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Family Planning and Sexually Transmitted Infections, including HIV

INTRODUCTION

To protect themselves, people need correct information about sexually transmitted infections (STIs), including HIV. Women and men of all ages should know what situations and behaviors increase their chances of exposure to STIs/HIV. They also need to know how to protect themselves and others from these infections. Ways to avoid STIs/HIV are:

- Never have sex (abstain)
- Have sex only with one uninfected partner who also has no other sexual partners
- Always use condoms and use them correctly

Ways to lower risk, but not entirely avoid risk, are:

- Have fewer sexual partners
- For young people, delay the start of sexual activity
- Boys and men can choose to get circumcised

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- 1** People can avoid getting or transmitting STIs/HIV if they do not have sex; if they have sex only with one faithful, uninfected partner; or if they consistently and correctly use condoms during every sex act.
- 2** By having fewer sexual partners, people can lower their chances of getting STIs/HIV, but not completely avoid all risk. Young people also can lower their chances of infection by delaying the start of sexual activity. In addition, uncircumcised men can get circumcised to greatly lower their chances of getting HIV during vaginal sex with an HIV infected woman.
- 3** When men and women get tested for HIV, they can discuss the results with their sexual partners and decide together on the kind of protection they need.
- 4** People who need protection from both pregnancy and STIs/HIV can consider using two methods together: condoms for STIs/HIV protection and a highly effective contraceptive method for added protection from pregnancy. People can also choose to rely on using condoms consistently and correctly to prevent both pregnancy and infection.

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Sexually active couples often want to avoid pregnancy and also want to protect themselves from STIs/HIV. They need to know how to meet both needs — called “dual protection.” Some couples use condoms alone to prevent both pregnancy and infection. Other couples use condoms for protection from STIs/HIV and also use a highly effective family planning method for added protection from pregnancy.

People who already have an STI, including HIV, can use almost any contraceptive method safely. There are only a few health issues related to STIs/HIV that may affect a woman’s contraceptive choice. People with STIs/HIV should also use condoms correctly every time they have sex to avoid infecting sexual partners.

Preventing unintended pregnancies among women living with HIV is the most cost-effective way of preventing HIV transmission from mother to child.

In some couples, one or both partners are living with HIV, and they want to have a baby. A knowledgeable health care provider can help these couples to lower the risk of passing HIV to their baby or to an uninfected partner and understand how to have a healthy pregnancy.

- 5 Almost all contraceptive methods are safe for people with STIs, including HIV. However, some hormonal methods may be less effective when a woman takes certain drugs for treatment of HIV or tuberculosis. Other methods should not be started until a woman's health improves. A health care provider will help a woman to make the best choice.
- 6 If one or both partners in a couple are living with HIV and they want to have a baby, the safest time for unprotected sex is when the partner with HIV is in good health and receives antiretroviral therapy (if available). Also, the couple should have sex without a condom only during the woman's fertile days.
- 7 Pregnant women with HIV can lower the chances of passing HIV to their babies by taking antiretroviral drugs (ARVs) and giving ARVs to the baby immediately after birth. These women should also have regular health care before the baby is born and give birth with the help of a skilled health care provider to increase their chances of having a healthy baby.

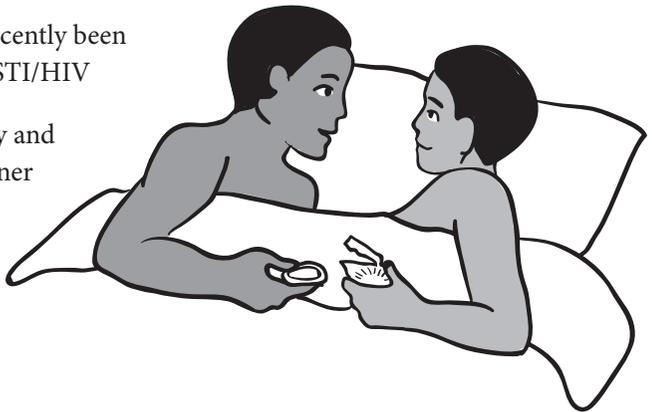
SUPPORTING INFORMATION

FACT 1.

People can avoid getting or transmitting STIs/HIV if they do not have sex; if they have sex only with one faithful, uninfected partner; or if they consistently and correctly use condoms during every sex act.

Not everyone faces exposure to STIs/HIV. In fact, many people who need or use family planning are in stable relationships and have no other sex partners, or they live in areas where few others are infected with HIV. They face little or no risk of HIV or other STIs. Still, everyone should know what behavior to avoid in order to decrease their risk. Behaviors that can increase exposure to STIs/HIV include:

- Sex with more than one partner
- Sex with a partner who has other sexual partners and does not correctly and consistently use condoms
- Sex with a partner who has STI symptoms (for example, discharge from penis, unusual vaginal discharge, burning or pain during urination, lower abdominal pain or pain during sex, swollen or painful testicles, sores on the genitals)
- Having a partner who has recently been diagnosed or treated for an STI/HIV
- Not using condoms correctly and consistently with a new partner (especially when living in a community where STIs are common).



One sure way to avoid getting an infection through sex is to abstain completely from sex. For many people, however, this may not be a realistic choice. For those who do have sex, sex with only one partner — who is also uninfected — will avoid STIs/HIV infection. In this case both partners must be tested and found to have no infection, must tell each other their test results, and must remain faithful to each other. When partners do not know their own or each other's infection status, or when one or both partners are infected, correct and consistent condom use is a reliable way to prevent the transmission of infection between partners.

To decide together how to prevent infection, couples need to discuss openly their sexual relationship, risky behaviors, infection status, and the possibility of getting tested. They should also be able to discuss and make joint decisions about condom use.

FACT 2.

By having fewer sexual partners, people can lower their chances of getting STIs/HIV, but not completely avoid all risk. Young people also can lower their chances of infection by delaying the start of sexual activity. In addition, uncircumcised men can get circumcised to greatly lower their chances of getting HIV during vaginal sex with an HIV infected woman.

Reducing the number of sexual partners has been part of all successful strategies to limit the spread of HIV. Having fewer partners does not avoid all risk of exposure to STIs/HIV, but it does lower the chances of being infected. In general, people should consider reducing their number of sexual partners along with taking other preventive steps. Having only one sexual partner, who is uninfected, is best.

Young people reduce their chances of STIs/HIV infection when they postpone the start of sexual activity. As they get older, they will develop stronger personal and social skills to recognize and avoid risky situations and to negotiate for protection during sex. Also, young people who have already started having sex can decide to stop for a time and so avoid the risk. Whether or not they have ever had sex, all young people need accurate information so that they know how to avoid STIs/HIV infection when they start having sex.

Circumcision lowers a man's risk of getting HIV during vaginal sex. Male circumcision is a simple surgical procedure. It involves removing the foreskin, the loose fold of skin that covers the head of the penis. The foreskin creates a moist environment where HIV can survive longer. Also, the foreskin contains cells that are especially vulnerable to infection by HIV. Circumcision can be done at any stage of life — during infancy, childhood, adolescence, or adulthood.

Circumcision lowers a man's risk of getting HIV infection from a woman by at least 60%. Circumcised men still can get HIV infection, however. A man who chooses to be circumcised for HIV protection should continue using other protection strategies, too, such as correct and consistent condom use and reducing the number of sexual partners.

FACT 3.

When men and women get tested for HIV, they can discuss the results with their sexual partners and decide together on the kind of protection they need.

People can benefit from knowing their HIV status. Knowing their HIV status will help them to make informed decisions about sexual behavior, condom use, other contraceptive methods, having children, and other health issues

such as nutrition, medication, rest, and exercise. Whether the test results are positive or negative, knowing them will help people live healthier lives. To learn their status, people need to know where to get HIV testing and counseling and to be able to use these services without stigma and discrimination.

Counselors specifically trained to counsel couples can help couples discuss these often-sensitive issues. Counselors and health care providers also can help individuals and couples understand approaches to safer sex, help them practice condom negotiation, and either provide or know where to refer them for testing or treatment for STIs/HIV. A person who suspects that his or her partner may have HIV should get tested and use condoms correctly and consistently during sex. A request to use condoms does not mean that one does not trust one's partner. Because a person can get HIV several years before symptoms appear, the couple may be in a faithful relationship now, while one partner may have been infected long before they met.

Persons living with HIV can still live long and happy lives. They should discuss with their counselors and health care providers the possibility of starting antiretroviral therapy. Antiretroviral therapy is a lifelong medication course that helps to control HIV infection, although it does not eliminate it. People with HIV should also continue using condoms correctly and consistently even if their partners are also infected. Condoms will help protect



them from another type of HIV or another STI that can make them sicker. They should also use condoms to protect partners who may not have HIV.

FACT 4.

People who need protection from both pregnancy and STIs/HIV can consider using two methods together: condoms for STIs/HIV protection and a highly effective contraceptive method for added protection from pregnancy. People can also choose to rely on using condoms consistently and correctly to prevent both pregnancy and infection.

Many couples' choice of contraception should take into account both preventing pregnancy and preventing STIs/HIV. Male and female condoms are the only contraceptive methods that provide STIs/HIV protection. However, condoms are less effective for preventing pregnancy than many other contraceptive methods — about 85% effective as typically used.

A couple may choose to use both condoms and a more effective contraceptive method in order to achieve dual protection. Some couples use two methods successfully, but others may feel less motivated to use two methods or may have difficulties using one or both methods consistently and correctly. Also, using two methods may be more expensive or harder to acquire.

Other couples may choose to rely on condoms alone to protect against STIs/HIV and pregnancy. This requires using a male or female condom correctly with every act of sex. When used correctly and consistently, male condoms are 98% effective protecting against pregnancy; female condoms are 95% effective. Similarly, when condoms are used consistently and correctly for every sex act, they prevent 80% to 95% of HIV infections that would have occurred without condom use. Condoms are an inexpensive contraceptive

and easy to find. Couples who are highly motivated to use them correctly and consistently every time they have sex can prevent pregnancy and protect themselves against STIs.

Providers can help clients decide which approach to preventing pregnancy and STIs/HIV will best suit them.

FACT 5.

Almost all contraceptive methods are safe for people with STIs, including HIV. However, some hormonal methods may be less effective when a woman takes certain drugs for treatment of HIV or tuberculosis. Other methods should not be started until a woman's health improves. A health care provider will help a woman to make the best choice.

People with STIs and people living with HIV can use most contraceptive methods safely and effectively. One exception is spermicides, including a diaphragm with spermicides. A women at risk of HIV and women with HIV/AIDS who frequently have sex should not use spermicides because frequent use of spermicides can increase the chances of getting HIV or being infected with another type of HIV.

There are also a few issues to consider when selecting a contraceptive method:

- Oral contraceptive pills and combined injectable contraceptives, often called monthly injectables, may be less effective for women who take certain antiretroviral drugs for HIV, or some drugs for tuberculosis, which often accompanies HIV infection.
- An IUD should not be inserted if a woman has gonorrhea or chlamydial infection, or if her health is poor because of AIDS.

- Female and male sterilization should be delayed if an individual has an active STI or AIDS-related illness until the condition is cured or health improves.

Health care providers will help people decide if and when they can start safely and effectively using the contraceptive method of their choice. In addition, people who might get HIV or another STI or who are infected should always be advised that male and female condoms are the only contraceptive methods that prevent the transmission of STIs/HIV.

FACT 6.

If one or both partners in a couple are living with HIV and they want to have a baby, the safest time for unprotected sex is when the partner with HIV is in good health and receives antiretroviral therapy (if available). Also, the couple should have sex without a condom only during the woman's fertile days.

Health care providers can help couples with HIV to decide when the right time for pregnancy is and to learn how to reduce the chances of transmitting HIV while trying to get pregnant. When one partner, but not the other, has HIV and the couple is planning to have a baby, it is important to try to get pregnant when the partner living with HIV is in good health. Good health means that the body's defense system is stronger and can fight HIV better. This lowers the chances that HIV will be transmitted between partners and to the baby. If health is good, and there are no signs or symptoms of HIV disease or infections (for example, tuberculosis), the chances for a healthy pregnancy and a healthy baby are good. If, instead, the health of the partner with HIV is getting worse or is poor, unprotected sex should be delayed until treatment can be given and health improves. An HIV-infected partner (man or woman) should start antiretroviral therapy prior to trying to achieve

pregnancy. This will minimize the risk of HIV transmission to the uninfected partner and to the child.

When one partner is infected and the other is not, the safest way for the woman to conceive is for the couple to stop using condoms only during a woman's fertile time of the month and to use condoms at all other times. Sex without condom use outside fertile days will increase the risk of HIV infection, but it will not increase the chances of pregnancy.

Health care providers can help couples with HIV decide when is the right time to try to become pregnant and how to minimize the risk of HIV transmission.

FACT 7.

Pregnant women with HIV can lower the chances of passing HIV to their babies by taking antiretroviral drugs (ARVs) and giving ARVs to the baby immediately after birth. These women should also have regular health care before the baby is born and give birth with the help of a skilled health care provider to increase their chances of having a healthy baby.

HIV can be transmitted from mother to child during pregnancy, labor, delivery, or breastfeeding. Without medical help, 25% to 40% of infants born to mothers with HIV will become infected. With proper care by a health care provider, this risk can be reduced to less than 5%. Thus, HIV transmission from a pregnant woman to her infant can often be prevented.

A woman with HIV lowers the chances that her baby will get HIV when she stays as healthy as possible. At regular health care visits before the baby is born, this woman will receive all the basic pregnancy care given to uninfected women as well as special care to help her maintain her overall health.

Also, a pregnant woman with HIV can get ARV medicines that greatly reduce the chances that her baby will be born with HIV. The health care providers will decide when to start this treatment and what drugs to use. A short course of antiretroviral therapy — 4 to 6 weeks — should also be given to infants born to HIV-infected mothers to minimize the risk of HIV transmission.

Finally, women with HIV need to give birth at a health center. For their part, health workers at the facilities need to take special care to prevent HIV from being passed from the mother to babies during birth. They also can help mothers decide how best to feed the baby and give advice on nutrition. While baby formula eliminates the possibility of passing HIV to the baby in breast milk, baby formula may not be a realistic or safe choice in countries without reliable and affordable access to baby formula or without clean drinking water. Where reliable, affordable, and safe formula-feeding is not an option, the best choice for the baby is exclusive breastfeeding for the first 6 months.

Women with HIV who are pregnant or considering pregnancy should know where to get health care services before the baby is born and should be encouraged to do so as soon as possible. At the same time, men should be encouraged to learn how to support their partners throughout pregnancy, as well as during and after delivery. Male partners can influence women to be tested for HIV and to use health care services before the baby is born. In fact, when women have their partners' support, rates of HIV transmission from mother to child are lower.