

A guide for men with HIV who have sex with women



Your sexual health



A Terrence Higgins Trust publication, produced by NAM

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Design Felton Communication 020 7405 0900 Ref: 11449. Illustration Oliver Gaiger

Your sexual health



Heterosexual men's edition

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This booklet is part of a range of publications produced by Terrence Higgins Trust to support you in living well with HIV. Most of these publications are designed to be suitable for you whatever your race, nationality, gender or sexuality.

This project has been made possible as part of the Pan-London HIV Prevention Programme.

For details of local services, information, advice and support, contact us:

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When you find out that you have HIV, the way you feel about sex can change. Relationships can change too.

Many of us worry about passing on HIV, and this can make it difficult to relax and enjoy sex. There may be worries about telling a partner about having HIV, or fears about what she really thinks about it. On the other hand, we might not be used to using condoms, and find that thinking about safer sex gets in the way of enjoying it. All these thoughts and feelings can make it harder to enjoy sex.

Although these worries are common, the good news is that many men find their way through them. It can take time, and it tends to be easier for men who've come to terms with having HIV.

And after all, most men with HIV just want the same things as any other man. We still need love, affection and the intense satisfaction we get from sex – HIV doesn't change that. We still want to satisfy a partner sexually.

Many of us would also like to start a family or have more children. The good news is that with medical advances, this is often possible without passing on HIV.

There are many challenges to living with HIV, and these aren't always easy things to deal with. However there is a lot you can do to take control of this part of your life. Talking to staff at your clinic or local HIV organisation in confidence, or sharing experiences with other people with HIV, is often helpful.

You may also find this booklet useful. It gives clear, factual information to help you make your own choices about sex and health.

In this booklet, we often talk about 'your partner'. This means any woman you have sex with, whether it is your wife or girlfriend, someone you have just met or somebody you have sex with occasionally.

Sex and relationships

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Should I tell?

There can be advantages in telling a partner about your HIV status.

It's easy to assume that there'll be a negative reaction if we tell a partner that we have HIV. If she reacts badly, it can really hurt. We might worry that she will reject us or tell other people what we have told her.

It's true that some women do react badly. But many men have taken the step of telling a partner, and have been surprised by their acceptance of the situation. Many women are able to take what we say on board, and still want to be with us and have sex with us.

There can be advantages in telling a partner that you have HIV:

- You don't have to worry about keeping a secret.
- She should understand the importance of using a condom or Femidom.
- Honesty can set the foundations for a strong relationship.
- She can give you love and support to help you deal with things.
- It helps protect you against prosecutions for transmitting HIV.

It's also better if you are the one who tells her, rather than her finding out later from someone else.

You can choose when and how to tell her you have HIV – this isn't something to rush into without thinking things through. Although you will still be able to tell her later on, you can never 'un-tell' someone.

See the next four pages for more information on telling partners, and pages 18-21 for information on the legal aspects of this subject.

If you've been able to come to terms with having HIV, it may be easier to be open about it. This can take some time.

Many of us find it difficult to discuss our feelings about HIV, particularly when it comes to sex and relationships. HIV clinics and HIV organisations will have people you can talk to in confidence, including counsellors and health advisers. They can also tell you about support groups, where you can meet other people living with HIV.

Being able to talk about your situation with someone who isn't a part of your life can help you to get these feelings off your chest. It might not be easy, but many men find that it really helps.

Telling a new partner

Timing can be tricky.

Before telling a partner that you have HIV, it's worth thinking about how she might react. Perhaps the topic of HIV has already come up, and you'll have seen her response. But if it hasn't, do you think she could be supportive and trustworthy?

Some men talk about HIV soon after they meet someone, before strong feelings develop. Others prefer to wait until they know the woman a bit better.

Some men decide that if they are going to have safer sex on a one-night-stand, they don't need to talk about HIV. But others feel that it's important to talk before a relationship moves on to a sexual level.

It's worth thinking in advance about how you'll tell her. Think about what you want to say, and identify a few situations when the conversation could take place.

She may be worried about HIV transmission. To deal with this, it can help if you have a good understanding of how HIV can and can't be passed on. It may be helpful for both of you to read pages 24–27 of this booklet, or for both of you to speak to a health adviser at the HIV clinic about this.

Some men prefer to find a partner who also has HIV, perhaps by using a dating website for people with HIV or by attending a support group. There'll probably be less anxiety about passing on HIV, and starting a relationship may be easier as there will be less worry about her attitude to HIV. But many men don't want to feel that they must restrict their choice in that way.



Telling your current partner

Support will be available to help you deal with this.

If you've recently found out you have HIV and are in a relationship, there'll be the question of telling your partner. She could help you deal with having HIV and you could continue to have a trusting relationship for years to come. On the other hand, the news could introduce new concerns and pressures into your relationship.

Unless she has already been diagnosed with HIV, it'll be recommended that she has an HIV test too. Even if you've had unprotected sex with her in the past, she won't necessarily have HIV. The only way to be sure is for her to have a test.

But it may take some time to find the courage to bring the subject up. Until you do, there will be the dilemma of dealing with moments when she wants to have sex. It may be difficult to start using condoms now. Your partner may be worried or confused by your sudden insistence on safer sex, or your lack of interest in sex.

It's worth being prepared for the questions she might have about HIV. She may be worried about your health, so you might want to tell her about HIV treatment and what your doctor has told you. She will probably have questions about whether it'll still be possible to have children, about how HIV is passed on, and about where she can have an HIV test. She may also want to know how you were infected.

You may be worried about how she will react. You may be afraid that she could finish the relationship, or tell other people that you have HIV.

Deciding what to do is likely to be difficult, but help will be available from professionals who have helped other people deal with similar situations. Staff at your HIV clinic may be able to help you talk to your partner, and can contact previous partners on your behalf. You could also talk to someone at a local support group or THT Direct (0845 12 21 200).

You can read more about deciding whether to tell people you have HIV, including telling friends, sexual partners, employers, medical professionals and others, in the booklet *Your Decision*, published by **Terrence Higgins Trust**.

You may have had an HIV test because your partner had just found out that she has HIV, and it was recommended that you get tested too. Both of you may be feeling upset and confused at the moment. Both of you will need to get help and support (see page 22), but you may also be able to help each other through this difficult time.

There may be questions about how HIV came into the relationship. She may think that you gave her HIV, while you might believe the opposite. It's not always clear who is right or wrong.

Losing interest in sex

After getting an HIV positive test result, some of us turn away from sex for a while.

An HIV positive test result often has an impact on our sex life. Some of us turn away from sex, thinking that this part of life might be over.

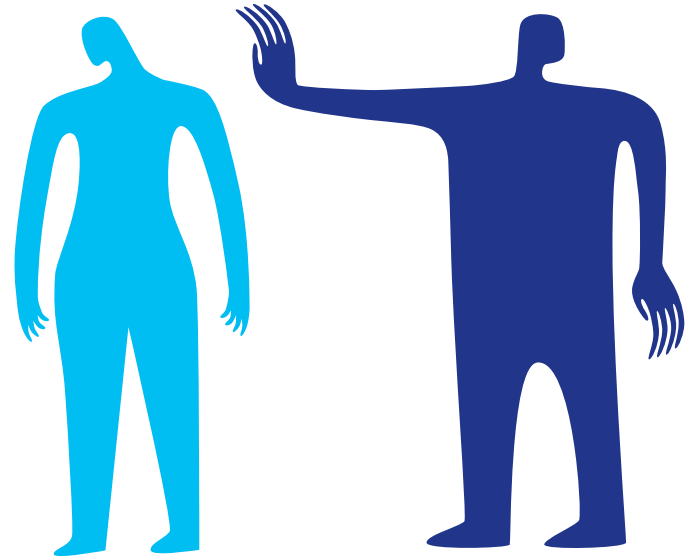
We may find that we no longer enjoy having sex. It might remind us of having HIV, or we may be worried about passing it on. A relationship may end, and we may feel unsure about getting involved with someone else.

It can feel hard to form new relationships, especially if you're feeling down or are short of money. The whole thing can just feel full of difficulties.

But this is a part of your life that you don't have to lose. Having HIV doesn't mean that you have to avoid sex.

So, although it's not uncommon for men with HIV to lose interest in sex for a while, we don't all stay in this situation forever. Everybody's situation is different, but the following things often help:

- Having time to get used to the situation
- Talking to other people who have HIV
- Sorting out other difficulties in our lives, like money, immigration or work problems
- Getting professional support (see page 22).



Sex and our feelings

If other things are on your mind, sex may not be as satisfying as it could be.

Sex is an intense experience that takes a lot of emotional and physical energy. It's not unusual to have difficulties with sex if you're feeling bad about yourself or if other things are on your mind.



There are lots of issues that can get in the way of good sex and relationships, including:

- difficulties telling partners that you have HIV
- worries about passing on HIV
- concern about satisfying your partner sexually
- feeling 'low' or 'down'
- feeling self-conscious about your body
- worries about the future
- sex reminding you of getting HIV
- problems in your day-to-day life

It's not always easy to resolve these things, but letting your partner know how you're feeling may help you deal with these things together.

Also, talking to a professional like a doctor or a psychologist, especially one who has experience with people with HIV, can be a good way to work these things out, and to get more pleasure from sex and relationships.

Sexual problems

If you're having difficulties, your doctor may be able to help.

At different times in our lives, we may face things like:

- difficulty getting or maintaining an erection
- ejaculating too soon (ejaculation is when fluid comes out of the penis)
- not being able to ejaculate, or taking too long to ejaculate
- sex being uncomfortable or painful.

These kinds of things can happen to anybody. For example, it's very common for men to have problems with erections from time to time.

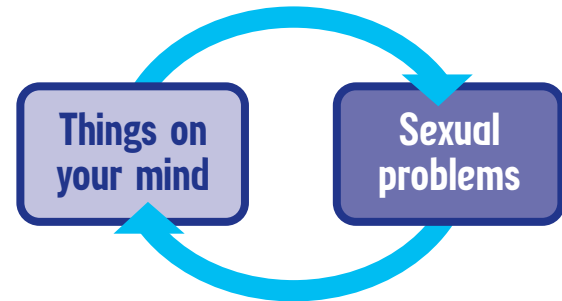
It's more common to have these problems as we get older. There may be physical causes (for example, tiredness, heart problems, or drinking a lot of alcohol). Or the cause might be psychological – to do with your mood and the way you're feeling at the moment.

These things are only problems if they feel like a problem to you. Taking a long time to ejaculate really bothers some men, while others feel fine about it.

Sexual problems can make a difference to the way we feel about ourselves. They can lead to tensions in relationships. It can be embarrassing to talk about them, but doctors and psychologists can offer treatments that really work.

The ways doctors and other professionals can help include:

- Prescribing Viagra and similar drugs that may help if you have erection problems.
- Prescribing testosterone replacement treatment, if you've lost interest in sex because your levels of testosterone are low.
- Teaching practical techniques to use during sex. These can help with ejaculation problems, for example.
- Working with a psychologist, therapist or counsellor to deal with feelings or anxieties that may be causing problems.



Viagra and other erection drugs

They are not safe for everyone but can often help.

Viagra is a drug which increases the blood flow into the penis. It helps you get an erection, and makes it harder and longer-lasting. If you lose your erection when you put a condom on, Viagra could help. But Viagra doesn't make you want to have sex or cause instant erections – it only starts to work after you are sexually aroused.

As well as Viagra (a blue pill), similar drugs are available under the names Levitra (an orange pill) and Cialis (a yellow pill).

The underlying cause of erection problems could be psychological (see pages 12-13). These drugs will treat the symptom, but not the cause, so there is a risk of becoming dependent on them to have sex. You could combine drugs with seeing a counsellor or psychologist to deal with any underlying problems.



Lots of people get these drugs over the internet, but many pills sold are fake. Another problem with buying drugs this way is that it's difficult to know if the drugs are safe for you. If you've ever had a stroke, or had problems with blood pressure or your heart, or are taking drugs for these conditions, you should talk to a doctor or pharmacist before using erection drugs.

Also there are several dangerous interactions with other drugs, including with the anti-HIV drugs called protease inhibitors (for example Kaletra). It's safest not to take erection drugs with protease inhibitors, or at least to take a small dose of the erection drug.

If the dose is too large, common side effects including headache, upset stomach, blocked nose, flushed face and chest, and vision with a blueish tinge, may get worse. The erection won't necessarily last longer.

Getting hold of erection drugs:

- GPs are only meant to give NHS prescriptions to men with conditions like diabetes and prostate cancer.
- Specialist psychologists and sex therapists can prescribe them to men whose erection problems are causing them 'severe distress'. Your HIV clinic should be able to refer you to a specialist.

Legal issues

A few people have been prosecuted for passing HIV on to a sexual partner.

You might have already heard about people being prosecuted for passing on HIV. While it's important to be aware of this, you should know that so far this has happened to less than 20 people in the UK. In each case, they didn't tell their sexual partner that they had HIV, a condom or Femidom wasn't used, and their partner was infected.

They were prosecuted for 'recklessly' transmitting HIV. Someone is reckless when they know they can pass on HIV during sex and still go on to take that risk.

In England and Wales, you could be convicted if:

- your sexual partner doesn't know you have HIV
- *and* you don't tell them
- *and* you don't always follow safer sex guidelines with that partner
- *and* your partner becomes infected during sex
- *and* there is scientific evidence that you are the only person who could be responsible for transmitting HIV to them.

Although there isn't a legal definition of 'safer sex', if you follow generally agreed expert advice, you should not be prosecuted. Safer sex definitely includes always using a condom or Femidom for vaginal sex (or anal sex).

What about oral sex?

HIV is less likely to be passed on during oral sex (your partner giving you a blow job) than during vaginal or anal sex. This means that a prosecution involving oral sex is unlikely, but it can't be ruled out.

What if a condom breaks?

The law is not very clear on this point. Terrence Higgins Trust believes that if, when the condom breaks, you immediately disclose your HIV status and advise your partner to get the emergency PEP treatment (see pages 46-47), this would show that you were not being 'reckless'.

For more detailed information, please call **THT Direct (0845 12 21 200)** or visit www.tht.org.uk/prosecutions.

Dealing with the police

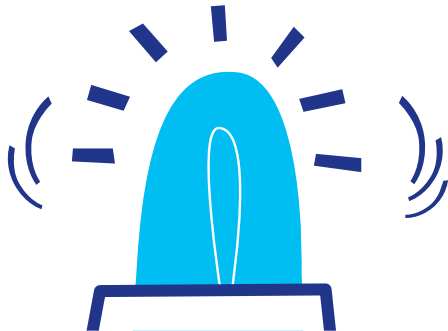
It's essential to get expert advice as soon as possible.

Thankfully, very few of us will ever need the following information. Only a small number of people with HIV have been accused of recklessly transmitting HIV.

But if the police ever contact you about a case, it is recommended to get expert advice as soon as possible. You should do this even if you're confident that you've done nothing wrong, and before talking to the police about the case.

Terrence Higgins Trust has a lot of experience of these cases, and can put you in touch with specialist solicitors. (Call **THT Direct** on **0845 12 21 200**.)

Not all police officers fully understand the law on HIV, and the police have sometimes carried out an investigation when nothing illegal has happened. In several cases, lawyers and HIV organisations have been able to make the police understand that no crime has been committed, and the investigations have stopped. Even when cases have gone to court, expert legal advice has contributed to some people being found not guilty.



These things are **not** against the law:

- Having sex when there's a risk of passing on HIV. (It's only a crime if HIV is actually passed on.)
- Having sex without telling your partner that you have HIV. (Again, it's only a crime if HIV is passed on.)
- Passing on HIV when you've told your partner that you have HIV. (In the eyes of the law, she has agreed to take the risk – as long as the sex was consensual, and as long as the transmission was unintentional.)

Going to the police about the person you think infected you

It may be that you are thinking of making a police complaint about the person you think gave you HIV. In this situation, it's important to be aware of the possible consequences for you. It's worth getting advice from an organisation that has experience of these situations, and giving yourself time to think through what's best for you.

If you do go to the police, they will closely examine your sex life and may contact your previous partners. This may lead to other people finding out that you have HIV. The process can take a long time, and it can become difficult to withdraw a complaint. Also, the majority of police investigations so far have found there wasn't enough scientific evidence for the case to go to court.

You need to be prepared for all these possibilities.

Help with sex and relationship issues

Several services are available to help you get the most from sex and relationships.

You may want to get some factual information on a topic, or you may simply want to talk things over. Although it can feel embarrassing to talk about sex and relationships, specialist staff will have helped other people deal with similar things before.

It's important to talk to someone you feel you can trust and relate to. Sometimes, this may not be the first person you approach.

- At most HIV or sexual health clinics, there are health advisers, health trainers, nurses and doctors who can talk through any questions you have about sex and health.
- Most HIV clinics have psychologists who are used to helping people with sex and relationship issues.
- Your HIV clinic should be able to refer you to a therapist or psychologist specialising in the sexual problems that are mentioned on page 14.
- Many HIV organisations have counsellors with experience of helping HIV positive people with sex and relationship issues.
- **THT Direct** can answer a wide range of questions on HIV and sexual health (**0845 12 21 200**).

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Understanding how HIV is passed on

The risk of HIV transmission is different in different situations.

Just as unprotected sex doesn't always make a woman pregnant, HIV is not passed on each time either. In fact, HIV is more difficult to pass on than some other sexually transmitted infections.

It can help to understand a bit more about how HIV is passed on:

- HIV transmission always involves body fluids that contain quite a lot of HIV. These fluids include semen, blood and vaginal fluid. But there is not enough HIV in sweat, saliva or urine to be infectious.
- The body fluid needs a way into your partner's body and bloodstream. Some parts of the body are absorbent and body fluids can get in here – they include the vagina, parts of the penis, and sometimes the mouth and throat. Also, body fluids can get in through wounds, damaged skin, sores and blisters.

If body fluids containing HIV get into a person's body, HIV can sometimes be transmitted. But it doesn't always happen, and one reason is that the amount of HIV in body fluids can go up and down over time.

If there is more HIV in your body fluids, unprotected sex will be more risky. The quantity of HIV in your semen and other body fluids is likely to be higher if:

- Your blood tests show that your HIV viral load is high,
- or you have another sexually transmitted infection (for example an outbreak of herpes),
- or you have only recently been infected with HIV.

On the other hand, the risk of passing HIV on during unprotected sex is much lower if your viral load is 'undetectable'. In other words, taking anti-HIV drugs can help you avoid passing on HIV. See the next page for more information on this.

Keep your HIV under control:

- go for regular check-ups
- take HIV treatment before your CD4 count goes below 350
- take your pills exactly as prescribed

This will be good for your own health. And there will be less risk of you passing HIV on to a sexual partner.

If you've been with your partner for a while, and have had unprotected sex in the past, you might guess that she must have HIV too. This isn't necessarily the case, and the only way to be sure is for her to have a test. HIV isn't passed on every time someone has unprotected sex, and she may still be HIV negative. But each time you have sex without a condom or Femidom, the more chance she has of getting infected.

Viral load and HIV transmission

You're less likely to pass HIV on if your viral load is 'undetectable'.

A viral load test tells you how much HIV there is in your blood. It is one of the key tests used to make decisions about taking treatment.

If your HIV treatment is working well and you have very little HIV in your blood (an undetectable viral load), there is probably not very much HIV in your semen either. This would make it less likely that HIV will be passed on.

In fact, some doctors believe that if the following points are all true, the risk of passing on HIV is extremely low, perhaps close to zero:

- you are in a stable, monogamous relationship (neither of you has sex with anyone else)
- *and* you don't have any sexually transmitted infections
- *and* your partner doesn't have any sexually transmitted infections
- *and* you are taking HIV treatment
- *and* you always take your drugs at the right time and in the right quantities
- *and* your viral load has been undetectable for at least six months.

Other doctors are more cautious. They agree that undetectable viral load will make HIV transmission less likely, but stress that HIV may still sometimes be passed on during unprotected sex.

These doctors point out that viral load tests measure HIV in your blood, not in your semen. Sometimes there is more HIV in semen than in blood. They also point out that if your treatment did stop working, it might be a couple of months before you go for another blood test and realise that your viral load is no longer undetectable.

They also stress that if you do get a sexually transmitted infection (perhaps without realising it) or if you miss some doses of your HIV treatment, your viral load could rise, making HIV easier to pass on. Nonetheless, many couples have used the guidance above to make decisions about unprotected sex. This is particularly the case for couples who want to have a child together without using the sperm-washing procedure (see pages 52-53).

Many other people with HIV continue to use condoms or Femidoms in most situations, but find the information about viral load reassuring. HIV treatment and condoms both reduce the risk of passing HIV on, and knowing this can make us feel more at ease during sex.

You and your partner should discuss these issues with your doctor. He or she will be able to look at your medical history and lifestyle, and give you more information about how risky unprotected sex would be for you.

This information was correct at the time of writing (July 2009).



Sexually transmitted infections

They can affect your health and your partner's health too.

Many people think 'safer sex' is just about preventing HIV being passed on. That's important, but safer sex also means having sex where there is less risk of other sexually transmitted infections.

Sexually transmitted infections (STIs) include things like chlamydia, gonorrhoea and herpes.

Why is preventing them important?

- They can have unpleasant symptoms like a discharge from the penis, pain when going to the toilet or sores on the skin. Some infections can have serious consequences if left untreated.
- Untreated infections and outbreaks of herpes can lead to an increase in the amount of HIV in your body. As well as having an impact on your own health, this will make it more likely that you will pass on HIV if you have sex without a condom or Femidom.
- If your partner has a sexually transmitted infection, that also makes it more likely that she will pick up HIV if you have sex without a condom or Femidom.

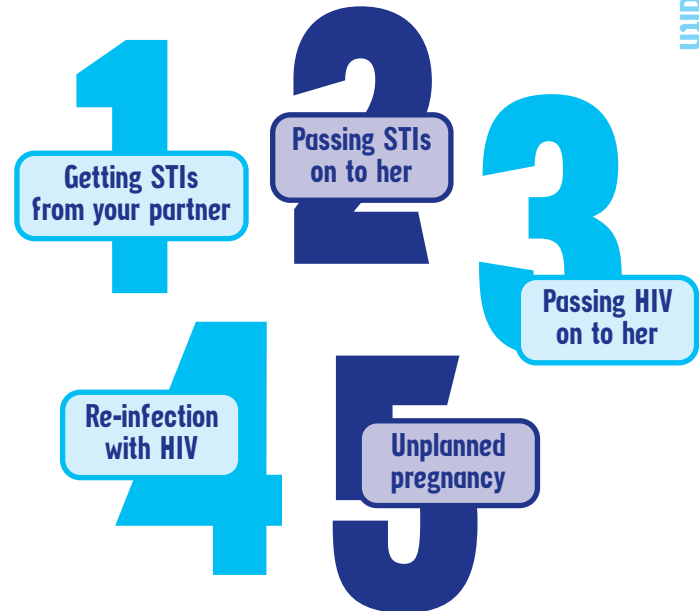
Safer sex means having sex without sharing body fluids (by using a condom or Femidom, or by not having penetrative sex). It will help you avoid getting a sexually transmitted infection from your partner, as well as passing one on to her.

If you ever think you might have an infection, it's a good idea to go to the clinic for a check-up (see pages 32-33). Most sexually transmitted infections can be easily treated.

What's a Femidom?

This is a brand name for the female condom, which your partner can put inside her vagina. Like the male condom, it helps protect both of you from infections. See pages 44-45.

Safer sex helps you avoid:



Top five sexually transmitted infections (STIs)

Using a condom or Femidom will help you avoid most of them.

- 1 Chlamydia** is the most common STI in the UK. It's a bacterial infection that can often be prevented by using a condom or Femidom for vaginal or anal sex – but it can also be passed on during oral sex. With the right antibiotics it can be easily cured. But if it's left untreated, it can sometimes lead to infertility problems for you or your partner.
- 2 Gonorrhoea** is a very common bacterial infection. It's quite similar to chlamydia in the way that it can be prevented and cured.
- 3 Herpes** can cause sores on the skin, either around the genitals or the mouth. It can be passed on during skin-to-skin contact, especially if the sores are touched. Once you have the herpes virus you can never completely get rid of it, but there are treatments to reduce the problems it causes.
- 4 Non-specific urethritis (NSU)** is one of the most common STIs in men. It's usually caused by bacterial infections in your urethra (the tube inside the penis that urine comes down). NSU can often be prevented by using a condom or Femidom for vaginal or anal sex. With the right antibiotics it can be easily cured.

5 Genital warts are tiny growths that usually appear on your penis. This very common infection is caused by a virus. Although infection can often be prevented by using a condom or Femidom, it can also be passed on during skin-to-skin contact. Sometimes warts are difficult to treat, but at other times they will go away on their own.

Terrence Higgins Trust publishes leaflets with more detailed information about these infections. You can get copies by calling **0845 12 21 200**.

You can easily have an STI without noticing that anything is wrong. But it's definitely worth seeing a doctor if you have any of these symptoms:

- Discharge (fluid or pus that comes from your penis)
- Pain or burning when urinating
- Sores around your penis or mouth
- Growths or warts around your penis
- Rashes (reddened patches of skin) on any part of your body

You also need to go to the doctor if your partner has these kind of symptoms.

Going for a check-up

You may need to ask your doctor to test for STIs.

It's easy to have a sexually transmitted infection (STI) without noticing any symptoms, so it might be a good idea to be tested for STIs every few months. This depends on your lifestyle – the more sexual partners you have, the more often you need to be tested.

Most HIV clinics can give you an STI check-up, but it won't necessarily be done automatically. You could ask your doctor to arrange for it to be done regularly.

If you don't want to go to your usual HIV clinic, you can go to a different GUM clinic (sexual health clinic), or even to your GP. If you see a different doctor, it's important to tell them that you have HIV, as treatment is sometimes different for people with HIV.



A sexual health check-up normally involves:

- talking to someone about the kinds of sex you've had (so the right tests can be done)
- a physical examination of your groin to check for any signs of infection
- giving a sample of your urine
- blood tests to check for syphilis and hepatitis infections
- a swab from the 'tube' in your penis that urine comes down (but many clinics test a sample of your urine instead).

Sometimes swabs may also need to be taken from your throat or from your anus, depending on your symptoms and the sort of sex you've had.

Some tests may be uncomfortable for a second, but shouldn't be painful.

If you're given treatment for an infection, it's important to take all the tablets you've been given – even if symptoms go away. If you don't, the infection might not be fully cured.

If you have an infection, your sexual partner might also have it, so she may need treatment too.

Safer sex: questions and answers

Detailed information about what is safe and what isn't.

The information on these pages assumes that 'you', the reader, is a man with HIV who is having sex with a woman who doesn't have HIV. Information is given about preventing both HIV and sexually transmitted infections.

Is it safe for her to suck my penis?

Oral sex is much lower risk than vaginal sex, but some people have caught HIV this way.

The risk is greater if:

- you ejaculate in her mouth
- you have a high HIV viral load
- you have cuts, sores or rashes on your penis, or
- you have an untreated sexually transmitted infection.

The risk is also increased if your partner:

- has unhealthy gums, ulcers or cuts in the mouth
- brushes her teeth before sex (brushing can damage her gums),
- has a sore throat, an inflammation (e.g. hay fever), or
- an untreated infection (e.g. gonorrhoea) in the throat.

In terms of sexually transmitted infections, if you had a genital infection or if your partner had cold sores on her mouth, the infection could be passed on.

If you're worried about the risk from sucking, you could use condoms. Flavoured ones taste less of rubber.

Is it safe for me to lick my partner's vagina and clitoris?

In terms of passing on HIV, this is virtually without risk. Your saliva doesn't have enough HIV to infect her. The only possible risk would be if your mouth was bleeding.

But in terms of sexually transmitted infections, if you had cold sores on the mouth, or if your partner had a vaginal infection, the infection could be passed on.

Is it safer if I pull my penis out before ejaculating?

In other words, is it safe to have vaginal sex without a condom or Femidom, and then pull out before you ejaculate? (Ejaculation is when fluid comes out of the penis.)

There is a lot of HIV in semen, so this does lower the risk, compared to ejaculating inside her. But it is still possible to pass on HIV this way:

- When you are aroused but before you ejaculate, a small amount of fluid will come out of your penis. This contains HIV too.
- Despite your best intentions, it can be hard to control when you ejaculate.

You can also pass on or pick up sexually transmitted infections. And it isn't a recommended way to avoid pregnancy either.



Is it safer if I am circumcised?

Being circumcised will not reduce your risk of passing HIV on to your partner. (But it can reduce men's risk of picking up HIV in the first place.)

Is it safe to have dry sex?

Dry sex is riskier than other types of vaginal sex.

Dry sex is vaginal sex that happens after your partner has made her vagina drier or tighter, either by washing it with soap or by applying leaves, powders, creams or a cloth.

Drying the vagina may cause tiny abrasions (small breaks in the skin of the vagina), even if your partner can't feel them. If a condom isn't used, abrasions make it even easier to pick up or pass on infections, including HIV. With a condom, the dryness increases the risk of the condom breaking (that's why it's recommended to use a lubricant with condoms).

If you like the feeling of heat that you get during dry sex, try a water-based lubricant that heats up as you use it, like Durex Play Heat.

What else can I do that's safe?

You and your partner can kiss, caress, massage, rub, hug, cuddle, and fondle without worry. It's safe to masturbate your partner as long as you don't have body fluids on your fingers.

Is anal sex safe?

Anal sex is when you put your penis inside her anus (bottom).

Without a condom, this is actually riskier than vaginal sex. The lining of the anus is extremely absorbent, and easily damaged. There's also a risk of a sexually transmitted infection being passed on.

To make anal sex safer, wear a condom. If you switch between anal sex and vaginal sex, put a new condom on each time. Using lots of water-based lubricant (not saliva) will make the sex more comfortable, and reduce the risk of the condom splitting (see page 41).

Is safer sex still important if my partner also has HIV?

If you have unprotected sex, sexually transmitted infections can be passed on. Condoms or Femidoms help prevent this.

In terms of HIV, there may be a risk of what is known as 're-infection' – in other words, one of you being infected with a new strain of HIV, or being infected a second time. See the next page for more information about this.

Re-infection with HIV

There's debate over whether re-infection is a real problem or not.

Re-infection with HIV is sometimes called super-infection. Some people are convinced that it's a serious concern and a good reason to always use a condom or Femdom, while other people think the risks have been exaggerated.

Re-infection refers to somebody who already has HIV being infected with a new strain (sub-type) of HIV – in other words, being infected a second time. This could happen during unprotected sex with an HIV positive woman.

But what do we really know about re-infection?

Re-infection does happen

Scientists in various countries have reported at least 30 cases.

We don't know how often it happens

Cases are difficult to spot and some people think that many other cases must have gone unnoticed. Others argue that if only 30 cases have been found, re-infection must be a rare event.

It's probably more common in early infection

Most, but not all, of the people known to have been re-infected had had their first HIV infection for three years or less. There may be less risk for people who've had HIV for longer.

Re-infection can create treatment problems

In some of the reported cases, there was extra damage to the immune system and people had more HIV-related illness. And in some cases, people were re-infected with a strain that was drug resistant, making some HIV treatments ineffective. But these things haven't always happened.

What kinds of sex might be risky for re-infection? We can guess that they will be the same as for picking up HIV the first time. So oral sex would be much less risky than vaginal sex or anal sex.

It's been speculated that there may be less risk of being re-infected if you are taking anti-HIV drugs. The drugs might suppress the new infection.

This information was correct at the time of writing (July 2009).

Male condoms

Make sure you know how to use them properly.

Safer sex means any kind of sex when one person's body fluids don't enter the other person's body. For types of sex where your semen might enter your partner's body, safer sex involves using condoms, but there are other kinds of sex that are low risk (see page 36).

You can get free condoms from your HIV clinic, or from sexual health clinics, contraceptive clinics, GP surgeries or HIV organisations. Condoms can be bought at supermarkets, chemists and garages, or from websites like www.freedoms-shop.nhs.uk

Condoms come in different sizes, colours and varieties and you should be able to find one that is the right size. A condom that is too small is likely to be uncomfortable and may also break, and one that is too large is likely to come off during sex.

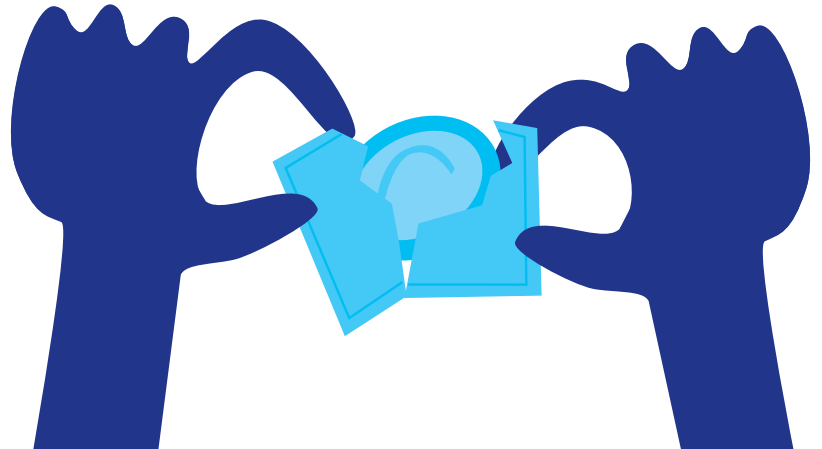
Most condoms are made from a type of rubber called latex. If you are allergic to latex, non-latex condoms are available.

When a woman is aroused, her vagina becomes more moist. This natural lubrication reduces friction, which means that condoms are less likely to break. You can also use products called lubricants which provide some extra fluid, which will help prevent them breaking.

- ✓ Choose water-based lubricants, which you can get from the same places as condoms.
- ✗ Don't use oil-based lubricants like skin creams, massage oils, baby oil or Vaseline – they cause condoms to break.
- ✗ Saliva (spit) doesn't work as well as a water-based lubricant – it dries out too quickly.
- ✗ It's best to avoid condoms which are "spermicidically lubricated" – this product makes HIV infection more likely than if you use water-based lubricant.

The lubricant goes on the condom (after you've put it on), and in and around her vagina.

If you find that you lose your erection when you use a condom, treatment with Viagra might help. See pages 16-17 and speak to your doctor.

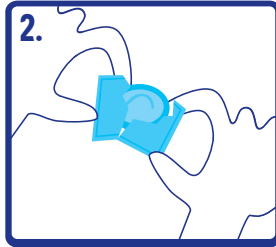


How to use condoms

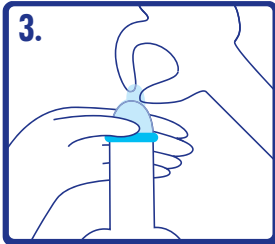
Condoms are more likely to break or come off if they are used incorrectly.



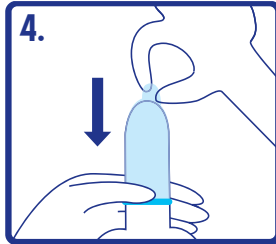
1. Make sure it is not past its 'use-by' date. Check that the package has the British Safety Standard Kitemark or the CE symbol on it.



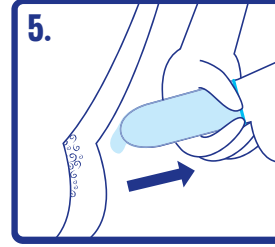
2. Wait until the penis is hard, then open the pack carefully (teeth, nails and jewellery can pierce condoms).



3. Squeeze the air out of the tip of the condom.



4. Roll the condom down the penis.



5. After you ejaculate, hold onto the condom base (to stop any liquid leaking), then pull out.



6. Throw it away in a dustbin (not the toilet). Use each condom once only.

X Don't use a condom that is the wrong size for you

X Don't unroll the condom before putting it on

X Don't use oil-based lubricant instead of water-based lubricant

X Don't wear two condoms at the same time

X Don't use the same condom for more than 30 minutes

There's more information on condoms in *Get it On - a guide to making condoms work for you*, a Terrence Higgins Trust leaflet (0845 12 21 200).

Femidoms (female condoms)

It's worth trying this alternative to the male condom.

Most condoms go on the man's penis, but there's another type called the 'Femidom' that goes inside the woman's vagina. It protects against pregnancy, sexually transmitted infections and passing on HIV.

The Femidom is a plastic pouch that your partner inserts before sex. Some men prefer it because it feels good and doesn't restrict the penis. The material it's made from is thin and sensitive, so you can feel the warmth of your partner.



Tips

- If you are allergic to latex (the material most condoms are made from), you may prefer the Femidom.
- Your partner can put the Femidom in just before sex, or several hours earlier if she prefers.
- The Femidom is loose-fitting and will move during sex. That's fine as long as your penis stays inside the Femidom.
- The Femidom often makes a 'rustling' noise, but gets quieter when it has warmed up or if more lubricant is used.
- Your partner may get pleasure if you rub the outer ring against her clitoris.
- Practice makes perfect: try it a few times before deciding if you like it or not.

Lots of contraceptive clinics and HIV clinics provide Femidoms for free, although they are not as widely available as male condoms. You can also buy them from a chemist or from websites.

PEP (post-exposure prophylaxis)

This emergency treatment could stop your partner picking up HIV.

PEP is a month-long course of anti-HIV drugs that can make it less likely that someone gets HIV.

If you have a regular partner, it's a good idea to make sure that she knows about PEP. Also, you might want to tell a partner about PEP if a condom breaks, or if you have unprotected sex, then realise afterwards that your partner is HIV negative (or she realises afterwards that you are HIV positive).

PEP must be started quickly – the sooner, the better. This should be within 24 hours of the risky sex, and definitely no later than 72 hours (three days). PEP involves taking anti-HIV drugs every day for four weeks, and can cause side effects like diarrhoea, headaches, feeling sick and vomiting.

PEP makes infection with HIV less likely. But it isn't guaranteed to work – a few people who take it still end up with HIV afterwards. This can also happen if PEP isn't started soon enough, or if the pills aren't taken exactly as prescribed.

PEP is available from HIV clinics, GUM (sexual health) clinics and some Accident & Emergency departments. It's not usually available from GPs. **THT Direct** can give addresses **(0845 12 21 200)**.

For someone you've had sex with, the best place for her to go is usually your own HIV clinic. The staff there will know if your virus is resistant to any drugs, and will be able to choose the most effective drugs to give to your partner. (If the clinic is closed, go to Accident & Emergency at the same hospital.)

If you go to the hospital with her, the staff are more likely to be convinced that she's had sex with someone with HIV and that she needs PEP.

PEP is always recommended for a woman after unprotected vaginal (or anal) sex with a man with HIV. It might also be given if your semen went in her mouth or eye. But it won't usually be given if you've had oral sex without ejaculating in her mouth.

There's more information in *PEP*, a booklet from **Terrence Higgins Trust (0845 12 21 200)**.

Something
goes
wrong

Time to
tell her
about PEP

Putting safer sex into practice

Sometimes we need more than factual information.

It's possible to have all the facts about safer sex, and still find it hard to put them into practice. There can be all kinds of reasons for this:

- Talking to a partner about safer sex or condoms isn't always easy
- If you're not used to using condoms, it can feel hard to start now
- Alcohol or drugs can affect our judgement, so we may take more risks

If you find it hard to live up to your intentions when having sex, it could be helpful to talk things over with someone at your HIV clinic or HIV organisation. See page 22 for more information.

3

Family matters

50 Having a baby with an HIV negative woman

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54 Having a baby with an HIV positive woman

56 Ten things you need to know about contraception

Having a baby with an HIV negative woman

There are ways to reduce the risk of passing HIV on.

For many of us, the desire to have children is very strong, and the idea that it might no longer be possible can be deeply saddening. But the good news is that with medical advances, it's often possible to start a family or to have more children.

Firstly, HIV treatment means that many of us can expect to have a long and healthy life. We will be able to watch our children grow up.

Secondly, it may now be possible for your partner to become pregnant with your child, without her picking up HIV. The safest technique to use is called 'sperm-washing', and there's more information about this over the page.

Thirdly, when HIV treatment works very well, our risk of passing HIV on during sex is decreased. Knowing this, some couples do have unprotected sex to get pregnant.

Some doctors think that unprotected sex is an option in some very specific circumstances:

- your viral load has been undetectable for at least six months
- *and* you always take your HIV treatment exactly as prescribed
- *and* you are certain that you don't have any sexually transmitted infections
- *and* you don't have sex with anyone else (and neither does your partner).

But many other doctors do not think that this is safe (see pages 26-27).

If you are thinking about having unprotected sex, it's important that your partner is fully informed about the risks that she will be taking. Your doctor will be able to give her detailed advice.

It will be less risky to limit unprotected sex to the days in the month when your partner is fertile. For the rest of the month, you could use condoms or Femidoms.

Two other possibilities for starting a family are adopting a child, or using artificial insemination with sperm donated by another person. Your HIV clinic or HIV organisation will be able to help you find out more about these options.

HIV isn't passed directly from the father to the baby. So if the mother is HIV negative and stays that way throughout the pregnancy and while she is breastfeeding, the baby won't have HIV.

So it's very important to continue to practise safer sex during pregnancy. If your partner picks up HIV at any time during the pregnancy, she could also pass it on to the baby. Her antenatal clinic should offer her HIV tests every few months to check that everything is OK.



Sperm-washing

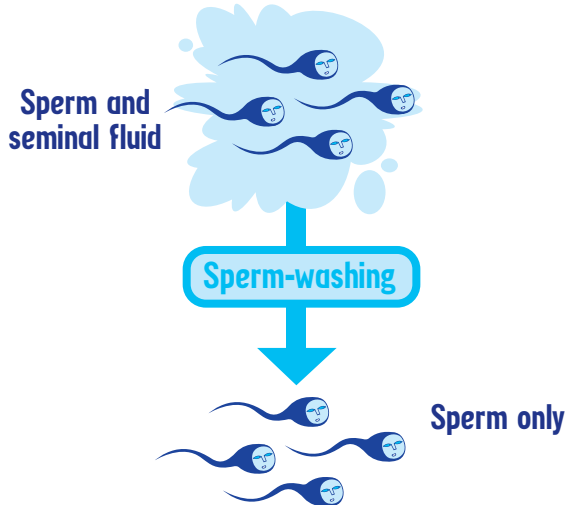
The safest way for you to become a biological father.

Sperm-washing is a high-tech process that can help HIV positive men become fathers. If your partner does not have HIV, sperm-washing will virtually eliminate the risk of HIV transmission to her. Or if your partner does have HIV, it will reduce the risk of HIV re-infection.

To better understand how it works, you need to know that the fluid we ejaculate contains:

- Sperm, which is essential for pregnancy.
HIV isn't found in sperm.
- Other fluids, which aren't needed for pregnancy.
There may be HIV in these fluids.

During sperm-washing, the sperm is separated from the other fluids to remove any HIV.



How does it work?

1. You give a semen sample to the clinic.
2. A special machine is used to separate the sperm from the other fluids.
3. Tests are done to check that there is no HIV in the remaining sample.
4. Your partner goes to the clinic during her fertile time of the month.
5. The sperm is inserted in the womb (artificially inseminated).
6. This procedure may need to be repeated several times to achieve pregnancy.

Before sperm-washing, the clinic will do tests to check that you and your partner don't have any sexually transmitted infections or fertility problems. If there are fertility problems, slightly different procedures can be used.

But there are some difficulties with sperm-washing:

- Only half the couples using sperm-washing manage to have a baby.
- It's expensive and it can be hard to get the NHS to pay for it.
- Very few UK clinics offer sperm-washing.
- It's a medical procedure that may not feel very intimate.

Nonetheless, hundreds of couples around the world have been able to have babies using sperm-washing, and without HIV being passed on. It's the safest way for an HIV positive man to father a child with his HIV negative partner.

Having a baby with an HIV positive woman

With good medical care, women with HIV can usually give birth without passing on HIV to their baby.

If your partner is also HIV positive, the most obvious way for her to get pregnant would be by having unprotected sex.

But there is still the possibility of HIV re-infection (see pages 38–39). Your doctors can give you and your partner detailed advice about this, based on your specific situation. Also, sperm-washing techniques will reduce the risk of re-infection (see pages 52–53).

If you do have unprotected sex, it's important to check first that you don't have any sexually transmitted infections. If your partner had an infection during pregnancy, it could have serious consequences for the baby.

It'll also be a good idea for your partner to get advice from her doctor before getting pregnant. She can find out whether her health is good enough to have a baby at the moment, whether she needs to change the medicines she is taking, how to take care of her health before and during the pregnancy, and how to avoid passing HIV on to the baby.

If precautions aren't taken, an HIV positive mother can pass HIV on to the baby in the womb, when the baby is being born or during breastfeeding. But she can prevent this happening by taking the following steps:

HIV treatment: if she is not taking it already, she should take treatment for the second half of the pregnancy. The drugs will reduce the amount of HIV in the body, and so reduce the chance of passing HIV on to the baby. The drugs are safe for the baby.

Childbirth: Many HIV positive mothers give birth with a caesarean delivery. But if your partner's health is very good, she may be able to have a vaginal delivery.

Not breastfeeding: Breast milk contains HIV, which means she could pass on HIV if she breastfeeds. That's why it's recommended to always bottle-feed the baby with powdered infant formula milk.

Anti-HIV drugs for the baby: your child will need to take an anti-HIV drug for a few weeks only.

These methods work very well. When women take the recommended combination of anti-HIV drugs during their pregnancy and their viral load is 'undetectable', only 1 baby in 1,000 is born with HIV.

There's more information in the women's edition of *Your Sexual Health*, published by **Terrence Higgins Trust (0845 12 21 200)**.

Ten things you need to know about contraception

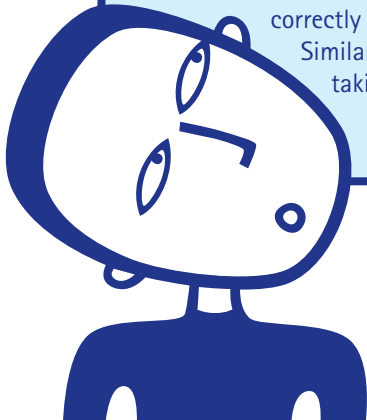
How to prevent pregnancy or plan it for a time when you're ready.

1 There are lots of different possibilities. More than a dozen different contraceptive methods are available.

2 Most contraceptives don't prevent HIV transmission. Condoms and Femidoms are the only ones which also reduce the chances of HIV and sexually transmitted infections being passed on.

3 Some contraceptives need to be used carefully to be effective. Condoms and Femidoms will only work if you always remember to use them, and you use them correctly (see pages 42–43).

Similarly, if your partner is taking contraceptive pills, she will need to remember to take them every day.



4 Some contraceptives keep working over a long period of time. This means you don't need to think about contraception so often. Long-acting contraceptives include skin patches (changed once a week), vaginal rings (used for three weeks at a time), injections (taken once every twelve weeks), implants (a small flexible rod that is inserted under the skin and works for several years) and intrauterine devices (a small flexible device that is fitted in the womb and works for several years).

5 Several contraceptive methods are at least 99% effective. In other words, if 100 couples use contraception for a year, 99 women will not become pregnant. This is the case for injections, implants, vaginal rings, intrauterine devices, patches and contraceptive pills.

6 If your partner also has HIV, this may affect the contraception that you use. Several contraceptive methods are less effective in women who are taking anti-HIV drugs. This includes both types of pill, as well as patches, vaginal rings and implants.

7 **Diaphragms and caps are not recommended for partners of HIV positive men.** This is because they should be used with a substance called a spermicide, which can make HIV infection more likely.

8 **The 'morning after pill' must be taken quickly.** Normally this should be within 72 hours (three days) of having sex, but the sooner, the better. The emergency contraceptive pill is available free from sexual health clinics, contraceptive clinics, GPs, NHS walk-in centres, and some Accident and Emergency departments. It is available to buy from most chemists and costs around £26.

9 **Contraceptive services are available from GPs, family planning clinics and sexual health clinics.** These services are always free, regardless of your immigration status.

10 **You can get more detailed information from an organisation called FPA.**

Call 0845 122 8690 or visit www.fpa.org.uk

Getting more help and support

Several services are available.

You may want to get some factual information on a topic, or you may simply want to talk things over. Although it can feel embarrassing to talk about sex and relationships, specialist staff will have helped other people deal with similar things before.

It's important to talk to someone you feel you can trust and relate to. Sometimes, this may not be the first person you approach.

- At most HIV or sexual health clinics, there are health advisers, health trainers, nurses and doctors who can talk through any questions you have about sex and health.
- Most HIV clinics have psychologists who are used to helping people with sex and relationship issues.
- Many HIV organisations have counsellors with experience of helping HIV positive people with sex and relationship issues.
- **THT Direct** can answer a wide range of questions on HIV and sexual health, and can give you details of services in your area (**0845 12 21 200**).

What did you think of this booklet?

Terrence Higgins Trust and NAM want to make sure this booklet is useful to you. We would be grateful if you could take a minute to provide us with some valuable feedback.

The questionnaire is anonymous and confidential.

1. As a result of reading this booklet I have learnt:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
What I can do to look after my own sexual health					
How sexually transmitted infections could affect my health					
How I can avoid passing on HIV to a sexual partner					
How I can have a child without passing on HIV					

2. Please tell us in your own words if there is anything else you have learnt as a result of reading this booklet:

3. As a result of reading this booklet I am now more likely to:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Talk to my healthcare team about sexual and reproductive health					
Use condoms or Femidoms when having sex					
Go to the doctor if I think I may have an infection					

4. Please tell us in your own words if there is anything else you are more likely to do as a result of reading this booklet:

Please tear off this page and post it to us using the freepost address: **NAM, FREEPOST LON17995 London, SW9 6BR.**

Alternatively you can complete the questionnaire at www.aidsmap.com/feedback. On this webpage you can also complete our HIV treatments and health knowledge quiz, which will help ensure you have all the basic information you need to get the best out of your healthcare or treatment.

We would like to ask a few more questions. You don't have to answer these but if you do it will help us make sure that our information reaches the people who need it most.

1. I am:

male female transgender

2. I live:

in London
 in the UK but outside London
 outside the UK

3. My ethnic background is:

White Indian, Pakistani or Bangladeshi
 Black-Caribbean other Asian or oriental
 Black-African other or mixed
 Black – other

4. My HIV status is:

positive negative unknown

5. (If positive) I think I got HIV as a result of:

sex between men and women
 sex between men
 injecting drugs
 from blood or blood products
 mother-to-child transmission of HIV
 other
 don't know
 rather not say

6. I work:

in the HIV field
 not in the HIV field
 I do not work at the moment

7. I got this booklet from:

nurse support group
 doctor NAM
 clinic friend/family member
 Terrence Higgins Trust other (please specify)
 Terrence Higgins Trust's Health Support Service

Thank you very much for taking time to fill in this questionnaire. We really do value your feedback. It helps make the information we provide better.

