

HIV around the world

Lon Chin's story

HIV in different regions of the world

Men, women, and HIV

Africa South of the Sahara Desert

Latin America and the Caribbean

North America and Western Europe

South and Southeast Asia

Eastern Europe and Central Asia

Answering Lon Chin's questions



Lon Chin's story

Lon Chin is a student in a small town near Xian in central China, where her parents raise ducks. She worked very hard in high school and was chosen to go to the national university in Beijing. She did very well at the university and was the top student in her English class. During her last year she won a scholarship to study English in the United States. She was very excited, but her parents were afraid to let her go. "It is too dangerous to study in the United States. Isn't it true that people are dying in the streets from AIDS? Besides, we don't want you to live in dormitories with students from Africa, India, and Latin America, where AIDS is so common." Lon Chin became frightened herself.

Not knowing what was true, she decided to ask you, her local health worker, for answers.

HIV in different regions of the world

Each day about 15,000 people are newly infected with HIV. Who is infected, and how they got HIV, is different in different areas of the world. When HIV first appears in a country, most infections occur in people who frequently have unsafe sex, especially with more than one partner; in people who inject drugs; or in people who have had blood transfusions. These people make up a small percentage of the whole population, but they are at high risk of infection. This is the early stage of the epidemic. North America is in this stage; there, most HIV infections have occurred among drug injectors, their sexual partners, and men who have sex with men.

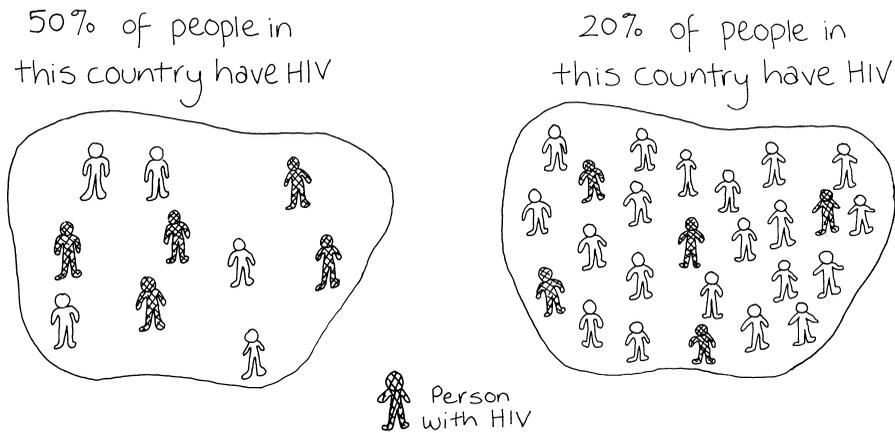
However, over time, infections spread to others. Sometimes this happens very quickly. For example, in Africa south of the Sahara Desert, HIV quickly spread among sex workers, through transfusions of HIV-infected blood, and along truck routes, where truck drivers and travelers spread the infection from community to community. Now, most people newly infected with HIV are under the age of 25, most are infected through sexual contact between women and men, and many are married. The rate of HIV infection is high, and in many cities over 30% of adults have HIV. Babies are often infected with HIV. This pattern is most common in countries where HIV has been present for a long time. There, the HIV epidemic is at a late stage.

In both the late and early stages of an HIV epidemic, much can be done to prevent new infections. In fact, in several countries the news is good. In Uganda, a country with a late-stage epidemic, the number of people newly infected with HIV has dropped because volunteers, health workers, and the government have run prevention programs and educated the public. In Thailand, another country with a late-stage epidemic, a “100% condom use” campaign promoting condom use among sex workers has lowered the number of new infections among young men in the army. In the United States, the number of drug injectors newly infected with HIV has dropped in certain cities because of education and needle-exchange programs (see Chapter 12).

In 2004, almost 5 million people were newly infected with HIV; 640,000 of these were children. Most of these people live in the less industrialized coun-

tries of the world. Most people with HIV in the world today do not even know that they have the virus.

Information used in this chapter was collected by the United Nations AIDS program (UNAIDS). Most of the numbers are estimates of the true number of cases of HIV or AIDS. For cases of AIDS, the numbers are *reported* cases, not the true number of cases, because some countries have more money, more HIV testing, and better reporting than other countries. Some countries are able to report a higher number of cases not because they really have more, but because they have had more reported. Also, a few countries do not want others to know how much HIV they have and do not report all of their AIDS cases. No country can diagnose and report every case of AIDS, but some do better than others. The total number of people with HIV or AIDS is often not as important as the percentage of people infected (see Chapter 3). A country with a small population and 10,000 cases of AIDS has a much more serious problem than a country with a large population and the same number of cases.



Both countries have the same number of people with HIV, but the country with the smaller population has a more serious HIV problem—50% of the people living there have HIV.

Men, women, and HIV

In most countries in Africa, the number of women who have HIV is equal to or greater than the number of men with HIV. This is because in Africa the virus is mainly spread through sex between women and men. In some other countries more men have HIV than women. This is true in the United States, where HIV spread very quickly among drug injectors and men who have sex

People living with HIV

Region	Adults & children living with HIV	Adult prevalence rate
Africa South of the Sahara	25,400,000	7.4%
South & Southeast Asia	7,100,000	0.6%
Latin America	1,700,000	0.6%
Eastern Europe & Central Asia	1,400,000	0.8%
East Asia & Pacific	1,100,000	0.1%
North America	1,000,000	0.6%
Western Europe	610,000	0.3%
North Africa & Middle East	540,000	0.3%
Caribbean	440,000	2.3%
Australia & New Zealand	35,000	0.2%
39,325,000 total		1.1% worldwide average



with men. However, the ratio of men to women with HIV is changing in the United States because men who have sex with men are more often having “safer sex” (see Chapter 5), and the virus has continued to spread to women through sex and drug use. In a few years we expect the number of women newly infected with HIV to be greater than the number of men.

Women and HIV	
Region	Percentage of adults living with HIV who are women
Africa South of the Sahara	57%
North Africa & Middle East	48%
South & Southeast Asia	30%
Eastern Europe & Central Asia	34%
East Asia & Pacific	22%
Australia & New Zealand	21%
Western Europe	25%
North America	25%
Latin America	36%
Caribbean	49%
	47% worldwide average

Africa South of the Sahara Desert

Most people with HIV live in Africa, in countries south of the Sahara Desert. Only 10% of the world's people live in this region, but 60% of people with HIV in the world live there. That is about 25.4 million people with HIV.

A commitment on the part of local activists and health workers and national and international governments has decreased the numbers of people getting HIV in a few places — the percentage of Ugandans with HIV has been decreasing for several years. But in other places, the rate just keeps going up. In South Africa, almost 30% of pregnant women had HIV in 2003. Because of HIV, the average age of death in Zimbabwe is only 34 years old, while in 1990 a Zimbabwean would have been expected to live to around 52.

The crisis of HIV in Africa has been particularly devastating to women. About 13 women become infected for every 10 men there.

HIV once mostly infected people living in cities or near main highways. Now it has spread to villages throughout most countries.

Latin America and the Caribbean

When HIV first appeared in Latin America in the 1980s, it mostly spread among drug injectors and men who had sex with men. Now nearly 2 million people in this region are living with HIV. There were 240,000 new HIV infections in 2004. During the same year there were 95,000 deaths due to AIDS. In Mexico as many as 15% of men who have sex with men are living with HIV. In the Dominican Republic 2% of adults have HIV. In Jamaica, girls are over 2.5 times as likely to have HIV as boys, because older, HIV infected men seek young girls to have sex with. Haiti's life expectancy is nearly 6 years less than it would be if there was no AIDS epidemic. Brazil's success in giving antiretroviral treatment to 105,000 people has avoided 234,000 hospitalizations and saved many lives between 1996 and 2000. Despite increased treatment for AIDS, in Latin America and the Caribbean AIDS kills more people each year than traffic accidents.

North America and Western Europe

In North America and Western Europe, HIV first spread between men having sex with each other and also drug users sharing needles. Now HIV has spread into all social groups and is frequently spread by sex between men and women. In Western Europe in 1997, 25% of new HIV diagnoses were of women. In 2002, women accounted for 38% of new cases.

While rates of HIV are still slowly increasing in the US, deaths from AIDS have gone down since antiretroviral drugs became available there in 1995. Most people with HIV in the wealthy countries of North America and Western Europe have reliable access to these medicines.

As in most of the world, HIV has the worst effect on people who are poor and who experience other kinds of discrimination. In the US, where 1 of every 4 African Americans lives in poverty, the rate of HIV is disproportionately high in that group. 12% of people in the US are African American, but 25% of people with HIV are African American. Among new cases of HIV in women, 72% are found in African Americans.

Just like in many other areas of the world, HIV is more common in cities than in rural areas. In many large cities, including New York City, AIDS has become the number one cause of death in adults between 20 and 40 years of age. By the end of 2000, New York City had reported 118,123 cases of AIDS.

South and Southeast Asia

HIV started to spread in South and Southeast Asia in the early 1990s. This is later than in other areas of the world, but the number of people infected has increased very rapidly. Over 1 million people were infected with HIV in 2004 and there are now over 8 million people in South and Southeast Asia living with HIV. Currently, more than 5 million people in India are living with HIV. The epidemic in China shows no sign of slowing down and new HIV infection rates are increasing. China has few programs to teach people about HIV prevention.

In Cambodia and Thailand where there are large prevention programs, new HIV cases are decreasing. In Thailand where people have learned to use condoms, HIV is spreading less through sex. There are few programs to help prevent HIV among drug users though, and 30% of drug injectors are infected.

Eastern Europe and Central Asia

In Eastern Europe, the HIV crisis is still in its early stage. More than 1 million people have HIV in this region. Over 80% of these infections are among people who are younger than 30 years old.

In the Russian Federation injecting illegal drugs such as heroin or methamphetamine is very common. As many as 2% of the people there use these drugs. Right now, most HIV cases in Russia are found among drug users. They can then pass the disease to others by sharing needles or through sex. In the Ukraine, 30% of new infections now occur during sex between a man and a woman.

Many changes are taking place in this part of the world including wars and changing of national borders. These conditions often hasten the spread of disease.

Answering Lon Chin's questions

“It is too dangerous to study in the United States. Isn't it true that people are dying in the streets from AIDS? Besides, we don't want you to live in dormitories with students from Africa, India, and Latin America, where AIDS is so common.”

You can tell Lon Chin that many people in the United States have HIV and AIDS. But just like everywhere else in the world, HIV is only spread through

unsafe sex, from a mother to her baby, through dirty needles and other instruments, and through transfusions of HIV-infected blood. The United States tests its blood supply for HIV, which means that the blood supply is safe. Although many people in the United States have HIV, they make up only a small percentage of the millions of people living in the country. Also, when people with AIDS die, they usually do so in a hospital or at home—not in the street.

Studying with people from Africa, India, and Latin America has never caused anyone to get HIV. HIV is not spread by studying! Many places in the world have an HIV problem. Only knowledge of how the virus is spread will help people avoid the virus. If Lon Chin does not have unsafe sex or use drugs, then she is as safe from HIV in the United States as she is in China—or anywhere else.

Counseling about sexual behavior

Olga's story

HIV and discrimination

Helping people change behavior

Casual contact and HIV

Sex and HIV

How to avoid spreading HIV through sex

Other factors that affect the spread of HIV

Answering Olga's questions



Olga's story

Olga works as a maid in a hotel in Tashkent, Uzbekistan. With her country's new independence, more foreigners have been traveling to Tashkent, and there has been news about several cases of AIDS. Because she cleans hotel rooms where foreigners stay, Olga has become worried. Most mornings she passes by your information table outside of the post office on her way to work. Today she stops and asks you, "Can I get AIDS from cleaning the rooms of German and American visitors? Should my husband and I use condoms to avoid giving each other AIDS?"

HIV and discrimination

People who do not understand how HIV is spread may discriminate against people with HIV—that is, they may treat them unfairly because they are afraid of getting the virus. Discrimination occurs not only against people with HIV but also against groups of people that are more likely to have HIV, such as sex workers, or are mistakenly thought to have HIV, such as foreigners. Teaching people about the real ways that HIV is spread protects them from the virus; teaching people about the ways that HIV is not spread protects everyone from unnecessary discrimination.

This chapter discusses how HIV can be spread during sex and how to have safer sex. The next chapter will discuss other ways that HIV can be transmitted.

Helping people change behavior

People can lower their chance of getting HIV by changing their behavior. The most important step in helping people change the way they act is to spark a desire to change. No one changes overnight. Small goals are often easier to reach than large ones. For example, never having sex is the surest way to avoid getting HIV through sex, but it is not realistic for most people. Stopping the use of drugs that are injected, like heroin, is another way to avoid HIV, but not everyone who uses drugs is able to stop. Taking small steps toward safer behavior will protect people more than no change at all. You may end up teaching people to use condoms until they and their partners can get tested, or to clean needles with bleach until they quit using drugs.

Sometimes a person does not have the choice to practice safer sex. Condoms may be too expensive to buy. A woman may not be able to ask her husband not to have other sexual partners. Take into account each person's life situation when you suggest ways to avoid HIV. Talking to people about how HIV is spread and how they can be safer will help them make their own decisions about their next step toward a safer lifestyle.

Changing behavior is hard work. There may be times when a person repeats unsafe practices. Do not give up; continue to encourage people to try to change unsafe behavior.

Casual contact and HIV

HIV is not spread by casual contact. The HIV virus cannot live in air, water, or food; it is weak and only lives in body fluids. It only spreads if the body fluid of a person with HIV gets inside another person. This is why shaking hands with people with HIV does not spread the virus. If this were *not* true, many more people would have HIV. Nurses, doctors, teachers, classmates, coworkers, friends, and family all touch people with HIV and do not get infected. People who live or work with people with HIV do not get the virus unless they have sex or share needles with them. The virus is not spread by doorknobs, typewriters, telephones, money, or anything else that has been touched by someone with HIV. HIV is not spread by hugging, touching, holding or shaking hands, dancing, using the toilet after someone with HIV, or eating food prepared by a person with HIV. People have shared dishes, towels, and bed-sheets and still not become infected with HIV. No one has ever gotten HIV from sharing cigarettes, or being cried, sneezed, or spit on. Mosquitoes do not spread HIV. Other viruses like measles or chicken pox are spread easily through the air. We are lucky that HIV is so difficult to spread.



HIV is not spread by “casual” contact.

Sex and HIV

HIV is spread through sex. It can be spread from men to women and from women to men. It can also be spread among men and among women. A person can get HIV from a sexual partner who appears healthy but has HIV. Anyone can get HIV, not only sex workers and drug users—a judge, bartender, farmworker, or doctor can get HIV if she has sex with someone with the virus. It can infect people who are tall, fat, small, old, young, black, white, yellow, brown, male, female, mothers, fathers, brothers, and sisters. Anyone. Who a person is does not matter to the virus. What matters is what a person does. HIV does not discriminate by who you are, but by what you do.



HIV does not discriminate by who you are.

A sure way to avoid getting HIV from sex is to never have sex. While having no sex is safe, most adults want to have sex. Knowing how HIV is spread, some people will choose never to have sex; others will choose to have sex only with one partner; and others will have several partners. Teaching people the risks involved will allow them to make choices that are based on fact.

Many people have sex but do not talk about it. Because of HIV and AIDS, this must change. Sexual partners have to talk about what they are doing. Talking about HIV before having sex is much better than talking about it afterward (or during!). Often people have thought about HIV but feel uncomfortable talking about it with their sexual partners. Those who finally talk about HIV usually feel relieved. This is especially true in places where anxiety about infection is common.

You can teach people how to talk about sex with their partners. One way is to have people role-play a discussion. Role playing works well because it takes an embarrassing and intimate situation and brings it into the open. It prepares people for the real thing (see Chapter 11).

One of the most important skills to teach people is how to say no. It can be difficult for people to say that they do not want to have sex. They may have trouble saying that they only want to kiss, or that they want to touch without having intercourse. It is common to feel awkward saying these things.



Role playing can be useful.

Refusal skills: How to say no

Here are some ways people in one country have said “no” when they did not want to have sex. You can use these or think of other ways that would work where you live.

Get the other person’s attention:

- Use his first name

- Look into his eyes

- Say “Listen to me”

Say no:

- Use the words “I said no”

- Use a firm voice

- Hold your body in a way that says no

If pressured to have sex anyway:

- Say no again

- Suggest doing something else

- Leave

Other ways to say no:

- Use humor

- Ask him why he cares so much about having sex; this puts the pressure on him

- Keep repeating what you want

- Tell your partner you need to think about it more

Questions to ask yourself:

- Am I being pressured?

- Do I need more information before I make a decision?

- Is there a way I could avoid this situation in the future?

But everyone has the right to do only what she wants to do. Role playing can be useful for teaching people different ways to say no.

People often ask, “How can I have sex without getting HIV?” People with HIV do not always spread the virus during sex. Some people with HIV have had sex without condoms many times without giving their partners the virus. Some people with HIV have had sex only once and have given the virus to their partners. No one is sure exactly why this is true. Part of the reason is that the amount of virus in a person goes up and down over time. Another part of the reason is that some types of sexual acts have a higher chance of spreading HIV than others do. Understanding which types of sex have a higher chance

Understanding chance

When you toss a coin into the air, chances are it will fall on one side about half the time and on the other side half the time. Similarly, probability, or chance, tells us that about half the babies born in a town will be boys and the other half girls. What chance cannot say is whether a particular woman will have a boy or a girl.

People take part in lotteries for money even when there is only a one in 100,000 chance that they will win the grand prize. Farmers buy calves and take a chance that they will be good milk producers when they grow up. Some people will not ride in an airplane or a car because they fear it will crash, even if there is very little chance this will happen. Every day we think about chance when we make decisions about our lives. What some people do not think about is that having sex has a chance of spreading HIV, just like buying a lottery ticket has a chance of leading to a prize. The difference is that one "rewards" with a deadly virus and the other rewards with money.



of spreading HIV helps people understand the risk they are taking. People can then talk with their partners about what kind of sex they want to have.

People use different words to talk about sex in different communities. It is helpful to learn and become comfortable using these words. Since this book cannot use all the words that people use locally, we will define and use only a few words. Some people use the words "vaginal sex" to discuss a woman having her vagina touched by her partner's mouth, fingers, penis, or other objects. We do not. We use the words "vaginal sex" only to talk about when a man's penis enters a woman's vagina. Similarly, we use the words "anal sex" only to describe when a man's penis enters a woman's or man's anus.

Sexual acts with no risk of spreading HIV

Some sexual acts have *never* spread HIV and are completely safe. People who have completely safe sex do not exchange body fluids such as semen, blood, vaginal fluid, or saliva. Safe sex is when only the outsides of people's bodies touch. This is safe even with people who are known to have HIV.

What kinds of sex risk spreading HIV?

No risk	Low risk
Dry kissing	Wet kissing
Masturbation	Oral sex on a man or a woman
Touching, hugging, massage	Vaginal sex with a condom
Fantasizing	Anal sex with a condom
Rubbing bodies together	High risk
Kissing someone's body	Unprotected vaginal sex
	Unprotected anal sex

Safe sex includes using hands to touch a person's vagina, penis, anus, breasts, or nipples. It also includes "dry" kissing, hugging, or rubbing bodies together. (Dry kissing is kissing with closed mouths.) People can do all of these things as much as they like without increasing their chance of spreading or catching HIV. Masturbation is also a form of safe sex.

Sexual acts with low risk of spreading HIV

Many people ask whether kissing can spread HIV. Kissing has never been shown to spread HIV. However, people with HIV can have the virus in their saliva, so there may be a small chance of spreading HIV through kissing with open mouths and touching tongues ("wet" kissing).

Oral sex is touching someone's vagina, penis, or anus with one's mouth or tongue. Oral sex can spread the virus, but HIV is spread much less often during oral sex than during anal and vaginal sex. The less semen or vaginal fluid a person's mouth touches, the less likely he will get HIV. This means using a condom on the penis or a covering (plastic wrap or latex) on the vagina will lower the chance of HIV being spread. Oral sex on a woman is probably less safe during her period or menses.

Vaginal, anal, and oral sex with a condom are not completely safe, but they are much safer than not using a condom. There is some risk even when condoms are used, because they can break or leak. To lower this risk, a man can use a condom but ejaculate outside his partner's vagina, anus, or mouth.

Sexual acts with high risk of spreading HIV

Vaginal sex frequently spreads HIV. Semen, vaginal fluid, and blood can be exchanged during vaginal or anal sex. A woman has a higher chance of getting HIV during vaginal sex than a man does. In other words, a woman having

vaginal sex with a man who has HIV is more at risk than a man who has vaginal sex with a woman who has HIV. The risk is probably twice as great. It may be because more semen gets inside a woman's vagina than vaginal fluid enters a man's penis. There may also be more virus in semen than in vaginal fluid.

Anal sex spreads HIV even more easily than vaginal sex. This may be because the skin inside of a person's anus is more fragile than the skin inside of a woman's vagina. It may tear and bleed. The same risk for spreading HIV exists for anal sex between two men as for anal sex between a man and a woman. As with vaginal sex, the "receptive" partner in anal sex has double the "insertive" partner's risk of getting HIV. Who is having anal sex does not matter. It is anal sex that puts people at risk.

How to avoid spreading HIV through sex

There are five general ways to make sex safer. These are:

1. Choose carefully and limit the number of sexual partners.
2. Get tested and treated for sexually transmitted diseases, and ask partners to get tested and treated too.
3. Have safer types of sex.
4. Use condoms or other barriers during sex.
5. Have sex less frequently.

Choose carefully and limit the number of sexual partners

A person who lives in an area where many people have HIV has a higher chance of having HIV himself. There is also a high chance that the next person he has sex with will have the virus. The chances that his partner will have HIV depend on whether she has done something that puts her at risk. Some issues to think about are whether she has had sex in the past, with whom she had sex (how many partners she has had, and what their histories were), whether she used condoms, whether she has used drugs and shared needles, and whether she



Talking to your partner could save your life and your partner's!

has had a blood transfusion. Since it is impossible to tell if people are infected by looking at them, partners need to talk about these issues before having sex. Knowing people's life stories and their risk factors for HIV can help you estimate their chances of having HIV. Talking with your partner could save your life—and hers!

People who have sex with several partners can lower their risk of getting HIV by having sex with fewer partners and having sex with people who are less likely to have HIV. Sex workers who do not always use condoms have a high risk of having HIV because they have so many partners. Someone who has had sex with a sex worker without using a condom is at risk of having HIV. There are many different names for sex workers. It does not matter what a sex worker is called, or whether the person paid for sex or was the sex worker's boyfriend, girlfriend, or spouse. The risk of HIV infection is the same. People should be encouraged not to visit sex workers or, if they do, to use condoms or take other precautions. They should ask their sex partners whether they have ever had sex with a sex worker.

Because sharing needles can spread HIV, partners should be asked whether they have ever injected drugs like heroin or speed. Asking about a partner's drug use, now and in the past, will help a person know if there is a high or low chance that the partner has HIV.

If two people choose to have sex only with each other, they are choosing to be monogamous. If neither partner already has HIV, being monogamous helps keep them both safe from HIV. They can stay safe by not having unsafe sex or sharing needles outside the relationship and not receiving transfusions of blood unless it has been tested for HIV. If they take these precautions, they can be sure of never getting HIV. They are an "HIV-sheltered" couple.

If neither partner has ever had sex, shared needles, or had a blood transfusion, then there is no chance that either person has HIV. However, if just one of these things is *not* true for either partner, there is a chance that he could have HIV, and he should be tested. Since many people have had sex by the time they choose to build a monogamous relationship, in order to be sure that a negative HIV test really means that there is no virus, a month must pass after the last chance of getting HIV (see Chapter 7, "HIV testing"). Until this has happened and they can be sure the test is



accurate, even partners in a monogamous relationship should use condoms and take other precautions. To become an HIV-sheltered couple, most people will need to be tested. After the second test, two people without HIV who only have sex with each other could have sex without condoms forever and be sure of never getting HIV from sex.

Sometimes people who think of themselves as monogamous have sex with people outside their “monogamous” relationship. When this happens, even if both partners tested negative for HIV in the past, they are no longer an HIV-sheltered couple. This is why it is very important for people to tell their partners if they have sex outside the relationship. People in a polygamous relationship (having more than one sexual partner) can also be sheltered from HIV as long as all of the partners do not have HIV and do not have unsafe sex outside the relationship or engage in other risky behavior.

Encourage people to talk with their partners about which sexual practices have no risk, low risk, or a high risk of spreading HIV. People can practice safer acts like kissing, rubbing, and oral sex rather than vaginal or anal sex. This is especially important when one of the partners has HIV or is at a high risk of having HIV.

When one person in a faithful couple is infected with HIV

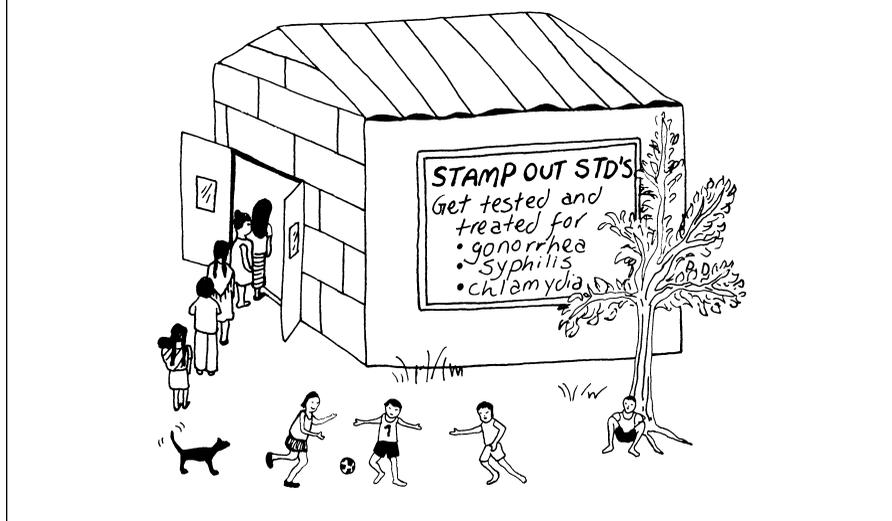
Sometimes one person in a committed couple has HIV, and the partner does not. This is surprisingly common. Counseling people in a couple like this (sometimes called a discordant couple) can be difficult. One or both people in the couple may not believe the results of the tests—especially if they have been together and faithful for some time. Or the person who does not have HIV may blame the other for bringing HIV into the relationship. People may be afraid to be tested because this situation is so uncomfortable for most couples. Support from a counselor, friends, and family can help a discordant couple deal with the challenge of having HIV.

Discordant couples often question how it is possible for one of them to have HIV and the other not. Many things may be part of the answer—how much virus the HIV-infected person has, what kind of sex the couple has—but the main answer is chance. Chance means it is possible to get HIV the first time you have sex with an infected person and it is possible to have sex many times with that person and not get infected.

In a discordant couple the strategy of “being faithful” is not much help for preventing the spread of HIV. But it can be challenging to encourage people in a faithful, monogamous relationship (or in committed polygamous relationships) to use condoms or to practice abstinence or safer sex. Sometimes a couple may also believe marriage means each person is meant to share the fate of the other—even HIV—and there is no point trying to avoid it. Discordant couples can form support groups to discuss these issues. People in a support group can sometimes convince others that having sex in ways that protect the uninfected partner, like using condoms, is possible and worthwhile.

STD treatment helps stop HIV from spreading

A group of health workers and researchers in Mwanza, Tanzania studied twelve villages near Lake Victoria to find out whether treating people with STDs would help stop the spread of HIV. In six villages, health workers at local clinics received special training and drugs for the treatment of STDs. In the other six villages, normal STD programs were continued. At the end of the project, the villages with the supported STD treatment programs had 40% fewer new cases of HIV infection!



Get tested and treated for sexually transmitted diseases

HIV is spread through sex. People get other sexually transmitted diseases (STDs) like syphilis, gonorrhea, herpes, chlamydia, and chancroid the same way. This means people at risk for HIV are also at risk for these diseases. If someone has an STD, it greatly increases her risk of getting or spreading HIV. This is because these diseases cause sores and inflammation. The good news is that syphilis, gonorrhea, chlamydia, and chancroid can all be treated. To stop the spread of these diseases and to greatly lower the chance of getting HIV or giving it to someone else, people should be tested for STDs and treated.

Have safer types of sex

Some types of sex have no chance of spreading HIV; others have a high chance. Understanding the difference can help people choose safer types of sex. People can be encouraged to have oral sex instead of vaginal sex, or to touch each other with their hands instead of having oral sex. Making these choices will lower a person's risk of getting HIV.

Use condoms or other barriers during sex

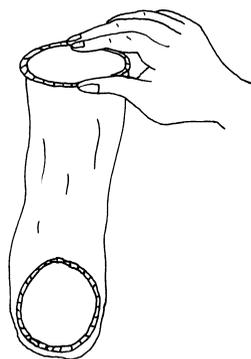
A condom is a soft rubber shield that is placed over a man's penis. It acts like a bag that keeps semen from entering a sexual partner's body. It can be used during vaginal sex, anal sex, or oral sex. Condoms do two things at the same time—they prevent pregnancy and they prevent the spread of HIV and other STDs such as gonorrhea, syphilis, chancroid, and chlamydia.

Using condoms is important but does not guarantee absolute safety. If a condom breaks or slides off the penis, it may not prevent pregnancy, HIV, or another STD. Learning to use a condom correctly helps avoid this problem.

A condom that has been in a pocket for months may not work well because age and heat will make it break more easily. Any condom package should be opened carefully to avoid tearing the condom. Many condoms come with lubricants already inside; these can help sex with a condom feel better and they can help keep the condom from breaking. Oil-based lubricants like petroleum jelly or vegetable oil should not be used with condoms because they weaken and break them.

The "female" condom

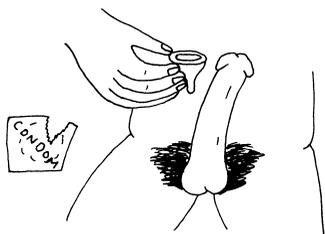
Recently, a new type of condom was made: the "female" condom. A woman puts the female condom inside her vagina before she has sex. The advantage to a female condom is that a woman can use it without having to ask a man to put a condom on his penis. The female condom prevents the spread of HIV and other STDs, and pregnancy, just as well as the usual male condom. The problem with it is that it is expensive and not available in many places.



Female condom

Learning to use a condom takes practice, but once a person knows how, putting on a condom is easy. If a man has never used a condom before, he should practice putting one on alone. Rolling a condom onto your fingers, a piece of wood, or a banana is a good way to show a group of people how to use a condom. But, make sure they understand that the condom goes on the penis and not on the fingers! Helping a sexual partner put on the condom can make condom use part of sex. Some people are so skilled at putting on condoms that

How to use a condom



1. carefully open and remove the condom



2. Use the condom when the penis is hard



3. press air out of the tip of the condom



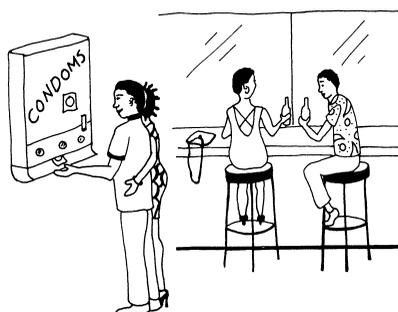
4. Unroll the Condom to the base of the penis

their partners never notice. Some people are able to use just their mouths to put a condom on another person.

Condoms should be put on when a man's penis is hard. A condom comes rolled up in a ring and should be unrolled directly onto the penis—do not unroll it first and then try to slide it on. Always press air out of the tip and leave some space there to catch the sperm. This will help prevent the condom

Selling condoms in Kenya

In 1997, the Kenyan Department of Public Health set up condom-selling machines in the Isiolo district to help stop the spread of HIV. The condom machines were placed in public places such as bars, hotels, and lodging houses. The hope is that making condoms easier to buy will mean more people will use them.



from breaking. If the condom does not fit down to the base of the penis, the man should be careful not to put the penis into his partner's body beyond the base of the condom, or it may come off inside his partner. A condom should also be taken off correctly. After a man ejaculates, he should hold on to the base of the condom before gently pulling out from his partner. This avoids spilling sperm or losing the condom inside his partner. Condoms should never be used more than once.

Condoms are usually sold in pharmacies. No doctor's prescription is needed to buy them. Often condoms can be found in other places like clinics, restaurants, bars, and hotels. Sometimes they can be bought from vending machines. Help people find the cheapest place to buy condoms. Many organizations now try to sell condoms at a low price or give them away for free in countries where they are not made; if there are health or HIV-related organizations in your area, ask if they can supply condoms.

Microbicides and spermicides

Chemicals that kill sperm are called spermicides. Sometimes condoms are coated with spermicides to increase their protection against pregnancy. Scientists are trying to develop a microbicide — a chemical that will protect against the HIV microbe — but as of 2005, they have not been successful. Several years ago, researchers thought that a microbicide called nonoxynol-9 might provide that protection, but in fact nonoxynol-9 can irritate the soft skin inside the vagina or anus so much that it should not be used.

When people ask you about condoms, bring up questions like “Who is responsible for making sure a condom is used during sex? How can you tell your partner that you want to use a condom during sex? What if your partner refuses to use a condom? Is sex without a condom so much better it is worth dying for?”

Remember to talk about condoms with men *and* women.

Condoms are the most common barrier used to prevent the spread of HIV. However, people also use plastic wrap or latex sheets as a barrier during oral sex. Even though oral sex already has a low risk of spreading HIV, the risk is not zero.

Make condoms work better

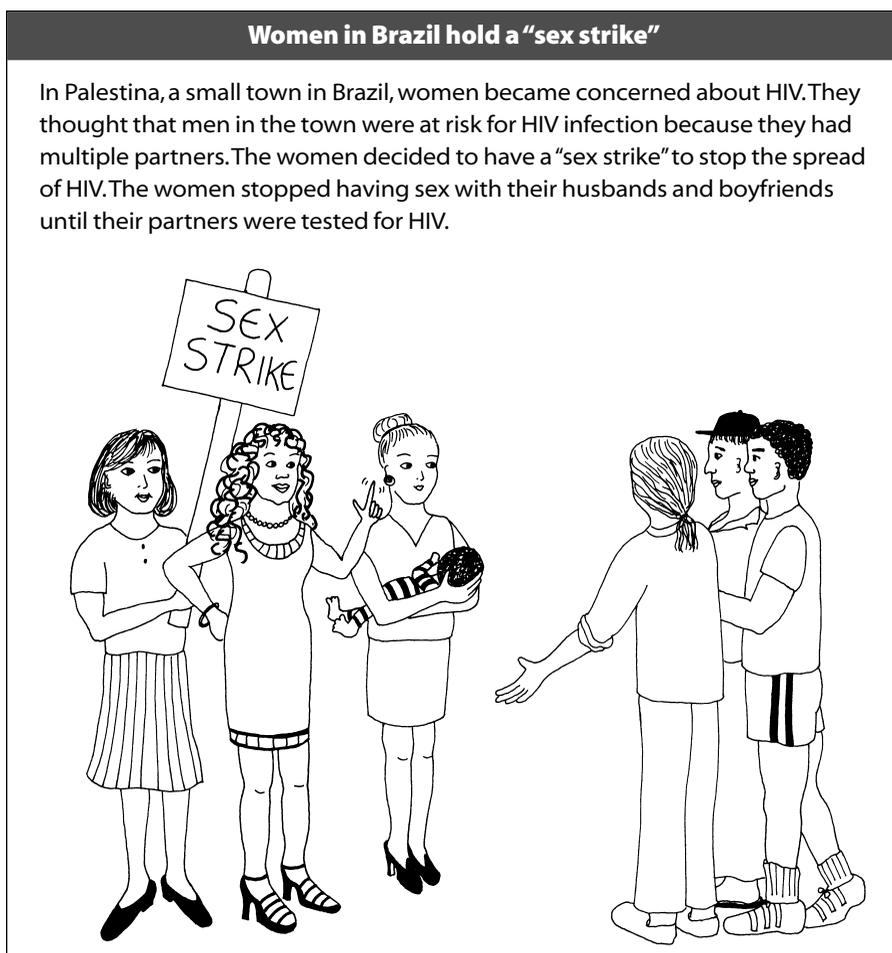
- Put them on and take them off properly
- Do not store them in the sun, a pants pocket, or a wallet
- Do not use condoms that have passed their expiration date
- Use latex condoms; they prevent the spread of HIV better than ones made from lambskin
- Use condoms with lubricant

Therefore, some couples, especially those where one partner is known to have HIV, use a barrier during oral sex to make sure that they do not spread the virus.

Does taking contraceptive (birth control) pills or having a contraceptive implanted under the skin (Norplant) prevent HIV infection? Studies of women in Africa showed that if women took “the pill” they were *more* likely to get HIV. This was probably because women taking the pill to prevent pregnancy were less likely to use condoms. If a woman is using the pill to prevent pregnancy, do not forget to remind her that it does not protect against HIV or other STDs. She should still practice safer sex!

Have sex less often

Whenever people have unsafe sex they risk spreading HIV. Decreasing the number of times people have sex decreases their risk of getting or giving HIV.



For example, if a person has vaginal sex twenty times a month with someone with HIV, he has a higher chance of getting HIV than if he has vaginal sex four times a month.

It is hard for people to stop having sex, but it may be possible for them to lower the number of times they have sex, or to lower the number of times they have unsafe sex. If a woman's husband has many outside partners, you can suggest that she ask her husband to use condoms. She can also reduce the amount of sex that she has with her husband. This way, if he does get HIV, she will have less of a chance of becoming infected herself. If people change parts of their sexual behavior, such as how often and what type of sex they have, they can lower their risk of getting HIV. In fact, people can have sex as many times as they want without spreading HIV as long as the sexual acts are safe. Knowing this may make changing sexual behavior easier.

Will I get HIV by having sex?

Answering these questions can help people understand their risk of getting HIV.

1. What is the chance that my sexual partner has HIV?
Does he come from a community with a lot of HIV?
What has been his risk of getting HIV over the past ten years? (Has he had many sexual partners? Has he had unsafe sex? Has he injected drugs and shared needles? Has he had a blood transfusion?)
What are the chances that his past sexual partners had HIV? (Did they have many sexual partners? Did they inject drugs? Were any of them sex workers?)
2. Do I or my sexual partner have a sexually transmitted disease? Syphilis, herpes, chancroid, gonorrhea, chlamydia, and other STDs increase the chance that HIV will be spread.
Have I had pain when I urinate, or have I had pus come from the head of my penis or from my vagina?
Do I have a sore on my vagina, penis, or anus?
Does my partner have a sore on her vagina? On his penis?
3. What type of sex am I having with my partner? Anal and vaginal sex have a higher risk of spreading HIV than oral sex. Touching and dry kissing have no risk.
4. Do my partner and I use any barrier protection? Condoms, plastic, and latex wraps can be used to prevent the exchange of body fluids.
5. How many times have I had sex with my partner? The more frequently someone has sex with a person who has HIV, the greater the chance that HIV will be spread.

Other factors that affect the spread of HIV

People who have HIV do not seem to have the same amount of virus in their body fluids at all times. Health workers believe that people who are in the very early or very late stages of HIV infection—people who have just been infected and people who are sick with AIDS—are more likely to spread the virus than those who have HIV but no symptoms. Unfortunately, there is no easy method for finding out how much HIV is in a person's body fluids. All people with HIV, and all people whose partners may have HIV, should always take care not to spread the virus.

Answering Olga's questions

“Can I get AIDS from cleaning the rooms of German and American visitors? Should my husband and I use condoms to avoid giving each other AIDS?”

Olga is worried about AIDS but does not understand how AIDS is spread. You can help Olga by explaining that HIV is only spread by having body fluids such as blood, semen, or vaginal fluid enter the body. This means that she cannot get AIDS from cleaning the rooms of foreigners, even if they have AIDS. If neither Olga nor her husband has HIV, and if they only have sex with each other, then they do not need to use condoms during sex. They are considered an HIV-sheltered couple. You can tell Olga and her husband that they can avoid HIV in the future by not having sex with other people, by not sharing needles, and by not getting transfusions of blood that has not been tested for HIV.