that sense, HIV is also an STI). The presence of certain STIs in a person is often considered as a marker for potential HIV infection as well. Many of the measures for preventing the sexual and non-sexual transmission of HIV and STIs are also the same.

In addition: Many STIs cause ulcers, blisters, sores and boils and most of these are located in / on / around the mouth, penis, vagina or anus. During unprotected penetrative sexual acts, HIV transmission can take place more easily through these openings in the skin or mucous membrane present in these organs. **Early and complete treatment of STIs is therefore desirable not only to reduce or prevent the harmful effects of STIs themselves, but also to prevent HIV infection.**

In people already infected with HIV, STIs tend to compromise the immunity further, making it easier for HIV infection to progress in the body.

n) What should you do to treat STIs?

As soon as any **symptoms** (hyperlink to question on symptoms) that can be associated with STIs appear, or if you suspect that you may have been exposed to an STI, you should **immediately** consult a dermatologist (skin specialist).

The doctor may prescribe some tests, which should be carried out at the earliest. It is also important to **complete** the entire course of medicines prescribed by the doctor and keep your follow-up appointments. If you don't complete the treatment, many STIs can recur – more painfully so and cause serious complications!

Remember: The key to dealing with STIs is early detection and complete treatment. It is also important to prevent re-infection with STIs. This will require prevention of both sexual transmission – **see item (j)** (hyperlink to be given) – and non-sexual transmission (hyperlink to be given) – **see item (k)**.

Do you want to get tested or treated for STIs?

Do you feel the need to get tested or treated for an STI? If you are in eastern India, please do get in touch with us for information on where you can get tested and treated for STIs. We will refer you to a doctor or clinic nearest to your location. And your identity will be kept completely confidential. **Please call us at 033 2484 4841 or write to us at saathihelpline@rediffmail.com.**

o) What is male responsibility in the context of sexual health?

Men need to consider the fact that their sexual activities can have a very serious bearing on the health of their sexual partners – male or female. Men who have unprotected penetrative sex (with men or women) outside marriage dangerously increase the risk of their wives, and through them their unborn or newborn children, getting STIs or HIV infection.

In the Indian context, women often have very little say in the matter of safer sex with their male sexual partners, including husbands. Men often through authority or ignorance take advantage of women's vulnerability. If men learn to be responsible in their sexual behaviours, they can protect their own lives as well as the lives of their sexual partners and other loved ones.

References for FAQs: "A Draft Resource Manual for Trainers / Peer Educators of Enterprise-Based HIV/AIDS Programmes", International Labour Organization, New Delhi, 2004; "Enabling Women to Fight HIV/AIDS", ActionAid India, Calcutta, 2002; "Telephone Counselling for HIV/AIDS: A Counsellor's Resource Book", CARAT, Tata Institute of Social Sciences, Mumbai, 2001; SAATHII, Calcutta Office's own records