



Peer and Outreach **E**ducation
for Improving the **S**exual Health
of **M**en who have Sex with Men

A reference manual for peer & outreach workers



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Abbreviations

ABC	Abstain, Be Faithful, Use Condoms
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CBC	Complete Blood Count
CD4	Cluster of Deviation 4 (marker on white blood cells)
CCR5	Chemokine Receptor 5 (used by HIV to enter target cells)
DNA	Deoxyribonucleic acid – a nucleic acid molecule (genetic material in cells)
ELISA	Enzyme Linked ImmunoSorbent Assay (Diagnostic Medical Tool)
FHI	Family Health International
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HSV 1–2	Herpes, types 1 and 2
IEC	Information, Education and Communication
KY	KY™ Jelly (water-based lubricant)
MSM	Men who have sex with men (or males who have sex with males)
OI	Opportunistic Infection
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
RTI	Reverse Transcriptase Inhibitor
STI	Sexually Transmitted Infection
T-Cell	Sub-group of White Blood Cells
VCT	Voluntary Counseling and Testing

Introduction—what is this reference manual about?

What is this reference manual about and what are its aims?

This manual helps peer educators and outreach workers working with men who have sex with men sustain and update their knowledge about HIV/STI and sexual health issues. It provides detailed information about everything a peer or outreach worker may be asked about during his work. It aims to improve the scope and accuracy of information that peer and outreach workers provide to their target audience.

How should this manual be used?

The manual consists of different parts, which can be put in or taken out of the ring binder, allowing each individual peer/outreach worker to choose the materials he wants. In addition, updates will be provided when needed, for example when new HIV prevention technologies (i.e. vaccines, circumcision and microbicides) or treatments become available. (see e-mail address and website below).

Users of this manual can access a website to discuss its use, ask additional questions on a web-board or provide feedback—please check the website www.unescobkk.org/hivaids for more information, or contact Jan Wijngaarden at jwd1vw@gmail.com

The information in this manual is presented in a Question and Answer format, to enable users to find answers to questions asked in the field.

Where does the information in this manual come from?

An important inspiration and source of information for this manual was the FHI Vietnam peer educators' MSM manual. Further, information was collected from the internet, with many entries adapted from:

www.thebody.com

www.wikipedia.com

www.engenderhealth.com

Other sources are mentioned throughout the text: see also Annex 4.

A draft of this manual was reviewed by experts from different international organizations, and was reviewed by English speaking peer and outreach workers from Thailand, Lao PDR, China, Viet Nam, Cambodia and Myanmar at a regional workshop in Chiang Mai, Thailand in June 2007.

THE ROLE OF THE PEER EDUCATOR/OUTREACH WORKER

1

1 The role of
the peer
educator/
outreach
worker

Unit 1: The role of the peer educator/outreach worker

What is the difference between a peer educator and an outreach worker?

An outreach worker actively searches for people to reach out to (mainly outside his/her social network), often in locations where these people are likely to be at risk – in the case of men who have sex with men, in locations where they are at risk of becoming infected with the Human Immunodeficiency Virus (HIV). An outreach worker aims to help the target audience both to prevent HIV transmission and to access sexually transmitted infection (STI)/ voluntary counseling and testing (VCT) and antiretroviral care, as well as social or support services.

An HIV peer educator works within a network of friends or colleagues (mainly within his own social network), who, by using his knowledge, role-model attitudes and peer influence raises awareness about HIV, helps prevent HIV transmission and ensures that members of his network(s) seek STI/VCT and antiretroviral care, as well as social or support services.

What is the focus of the peer educator/outreach worker's work?

Their work often is based on the following activities:

1. Provision of correct information about HIV transmission (i.e. modes of transmission), prevention and safer sex (including the ABC (Abstain, Be Faithful, Use Condoms))
2. Promotion and provision of condoms (often with lubricants) and information, education and communication (IEC) materials
3. Promotion of positive attitudes towards condom use and building negotiation skills
4. Referral to MSM-friendly STI services and the need to treat STIs as a means of reducing HIV risk.

Less focus has been on the following activities:

5. Discussion of HIV testing, the need to get tested and the benefits of knowing one's HIV status
6. Discussion of STI check-up, the need to be checked-up on a regular basis, particularly if involved in risky behaviors, and the benefits of being diagnosed and treated for STIs by health care providers to reduce the risk of HIV infection and transmission
7. Influencing peers or clients to try and adopt different safer sexual practices
8. Influencing and supporting people to access VCT and STI services
9. Discussion of prevention with HIV positive friends or clients and the benefits of regular follow-up by medical professionals
10. Issues related to sexuality/homosexuality: social, emotional and psychological aspects of having a sexual identity or behavior / preference which is different from the mainstream
11. Dealing with sexual harassment, avoiding violence and rape
12. Dealing with stigma and discrimination based on one's sexual identity or preference, one's HIV status or one's involvement in sex work

The latter points are at least as important as the first four points, and it is expected that this manual will help peer educators and outreach workers expand their messages and topics for discussion.

Some frequently asked questions while doing this work are discussed below, as well as some possible answers.

Why are you doing this work?

In becoming a peer educator or outreach worker, you may have the following motivations:

1. You may be concerned about the HIV epidemic in general.
2. You may be worried about losing your friends to HIV.
3. You may be convinced that peer education or outreach methods can change your friends' behaviors.
4. You have been introduced to this work by their friends and would like to join in.
5. You may have confidence in your ability to make a difference to your friends, using your peer influence.
6. You may like the fact that you are useful to society or to your community.
7. In some countries, benefits of the job of peer educators and outreach workers include access to anti-retroviral treatment (ART) and better health care.
8. You may be interested in advocacy to the general public to increase understanding of MSM and to reduce stigma and discrimination.
9. You may enjoy the opportunity of networking and meeting new people.

"Why do YOU care about my health?"

This question is sometimes asked in a cynical manner – almost like ‘please go away and mind your own business’. People asking such questions do not know, or do not like to be reminded, that they may be putting themselves and their sex partners at risk of a serious disease: therefore their reaction can be one of indifference, disinterest or even hostility. It is not easy to deal with this attitude, but you could respond by saying:

1. I care about our community: ‘our kind of people’: I do not want to lose you or my friends to this disease.
2. I care about it because HIV and STIs are easy to prevent. Think about your family – if you catch a disease that is preventable, who will take care of you or of your family?
3. I care about it because if you are infected with HIV already, it is not too hard to control the virus using modern medicines, and it will keep you and your partner/s healthier.
4. How would you feel if you did not know you had HIV but had infected others just because you did not like to use a condom?
5. I care about HIV because many men having sex with men are infected with it already.
6. I care because it is a basic right that we should have access to information, and I can help people who need this information.

Basic Principles for the peer/outreach worker:

1. **Confidentiality:** issues raised by your friend or client should remain a secret. You can use examples about people that you know in your work or from your social network, but make sure they can not be identified by the person you are talking with. You need to keep confidentiality to keep the trust of your clients / friends.
2. **Respect:** always accept the person you talk to – even if they do not believe what you say or refuse to take your advice, or if they have different opinions. Do not judge them.
3. **Anonymity:** if a person you talk to does not want to reveal his name or age or other personal information, that is fine. Respect and honor it!
4. **Benevolence:** always speak to your client / friend from the perspective that you have his best interest in mind.
5. **Reducing harm:** your aim is to reduce your friend's or client's exposure to HIV or STIs – do not expect him to adopt safer sexual practices right from the start. It will take time and effort: small steps towards greater safety are the norm.
6. **Appropriateness:** always try to provide information, support and skills according to the need of your client / friend. Do not always repeat the same message, and try to figure out at which stage of behavior change your client / friend is (see [Unit 6](#)).
7. **Be professional:** If you meet somebody you like and would like to befriend or have sex with, do this some other time. During working hours, you represent the organization that recruited you, and you should not flirt or cruise. You should also not use your position to get your client's phone number / address.

8. **Not knowing something is fine:** it is better to provide no information than wrong information. It is fine to say to someone that you can not answer his question and come back to him later. Keep yourself updated with new information from your supervisor and from this manual.
9. **Diffuse information through your client's networks:** encourage clients and peers to take a proactive role in informing and educating and influencing their own friends to change their behavior and prevent HIV.
10. **Be empathetic:** try to always place yourself in the life of the person you are talking to: try to see the challenges he faces to changing behavior or accessing care, and help to overcome these challenges together. Be patient and do not become angry or discouraged if your friend does not (yet) follow your advice, or if he relapses again into unsafe sex.
11. **Show evidence of what you do:** make sure you record your work and ensure that supervisors learn about it, by keeping records and using monitoring tools. This will help you as well as the organization you work for to improve the program over the long term.



Photo: Jan W de Lind van Wijngaarden

BASIC **2**

INFORMATION ABOUT HIV

Unit 2: Basic information about HIV

HIV is a virus.

A virus is a small organism, so small that it is invisible to the human eye. There are many different types of human viruses and not all of them affect us in the same way. For example, the flu is caused by the influenza virus that can be transmitted through the air when we cough or sneeze. There are also viruses that are transmitted through food, which can make our stomach upset. HIV is also a virus, which can lead to AIDS (disease) and death; it is transmitted via blood, semen, breast milk and vaginal fluids (also called body fluids). Fortunately HIV is not as easy to transmit as the flu, and its transmission can be prevented!

What is HIV and what does it do?

The Human Immuno-deficiency Virus (HIV) is a virus, which slowly weakens the ability of the human body to fight off diseases. The body's ability to fight off disease is called the 'immune response' and is managed by the body's 'immune system'. It consists, among other things, of 'defense-cells' in our blood, which are called 'white blood cells', including CD4 cells (which is one of the subgroup of white blood cells). HIV attacks the body's immune system by killing these cells (CD4) that normally destroy diseases and infections that enter the body. After some time, with HIV continuously but slowly attacking white blood cells, the immune system will eventually not work properly anymore. As a result, diseases and infections that normally have little success in attacking the body may now get a chance. People infected with HIV can die after their immune system is brought completely 'down', from different causes: the process of attacking the immune system can take many years, during which the infected person does not have any symptoms of disease, but is infectious and able to transmit the virus to others.

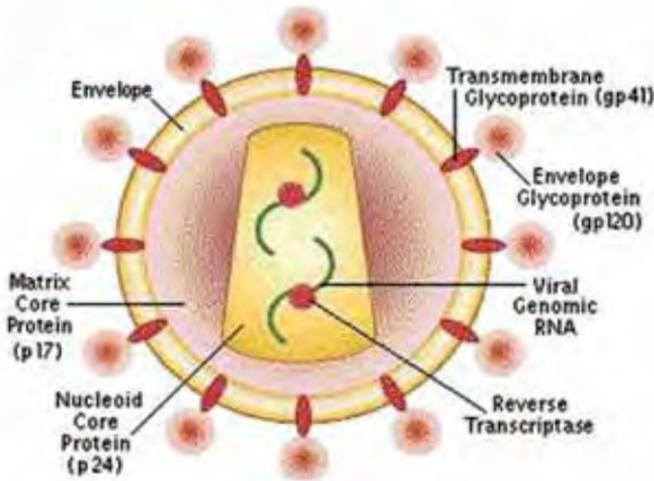


Figure 2.1 A diagram of an HIV virus particle

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. A syndrome is a set of different symptoms of disease that often occur together, and in the case of AIDS these symptoms are a result of severe damage to the immune system. When the immune system is seriously damaged by HIV (i.e. there are not enough CD₄ cells left), it becomes unable to defend the body against certain specific 'opportunistic' infections and tumors. These are also known as HIV-related diseases. The person is now more vulnerable to a wider range of possible diseases, including tuberculosis, pneumonia and types of cancer. Unlike most other diseases, people with AIDS may experience different clinical problems, depending on which opportunistic infections they catch or develop. For this reason, AIDS can not be diagnosed by a single symptom or sign, but can only be confirmed by a doctor.

What is the difference between HIV and AIDS?

When a person is infected with the virus called HIV, he may look well and feel healthy like any other person. Without treatment and after continued attacks by HIV on the immune system, the person may develop other illnesses and symptoms and get seriously weaker: HIV infection has then progressed into the stage called 'AIDS'.

You can not see or 'feel' from the outside whether a person has HIV. A person with HIV may show no physical symptoms of any disease for a long time. This stage of infection is called 'asymptomatic' (meaning: 'no symptoms'). As HIV continues in gradually destroying the immune system, a person may develop illness related to HIV infection. Having a number of these specific illnesses together means the HIV infection has become 'symptomatic' and becomes visible as AIDS. If a person with symptomatic HIV, or AIDS, has no access to medicines, care and support the person will most likely eventually die of his illness.

A person can often lead a normal life without knowing that they are HIV-infected. It is therefore easy to understand how he may, without knowing, transmit HIV to others. HIV also makes a person more vulnerable to other sexually transmitted infections.

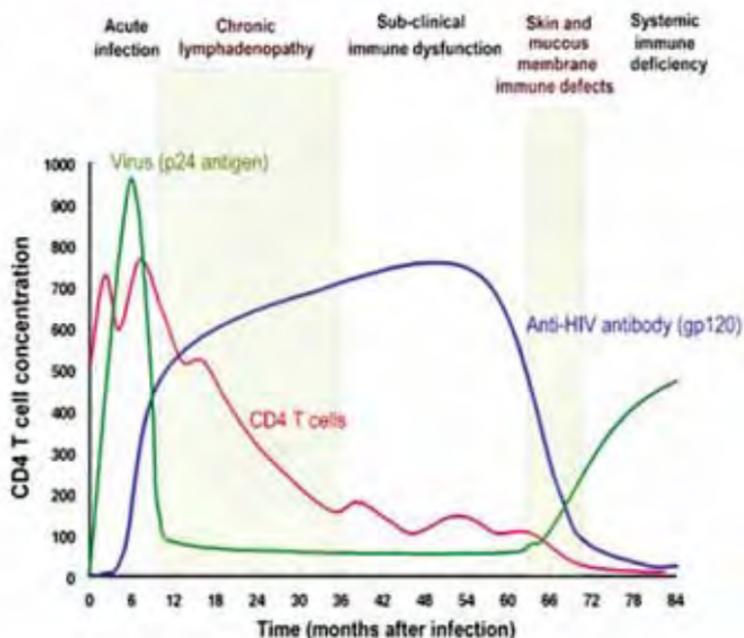
How long will it take before a person with HIV develops AIDS?

Depending on a person's physical and mental health as well as other factors, including the extent to which a person with HIV has support and a healthy lifestyle with plenty of rest, sports, proper nutrition, and peace of mind, this can be many years: between 3 to 10 years after infection with HIV – most often it is 9 to 10 years. However, with increased availability of HIV treatment, if a person with HIV is under medical supervision and starts treatment with antiretroviral medicines (see Unit 6) a person living with HIV may live a healthy and fulfilling life for 20 years or longer.

How long will it take before a person with AIDS dies?

When a person who has entered the AIDS stage does not have access to good quality medicines and medical care, he will usually die within a year. When a person has access to medical care and anti-retroviral medicines (see Unit 6), his life and health can be extended for many years. With increasing access to antiretroviral medication more people with AIDS are successful in bringing down HIV levels and recovering their immune system, returning to the asymptomatic stage of their HIV infection.

Figure 2.2 Progress of HIV disease without treatment



Source: pathmicro.med.sc.edu/lecture/HIV3.htm

Can you see whether a person has HIV?

You can never see from outside characteristics or symptoms whether a person has HIV. There are clinical tests (e.g. blood tests) to find out whether a person has HIV.

► See [Unit 4](#) and [Annex 1](#).

Who gets HIV?

Anybody who has engaged in risk behaviors and has been exposed to the virus can become infected! Many people believe that people who look fat, healthy or are of a higher social class do not have HIV, or that only poor people, sex workers or drug users get HIV. This is not true. A virus does not know whether a person is of high class or not, or whether he is fat or thin. HIV is transmitted by behaviors, and people who engage in these behaviors can be exposed to HIV and become infected. It is not related to class, looks, age, educational level, profession, ethnicity or anything else. The only exception to this are babies, which can become infected from their HIV positive mothers without engaging in any behavior.

What are the body fluids that can transmit HIV from one person to another?

Body fluids that contain and are able to transmit HIV include:

1. Blood
2. Semen/sperm
3. Fluids that exist in the female vagina
4. Breast milk

HIV AND ITS TRANSMISSION AND PREVENTION **3**

Unit 3: HIV and its transmission and prevention

How can HIV be transmitted?

For the virus to be transmitted, one of the four body fluids mentioned in Unit 2 (i.e. blood, semen, vaginal fluid or breast milk) of an HIV-infected person needs to enter the body of a person who is not infected with HIV. Even if this happens, there is only a chance that transmission occurs – it is never a 100% certainty (see table below).

The most efficient way for HIV to be transmitted is if HIV-infected blood directly enters the bloodstream of a non-infected person, for example by sharing needles and syringes with an HIV-infected person or by receiving a blood transfusion with HIV-infected blood.

HIV can also be transmitted through sex. The easiest way for sexual HIV transmission is through unprotected anal sex between an infected and an uninfected partner. Unprotected vaginal sex also carries a risk for HIV transmission. The risk of HIV transmission through oral sex is extremely small, unless a person has problems with oral hygiene leading to bleeding gums or sores. However, the risk of STI transmission through oral sex is high. The risk for the receiving partner in anal, oral or vaginal sex is higher than for the insertive partner.

HIV can also be transmitted from an HIV-infected woman to her child, either during pregnancy, during child birth or through breast feeding.

► See [Unit 12](#) for a table with sexual behaviors and transmission risks.

Can HIV be transmitted through anal sex?

Yes. The tissue of the rectum is very delicate: therefore, lesions and tears may occur during anal intercourse. This creates entry points for STIs and HIV to enter the bloodstream via the semen of the insertive partner – of course only if intercourse is unprotected. Anal sex therefore is a high risk activity for STI and HIV infection. Receptive anal sex is higher risk than insertive anal sex.

Can HIV be transmitted through vaginal sex?

Yes. The chance of transmission is smaller than in anal sex, but vaginal transmission is the most common way for HIV to spread in many parts of the world. The chance for transmission of an infected man to an uninfected female is bigger than vice versa, because the area in the vagina through which HIV can penetrate the body is larger than the area in the tip of the penis.

Can HIV be transmitted through oral sex?

Yes, there is some evidence that HIV can be transmitted through oral sex: however the chance of transmission is extremely small. It is assumed that transmission is more likely if the person has bleeding gums or cuts in the mouth, and that the risk for the receptive partner is bigger than for the insertive person. However, other STIs, including chlamydia, gonorrhoea, herpes and syphilis are known to be transmitted through oral sex.

Why is it so difficult to transmit HIV orally?

HIV needs to enter the body of an uninfected individual for infection to take place through one of the body fluids mentioned (i.e. blood, semen, vaginal fluids or breast milk). During oral sex, it is difficult for HIV to enter another person's body since the virus is likely to be in the mouth for only a short time and then is likely to be killed by the acid in the stomach. Just to be safe, it is advised not to let semen of a man come into the mouth.

Figure 3.1 Overview of risks of different sexual behaviors



Risk between categories is not to scale, and order of activities within a bar is not necessarily representative of any order in the risk of activities. Risks may vary somewhat from one type of infection to another; for example, condoms are protective for gonorrhea, but they are not protective for syphilis, herpes, or genital warts unless the lesions are not covered by the condom.

AVSC International, July 1999. Adapted from *As safe as you wanna be*. Seattle-King County Dept. of Public Health.

Source: www.engenderhealth.org

Can HIV be transmitted by kissing or hugging?

No, because these activities do not lead to the possibility of HIV infected blood or semen entering the blood stream of a non-infected person.

Can HIV be transmitted by mosquitoes?

No. HIV can not survive for long outside the human body. Besides, mosquitoes do not inject blood into another human being - they suck and 'eat' it. The 'H' in HIV stands for 'Human', meaning that the virus can live only in the human body.

Can HIV be transmitted by having a bath in a bathroom of someone with HIV?

No. The reason is that there are no infected body fluids of the infected person entering the body of an uninfected person in a bathroom.

Can HIV be transmitted by sharing toothbrushes with an infected person?

No. Transmission of HIV in a household setting (without sexual contact or needle sharing) is almost impossible. HIV does not survive long outside the human body. After getting out of an infected person's body, it would have to find a way in to the body of an uninfected family member - it is difficult to imagine how this could happen without having intercourse or sharing needles!

Can HIV be transmitted by sharing razors or other sharp utensils?

In theory, if fresh blood remains on a sharp object which is then immediately shared with an uninfected person who is then also immediately cuts with it, transmission is possible. In practice, however, HIV transmission in this way is unheard of. Just to be sure, however, it is good to advise people living with HIV not to share razors with others.

How can I prevent myself from getting HIV?

HIV infection cannot be cured. That is why it is so important to avoid it. Here are options that people can choose from:

1. Do not have sex (intercourse, oral, or anal). For most people this is not a realistic choice – sex is part of our life and we enjoy it – and that is fine,
2. If you have a sex life:
 - a. Have sex with only one person – do not have multiple partners, and encourage yourself and your partner to take the HIV test, especially if you want to have unprotected sex between the two of you:
 - b. Use a condom and water-based lubricants, especially for anal and vaginal sex, every time you have sex:
 - c. If you have sex with more than one person, strategies to reduce your risk can be to:
 - i. Reduce the number of partners and sexual encounters you have:
 - ii. Reduce or limit the type of sex you have with your partners – i.e. have more oral sex mutual masturbation, thigh sex, rubbing and hugging and less anal sex:
 - iii. use condom water-based lubricant each time you have anal/vaginal sex
 - d. Be open and talk to your sex partner(s) about your sexual past and about your sexual health.
3. Do not share needles or syringes if you use drugs.

"Help! I had unprotected sex last night!! Do I have HIV now?"

This is a question you may encounter in your work. It is important to encourage your friends or clients to have safe sex, always. But sometimes people may increase their risks - they may be drunk or high (under the influence of drugs), they may be offered a lot of money to have sex without a condom, or they may just have been too 'hot' while having sex. Sometimes people were unable to negotiate safe sex with a more powerful person: sometimes rape occurs. Make sure you understand why the condom was not used, or why it broke, to help prevent it from happening again by giving appropriate information or skills. Did the client use the wrong type of lubricant? Did he use a condom that was too old - i.e. past its expiration date?...

You should sit with them and explain to them that having unprotected sex means giving HIV a chance to enter their body, not a certainty.

- 1 First, of course it depends on whether the sex partner had HIV or not. This is almost always impossible to confirm, unless the sex partner explicitly told your client.
- 2 Second, if the sex partner had HIV, the chance of transmission partly depends on how high his viral load is - which depends on the time he has been infected already (see Unit 2).
- 3 Third, it depends on whether one or both of the partners had another STI, which may make HIV transmission more likely.
- 4 Fourth, it will depend on the sexual behavior he had last night - for example, whether they had anal or only oral sex, whether the client or his sex partner ejaculated outside or inside the rectum, and whether pre-cum entered the body while having sex.

- Fifth, it will depend on whether sufficient lubricant was used, which decreases the chance of bleeding or tears.
- It may also depend on physical features of the sex organs - i.e. the size of the penis and / or the flexibility of the rectum (which partly depends on experience and on sexual skills).

Taking all these factors into consideration, reliable sources (see footnote on the next page) estimate that if 10,000 people receive HIV infected blood (after an accident, for example), 9,000 will also become HIV infected - this is a transmission efficiency of 90% per transfusion, which is extremely high. However, if 10,000 people have unprotected receptive anal sex with an HIV infected man, it is estimated that 50 of them will also become infected with HIV (a transmission efficiency of 0.5% per sex act).

This means that being unsafe - even with an HIV infected person - does not necessarily mean that one is immediately infected. It means there is a CHANCE that one has become infected.

See the table 3.1 for transmission probabilities - each time we assume 10,000 people have the behavior with an infected source, and the number in the right column is an estimation of the number that will become infected as a result. Realize that despite these perhaps surprisingly small chances, people do have a lot of sex and these small chances have resulted in HIV prevalence of 15-28% some Asian cities - winning the lottery is also a small chance, but hundreds of people win it every week!

WARNING:

The following information is very sensitive. Public health professionals usually do not provide it to the public, as there is a fear that people may think: Oh, only 0.5% chance? I will just take that risk... Please use this information **only** to help people who had unsafe sex put their risk into perspective – NEVER as a prevention strategy for yourself or your partner!

Also note that these are chances **per each sex act**. If someone has sex several times per week or month, these chances really add up! 28% of men having sex with men frequenting entertainment venues in Bangkok were found HIV positive in a 2005 survey¹ : In several other Asian cities percentages of more than 5% have been found.

Table 3.1 Estimated per act risk for acquisition of HIV by exposure route²

Exposure Route	Estimated infections per 10,000 exposures to an infected source
Blood Transfusion	9,000
Childbirth	2,500
Needle-sharing injection drug use	67
Receptive anal intercourse*	50
Needle stick	30
Receptive vaginal intercourse*	10
Insertive anal intercourse*	6.5
Insertive vaginal intercourse*	5
Receptive oral intercourse*	1 [§]
Insertive oral intercourse*	0.5 [§]
* assuming no condom use	
§ Source refers to oral intercourse performed on a man	

¹Griensven F van, Thanprasertsuk S, Jiamaroeng R, Manseng G, Naorat S, Jenkins RA, Ungchusak K, Phanuphak P, Tappero JW and Bangkok MSM Study Group. Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand. *AIDS* 2005; 19:521-526.

²See European Study Group on Heterosexual Transmission of HIV (1992). 'Comparison of female to male and male to female transmission of HIV in 543 stable couples'. *BMJ* 304 (6870): 609-611. [PubMed](#) and Varghese, B., Maher, J. E., Peterman, T. A., Branson, B. M and Steketee, R. W. (2002). 'Reducing the risk of sexual HIV transmission: quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use'. *Sex. Transm. Dis.* 29 (1): 38-43. [PubMed](#)

Help!! The condom broke! What do I do now?

First, stay calm. As discussed above, possible exposure to HIV does not always lead to transmission.

If you were the insertive partner, wash your penis: pull back the foreskin and rinse thoroughly. If semen entered your rectum, sit on the toilet and try to let it drip out. Do NOT use a showerhead or douche to clean yourself inside – this has been associated with increased infection risk.

If you had oral sex, you can either spit out or swallow the semen that has entered your mouth. You can rinse your mouth with a Betadine solution to clean – do NOT brush your teeth and do not floss for at least two hours, because of the chance that your gums may bleed, providing an entry point for HIV.

If there is a big chance that you exposed yourself to HIV (i.e. if you know that your partner is HIV-positive), PEP treatment (means Post Exposure Prophylaxis), when available in your country, can be taken. It means that anti-HIV drugs are taken full-strength for one month – only a doctor can prescribe these. If you feel you have exposed yourself to HIV, this treatment must be started as soon as possible and continued until it is completed.

VOLUNTARY COUNSELING AND TESTING OF HIV

4

Unit 4: Voluntary counseling and testing of HIV

What is (pre- and post-test) counseling and why is it important?

Counseling before ('pre-test counseling') and after testing ('post-test counseling') is an important and standard part of HIV-testing procedures. Pre-test counseling means preparing a person who is going to have an HIV test for the possibility of a positive test result, including a risk assessment. This person should be prepared to get 'bad news' - if he is unable to handle this, perhaps he should wait with the test until he is mentally better prepared. This is very important, because suicide or other self-destructive behaviors have been reported after positive test results were given to individuals who did not receive pre- and / or post-test counseling. Sometimes it is better for persons who think they may become upset or instable to go and have a test in the company of a trusted friend, or of an outreach or peer worker.

During post-test counseling, vital information is provided to the person who was tested. Those who test positive are informed how to prevent transmitting HIV to their partner(s) and avoid getting other STIs or re-infection with other strains of HIV. They will also obtain referrals for care and support (including for a CD4 test - see below), and receive guidance for maintaining their general health. For those who test negative, counseling information can help to prevent infection in the future - remember that most people who go for a test have reason to do so: they may have exposed themselves to HIV.

Testing with counseling can make a critical difference in the lives of those who test positive, as knowing that they have HIV can empower them to take appropriate action in planning their lives and in getting the services they need.

► See *Annex 1* for list of counseling services for referrals.



Why are confidentiality and anonymity important?

It is important that as many people who are at risk for HIV infection are tested. If they are found HIV-positive, knowing this will help them a) avoid infecting other people with HIV, and b) access medical services, anti-retroviral treatment and as well as social support services, which will enable them to live longer. If they are found HIV-negative, knowing this will strengthen their commitment to 'stay safe' and use condoms consistently. Anonymity is crucial: nobody will use a testing service if the results are not kept as a secret. This is one of the first principles for health care providers and social workers. Unfortunately, it is sometimes not respected. The same goes for discussing intimate information with your peers/clients: be professional, and respect each person's right to anonymity and confidentiality. It will encourage your peers to trust you and give you more information about their feelings and behaviors.

How is HIV infection tested?

Blood tests are used to determine if a person is infected with HIV. HIV infection is confirmed when antibodies (the proteins that your body creates to fight an infection) to HIV are detected in the blood. The most common test is called ELISA: there are also other rapid tests that can be used in clinics. If an ELISA test or rapid test result is positive, a second test must be conducted to confirm the result.

People are commonly tested twice, to reduce the likelihood of a false result (i.e. the second test is done to confirm the result). False test results can be false-positive (this is when the test suggests that a person is infected with HIV but in reality he is not) or false-negative (this is when the test suggests that a person is not infected with HIV but in reality he is). False-negative tests can also occur during the "window period" – see below.



Source: <http://www.friendtofriend.org/img/std/gettested.jpg>

What is the 'window period'?

HIV tests check the blood for antibodies (proteins produced by the body and released into the blood) rather than for the actual HIV virus itself, and after infection with HIV it takes a bit of time for the body to create these HIV-antibodies. In other words, it is possible that during the time between when infection occurs and when antibody levels are high enough to be detected, an HIV test result may show as negative even if the person was recently infected with HIV. This 'gap' is called the window period.

How long is the window period?

The length of the window period varies from one person to the next, but is usually 6 weeks to 3 months. Therefore people should be tested regularly, if they can - possibly every six months if they or their sexual partners have experienced risky behaviors.

Why is the window period important?

It is important because it is a period of time during which a person has a negative test result but is in fact HIV-infected and already infectious. Because of the window period, we can never be 100% sure that we are really HIV-uninfected when the test is negative - unless we had absolutely no risk behavior in the 6 weeks to 3 months before the negative test.

Is there a treatment or cure for HIV infection or AIDS?

Currently, there is no cure for HIV infection or AIDS. However, with the combined use of antiretroviral drugs (see Unit 6), as well as the use of drugs to prevent opportunistic infections, many people with HIV infection and AIDS have improved the quality of their lives and delayed or reversed the progression of HIV infection to AIDS. However, these drugs can cause a number of side effects that may require that a person switch to other medication or stop taking them. In addition, recent research has shown that over time, HIV may become resistant to certain drugs (another reason why a person living with HIV or AIDS may have to switch to a different drug).

Is treatment for people with HIV available in our city? Is it free?

[THIS INFORMATION SHOULD BE INCLUDED SPECIFICALLY FOR EACH COUNTRY OR CITY]

SEXUALLY
TRANSMITTED
INFECTIONS AND
HOW THEY
CAN OR CANNOT
BE TRANSMITTED

5

5 Sexually
Transmitted
Infections and
how they can
or cannot be
transmitted

Unit 5: Sexually Transmitted Infections and how they can or cannot be transmitted

What is a Sexually Transmitted Infection (STI)?

A Sexually Transmitted Infection is a disease or infection transmitted between humans by means of sexual contact (vaginal, oral, or anal sex). Some of the STIs can be also transmitted from mother to baby and through the sharing of injecting equipment. STIs overlap with a broader group of infections known as reproductive tract infections.

► See the table below for sexually transmitted infections (and two parasites commonly transmitted during sex)

What are the symptoms of STIs?

These differ from one STI to another. STI infections may lead to symptoms in the reproductive organs themselves, as well as in the skin around the vagina, penis, or anus. Some STIs also cause systemic symptoms that cause problems in other parts of the body. Other STIs, for example chlamydia, gonorrhoea, human papillomavirus [HPV], hepatitis B, and genital herpes) often cause no symptoms at all. Therefore, although the person has an infection, he or she may have no symptoms and may not realize that he or she is infected: despite being asymptomatic he may still be infectious for others (see Annex 2).

Symptoms of STI can include:

1. Having to go to the toilet very often to pee. This can also be a symptom of bladder infection.
2. An ulcer or sore on the penis or anus.
3. Itching around the groin or between the buttocks.
4. Pus coming from the penis, and / or pain during urination.
5. Other (see the STIs listed in Annex 2 for details).

Why should we bother about STIs that are asymptomatic?

STIs without symptoms can be transmitted to others and can cause serious complications, especially if they are not treated.

Why are STIs relevant to HIV prevention?

First of all, because STIs are transmitted in much the same way as HIV is. But people who have untreated STIs are also more likely both to become infected with HIV and to transmit HIV to others.

Why are people with STIs more likely to get or transmit HIV?

STIs often result in open sores, lesions or abrasions on the mouth, anus or penis, which provide convenient 'entry points' for HIV infection. In short – someone with an STI is more likely to become infected with HIV if exposed.

What are the differences between HIV and STIs?

HIV is often sexually transmitted, but can also be transmitted in other ways (i.e. through sharing needles or injecting equipment, through a blood transfusion with HIV infected blood, or from an HIV infected mother to her newborn child). Therefore HIV is strictly speaking different from most STIs, which are generally only transmitted through sex.

Table 5.1 Short overview of main STIs - more detail in Annex 2

Disease	Transmission	Type	Main symptoms	Treatable?
Chlamydia	Vaginal and anal, oral sex, hand to eye, mother-to-baby	Bacterium	Often none; however can include discharge from penis or anus, burning urination, swollen testicles	Curable with antibiotics
Gonorrhea	Vaginal, anal, oral sex, hand to eye, mother-to-baby	Bacterium	Often none, however can include dripping penis or rectal discharge, painful urination, throat infection, swollen testicles	Curable with antibiotics - but resistant strains are common
Syphilis	Sexual contact with sore, mother-to-baby	Bacterium	Painless sore near genitals, later severe symptoms	Curable with antibiotics
Herpes	Sex and skin to skin, mother-to-baby	Virus	Often no symptoms; however can include flu-like, painful blisters around genital area	No cure, but infection and symptoms are treatable
HPV	Sex and skin to skin, mother-to-baby	Virus	Usually no symptoms, but infectious; however can include genital warts, ano-genital cancer	No cure for infection, but warts can be removed - also preventable by vaccine
Hepatitis B	Sexual, sharing needles, blood, mother-to-baby	Virus	Several, including flu-like symptoms, dark urine and light stools, and jaundice	No cure for infection, - also preventable by vaccine
Scabies	Skin to skin	Parasite	Itching	Curable - with insecticide
Lice	Skin to skin	Parasite	Itching	Curable - with insecticide

► All these diseases are discussed in more detail in Annex 2

Can an STI be cured?

All STIs except for viral STIs such as HIV, HPV and herpes, can be cured with medicines – usually antibiotics under medical follow-up.

Can STIs be prevented?

The chance of becoming infected with an STI can be reduced by avoiding risky sexual behaviors. To reduce your risk:

- ① Use condoms during oral, anal and vaginal sex.
- ② Use water-based lubricants, especially during anal sex.
- ③ Limit your number of sex partners.
- ④ If you have recently been treated or are being treated for a STI, you must make sure your sex partner(s) also receive treatment, to prevent getting infected again. Sex partners should receive treatment even if they do not have any symptoms.
- ⑤ Don't share sex toys – if you do, cover them with a new condom every time you use them with different partners.
- ⑥ Keep good genital hygiene (see below).

Some STIs can be transmitted via skin to skin contact – See Annex 2.

How can you know whether you have an STI?

STIs can be symptomatic or non-symptomatic. If there are no obvious symptoms, the only way that you can find out whether you have one is by testing at a STI clinic.

▶ See Annex 1 for an overview of STI testing and treatment services

How to check-up STIs yourself?

Regularly examining your genitals and anal area for signs of STIs can be done in less than one minute. This examination is also useful for detecting other uncomfortable problems, like skin rashes and in-grown hairs. Here's how you do it:

1. Grab a small mirror. Find a private place and get naked.
2. Examine your body, especially areas of sexual contact. Do you see any sores, blisters, rashes, itchy areas, redness, swollen bits, unusual odor or fluid discharge on or around your penis, anus or balls?
 - ❑ Lift and look under the balls.
 - ❑ If you are uncircumcised, pull back the foreskin.
 - ❑ Look at the area between your anus and your balls.
 - ❑ Check your pubic hair closely for small eggs, lumps, or lice (e.g. crabs)
 - ❑ Gently squeeze your penis along the shaft to check for any unusual discharge that is smelly or creamy in color (remember that it is common for men to find some fluid when doing this, but it doesn't mean you have an STI)
3. If you detect signs of STIs, it is time to go to an STI clinic for treatment! There are friendly and confidential STI services available in most cities

► See [ANNEX 1](#).

If you want to be sure that you do not have an STI, you should get tested at a clinic – since many STIs do not have the symptoms that you can discover yourself.

Some Notes on Penile Hygiene:

- ① Keeping the genitals clean and healthy is very important, particularly for uncircumcised men.
- ② Genitals should be washed every day with mild soap and water.
- ③ Avoid the use of harsh or perfumed soaps as they can irritate the penis.
- ④ After washing, it is important to gently dry under the foreskin. It's not good to leave it moist as this provides conditions in which bacteria can flourish.
- ⑤ Pass urine before and after sex. This can avoid infections travelling further up the penis.
- ⑥ Perform regular self-examination of the genitals for any sores, lumps, discharges or parasites.
- ⑦ If condoms are causing friction problems around the head, try a bit of lube inside the condom. Don't use too much or the condom may slip off.

Source: SQWISI PowerPoint presentation, 2005.

INFORMATION ABOUT TREATMENT, CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV

6

6 Information
about treatment,
care and
support for
people living
with HIV

Unit 6: Information about treatment, care and support for people living with HIV

Can HIV be treated? How?

Yes, HIV is treated with two groups of medicines. One group of medicines is used to slow the spread of the virus – these are called anti-retrovirals (see below). The other group of medicines is used to fight illnesses that are caused by a weakened immune system – these are called medicines to cure or prevent opportunistic infections (see below).³

Can HIV be cured?

The medicines mentioned above cannot cure either HIV or AIDS, but they do help people live a healthier and therefore higher quality life for a longer period of time than if they did not take any medicine.

What happens if people with HIV do not get treated?

If people who need treatment do not receive it, they will get sick and die quicker than people who do.

What are ART and ARV?

ART stands for Anti-retroviral Treatment (or Therapy) – the term includes the provision of medicines and professional medical care and refers to medications for the treatment of infection by retroviruses, primarily HIV. For more detailed information about types of ARV medicines, please see your doctor.

³Much of the information in this Unit was taken from <http://www.thebody.com/content/treat/art32195.html>

What is Highly Active Antiretroviral Therapy (HAART)?

A combination of several (typically three or four) antiretroviral drugs is known as Highly Active Anti-Retroviral Therapy (HAART). Sometimes two or more different types of drugs are combined in one pill, making adherence to a regular schedule for taking drugs easier.

What types of ART exist?

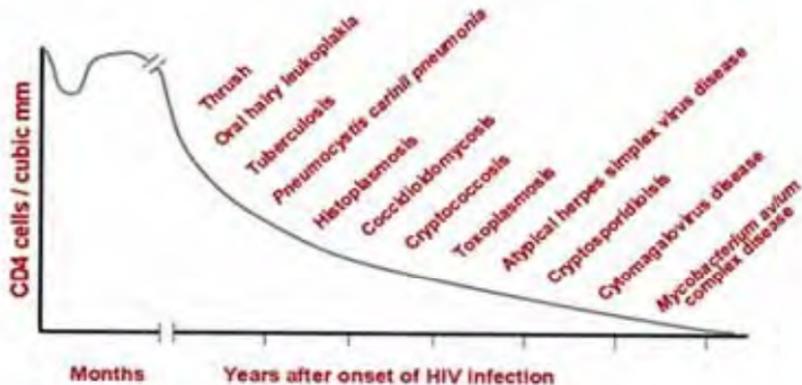
Different classes of antiretroviral drugs act at different stages of the HIV life cycle. Antiretroviral drugs are broadly classified by the phase of the retrovirus life-cycle (see Unit 2) that the drug attacks. There are four types:

- ① Reverse transcriptase inhibitors (RTIs) target the construction of viral deoxyribonucleic acid (DNA) by inhibiting activity of reverse transcriptase.
- ② Fusion inhibitors block HIV from fusing with a cell's membrane to enter and infect it.
- ③ Integrase inhibitors inhibit the enzyme integrase, which is responsible for integration of viral DNA into the DNA of the infected cell.
- ④ Entry inhibitors block HIV-1 from the host cell by binding CCR5, a molecule on the viral membrane termed a co-receptor that HIV-1 normally uses for entry into the cell.

What is CD4 and what does it have to do with HIV/AIDS?

CD4 cells are the part of the immune system responsible for fighting infections and are the cells directly targeted by HIV. The absolute CD4 count refers to the number of CD4 cells available in the immune system. As HIV progresses, they take over the CD4 cells, using the cells to replicate HIV, killing off the original CD4 cell in the process. This is why a CD4 count is a useful indicator of immune system health – the more CD4 you have, the stronger the immune system is.

Figure 6.1 Natural History of HIV - 1 Infection



Source: <http://pathmicro.med.sc.edu/lecture/images/natural-history.gif>

When should a person with HIV start treatment?

On average, individuals living with HIV are encouraged to monitor their CD4 count (see Figure 6.1) to make sure it is above 200, by having CD4 tests at least every 6 months. If the CD4 count in your blood drops below 200–250, it is highly encouraged that you work with your doctor to either start treatment or adjust your current drug regimen if you are already under ART.

How can a person with HIV monitor his physical health?

There are several different types of laboratory tests that can be used to monitor HIV. The four common tests are viral load, CD4 count, complete blood count (CBC) and blood chemistry tests. These four blood tests are the most comprehensive tests available to monitor the health of individuals living with HIV.

How often does a person with HIV need to do these monitoring tests?

Depending on your health and whether you are on a treatment regimen, most doctors will run these tests every three to six months. Since these tests are used to monitor your overall health through comparisons of tests over time, it is important when you are first diagnosed or when you start your first treatment regimen to get your lab work done to provide a baseline for future comparisons.

What does a lab report look like and what does it mean?

To read your lab report, you will find listed on the summary the names of the tests performed, the results of the tests and the reference ranges. The results are typically reported as absolute numbers measured per a specified unit or as percentages, which can then be compared with the reference ranges provided for those particular tests. Reference ranges are determined by sampling a large population of healthy individuals in order to determine a range of averages. A person's test results should fall within those averages in order to be considered in a "normal" range.

What is a viral load test and what does it measure?⁴

The viral load test is responsible for measuring the amount of HIV in the blood (number of copies per milliliter of blood). There are two different tests to do this - the results cannot be compared so it is important to always take the same test type, so that trends can be measured.

What does it mean if a person is said to have an 'undetectable' viral load?

For the PCR viral load test, fewer than 50 copies of HIV in the blood is considered undetectable, and for the b-DNA viral load test, fewer than 400 copies of HIV in the blood is considered undetectable. If one is 'undetectable', it means HIV is not making progress to attack the immune system, and this is a good sign.

If a person's viral load is undetectable, can he stop using condoms with his partner?

No. Being undetectable does not mean that a person does not have HIV - there will still be HIV in his blood and sperm. Therefore, it does not mean that an HIV infected person can stop using condoms when his viral load is undetectable! However, the chance that a person with an undetectable viral load transmits HIV to an uninfected person when he has unprotected sex is lower than the chance of transmission by a person with a detectable viral load.

⁴See <http://www.thebody.com/content/treat/art32195.html>

How often does a person with HIV need to do a viral load test?⁵

With a viral load test, it is recommended that you are tested every three to six months, or less if your doctor says so. It takes approximately four to seven days for the laboratory to process the test.

What is a CD4 test and what does it do?

The CD4 or CD4 count test measures how many CD4 cells (one sub-group of 'white blood cells') are in your body, reflecting the health of your immune system. The focus of this test is to measure the absolute CD4 count. The more CD4 cells there are, the stronger the immune system is.

How often should one do a CD4 test?

It is recommended that you have a CD4 test as soon as you test positive for HIV, then follow up every six months. It takes two weeks to get the result.

What is an Opportunistic Infection (OI)?

Opportunistic infections are infections caused by organisms that usually do not cause disease in a person with a healthy immune system, but can affect people with a poorly functioning or suppressed immune system - for example those with HIV or AIDS. These organisms need an 'opportunity' to infect a person and HIV immune suppression provides the opportunity - see table 6.1

⁵Taken from <http://www.thebody.com/content/treat/art32195.html>

Table 6.1 Opportunistic infections occurring at different levels of CD4 count

CD4 Count	Disease
200-500/ μ L	Pneumonia (usually caused by bacteria) Tuberculosis in the lungs Oral or vaginal yeast infections Shingles (viral skin infection) Oral hairy leukoplakia Kaposi's sarcoma
100-200/ μ L	All of the above plus: Pneumonia due to <i>Pneumocystis carinii</i> (PCP) Chronic diarrhea
50-100/ μ L	All of the above, plus: Encephalitis (usually due to toxoplasmosis) Esophagitis due to yeast or viruses Meningitis (usually due to cryptococcus) Tuberculosis outside the lungs Chronic herpes simplex virus (HSV infection) Primary brain lymphoma
<50/ μ L	All of the above, plus: Widespread infection due to <i>Mycobacterium avium</i> complex Retinitis, diarrhea, encephalitis due to cytomegalovirus

Source: http://www.pdrhealth.com/patient_education/BHG01ID12.shtml

Can opportunistic infections be treated?

Opportunistic infections can be treated and prevented⁶
Treatment depends on the type of opportunistic infection.

⁶ See for information on OI prevention

<http://www.thebody.com/content/treat/art13054.html>

What is a Complete Blood Count (CBC) test?

The Complete Blood Count (CBC) test is a measure of all the components that make up blood. CBCs are important because some drugs can cause low red or white blood cell counts, which can lead to anemia or other blood disorders. This test measures the amount of white blood cells, hemoglobin, hematocrit and platelets in the blood. With this test, a high white blood cell count can suggest that the body is fighting an infection that may be undetectable: a low red blood cell count with the hemoglobin and hematocrit could be the result of anemia from the HIV medications: and a low platelet count could affect blood clotting.

How often should you do a CBC test?

This test is different from the viral load test or the CD4 count because it doesn't show a direct progression related to HIV, but it does help determine the overall health of the individual. It is recommended to do a CBC every three months if one is taking ARV drugs. This test takes one day for the laboratory to process.

What kind of support do people living with HIV need?

Apart from the medical support and treatment discussed above, people who are diagnosed with HIV need social and psychological support. Many of them are devastated when they are diagnosed and need counseling and information about how to live their life with this new reality. In many countries there are support groups where people living with HIV meet each other, sometimes anonymously, to discuss their lives and to provide support to each other.

▶ [See Annex i](#)

Table 6.2 overview of opportunistic infections linked with HIV infection and AIDS

Disease	Symptoms
Pneumonia	Fever, fatigue, weight loss, cough, difficulty breathing, night sweats
Encephalitis	Altered mental states, focal paralysis, seizures, severe headaches, fever
Gastroenteritis	Diarrhea, abdominal cramping, nausea, vomiting, fatigue, gas, weight loss, loss of appetite, constipation, dehydration
Tuberculosis	Cough, weight loss, night sweats, fatigue, fever, swollen glands. May spread to central nervous system, gastrointestinal tract, or bones.
Disseminated infection	Fever, night sweats, fatigue, weight loss, diarrhea, anemia, abdominal pain, weakness, dizziness, nausea, enlarged glands, enlarged liver and spleen
Meningitis	Headaches, stiffness in the neck, malaise, fever, nausea, fatigue, loss of appetite, altered mental status.
Oral yeast infections	White patches on the gums, tongue, or lining of the mouth; loss of appetite
Vaginal yeast infections	Vaginal burning, itching, and discharge
Histoplasmosis	Fever, weight loss, skin lesions, difficulty breathing, anemia, enlarged glands
CMV retinitis	Vision loss, seeing "floaters" or flashing lights
Enterocolitis	Diarrhea, weight loss, abdominal pain
Encephalitis	Headache, fever, focal paralysis, confusion, seizures
Pneumonitis	Cough, difficulty breathing, fever, chest pain
Herpes simplex virus	Painful blisters, ulcers, and/or itching on the lips, anus, or genitals
Chickpox, shingles	Itching, burning, painful blisters with that erupt in a discrete band on the skin, fever, muscle pain, malaise, rash
Kaposi's sarcoma	Purple or deep-red skin lesions, most commonly on the face, genitals, extremities, and in the mouth; can also involve internal organs.
Genital warts	Warts on the genitals or anus
Anogenital neoplasia	Cervical or anal cancer
Oral "hairy" leukoplakia	Painless white lesions (lines or plaques) on the sides of the tongue and insides of the cheeks
Nervous system tumor	Confusion, slowness, personality changes, seizures

Source: http://www.pdrhealth.com/patient_education/BHG01ID12.shtml

BASIC INFORMATION ABOUT CONDOMS AND LUBRICANTS

7

Unit 7: Basic information about condoms and lubricants

What is a condom?

A condom is like a tight-fitting penis-shaped bag, usually made of latex, or more recently polyurethane, that is used during sexual intercourse. It is put on a man's erect penis and physically blocks and captures ejaculated semen, preventing it from entering the body of a sexual partner. Condoms are used to prevent unintended pregnancy and transmission of sexually transmitted infections (such as gonorrhoea, syphilis, Hepatitis B and C, and HIV).

Latex condoms are the most common condoms in Asia; they are usually lubricated.



Squeeze tip of condom so no air is trapped inside and continue to hold tip while unrolling condom to base of penis



Rolled latex condom

#ADAM

Source: <http://www.nlm.nih.gov/medlineplus/ency/imagepages/17087.htm>

For what types of sex are condoms used?

Condoms can be used for anal, vaginal or oral sex.

What is lubricant?

Lubricants (often simply referred to as 'lube') are a slippery gel or paste made of water and some other substances. Lubricants serve to reduce friction with the vagina, the anus, or other body parts when using them in penetrative sex, especially when applied to a condom. This enhances sexual pleasure, enables penetration of the rectum (which can be very narrow) and prevents latex condoms from tearing or breaking. Many condoms are packed 'lubricated', but for anal sex the amount of lubricant inside a condom package is not enough, and additional lubricant should be applied. Lubricant is sold in tubes or in plastic containers (see picture below), and sometimes in handy pocket-sized sachets.

What types of lubricants are there?

Lubricants are usually divided into two types. Water-based lubricants (including Durex, KY Jelly), which are safe to use with latex condoms. Oil-based lubricants (this can be Vaseline or any type of cream, including Nivea or sun lotion) are NOT safe to use with latex condoms - they can be used with female condoms or with polyurethane condoms (which are not available in Asia).



Source: http://www.iloveu.com.sg/Prd/_DUREX_condom.html

There are several sub-types of water-based lubricants – some include smells or odors, some are edible and some give a special effect (i.e. they cause a tingling or warm sensation when applied).

What if I want to have sex and I do not have water-based lubricants?

The first option in this case is to not have anal or vaginal sex. Thigh sex or oral sex might be alternatives. However, if you do want to have anal sex in this situation, or if you have no choice, use saliva (spit). Saliva is a natural, water-based substance that can be applied to the condom before having sex. Use your own saliva if you are the receptive partner. You should either finish quickly or keep spitting on the condom while having sex – saliva does not stick to the condom the same way a 'real' lubricant does. It can be much more painful for the receiving partner in anal sex to use saliva instead of water-based lubricants, and the chance for tears and bleeding inside the rectum is higher.

For what types of sex should one use water-based lubricants?

Water based lubricants can be used for any anal or vaginal sex.

How to have safe oral-vaginal or oral-anal sex?

'Dental dams' are used to have safe oral-anal and oral-vaginal sex (see below).

What is a dental dam?

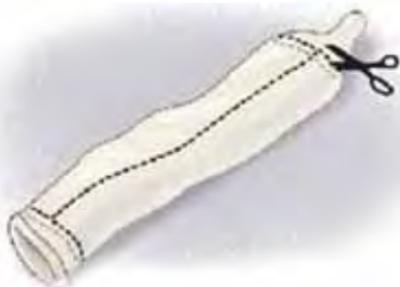
Dental dams are small, thin, square pieces of latex that are placed between the mouth/ tongue and the anus or vagina. Dental dams help to reduce the transmission of STIs during oral sex by acting as a barrier against bacteria and viruses.

How can I make a dental dam myself?

You can make a dental dam easily from a male latex condom:



Step 1: roll out the condom completely.



Step 2: cut the 'ring' and the tip off the condom, and cut it open along its length.



Step 3: the dental dam is ready for use!

Source: <http://www.sexualityandu.ca/adults/sti-4.aspx>

How can I use a dental dam?

First, check the dam to make sure there are no holes in it. The partner performing oral sex then holds the dam against the anus of the receiving partner. You can put some lubricant on the anus before using the dam, which can help increase the sensation for the receiving partner. Just make sure the lubricant is a water-based lube because oil-based lubes and lotions can degrade the latex and decrease the dam's effectiveness.

When you use a dental dam, be sure to use only one side. Don't flip the dam over for another round because you will expose yourself to the very fluids you're trying to avoid! And do not re-use a dam on another body part (e.g. from anus to vulva or vice-versa) because you can transfer germs from one body area to another. Do not re-use a dam for another act of oral sex later on either. Dams, like condoms, are for one-time use only⁷.

How effective are (latex) condoms in preventing HIV and STI?

Condoms are widely recommended for the prevention of STIs, including HIV. They have been shown to be effective in reducing infection rates in both men and women. While not perfect, the condom is effective at reducing the transmission of HIV, genital herpes, HPV, genital warts, syphilis, chlamydia, gonorrhea, and other diseases.

Although a condom is effective in limiting exposure, some disease transmission may occur even with a condom. Areas of the genitals exposed to, or hosting an infection, may not be covered by a condom, and as a result, some diseases such as herpes and scabies can be transmitted by direct skin-to-skin contact. The primary reason why people who use condoms regularly still get an STI is that they do not use them consistently.

⁷http://www.brown.edu/Student_Services/Health_Services/Health_Education/sexual_health/ssc/dams.htm

According to a 2000 report by the US National Institute of Health, correct and consistent use of latex condoms reduces the risk of HIV transmission by approximately 85% relative to risk when unprotected. The same review also found condom use significantly reduces the risk of gonorrhea for men.

A 2006 study reports that proper condom use decreases the risk of transmission for human papillomavirus by approximately 70%. Another study in the same year found consistent condom use was effective at reducing transmission of herpes simplex virus-2 also known as genital herpes, in both men and women.

Dealing with negative attitudes towards condoms

Many men feel that condoms reduce the pleasure they get from inserting their partner's anus, mouth or vagina, and therefore do not like to use condoms. When advising people on condom use, it is necessary and advisable to be open and honest about condoms. Do not tell them that condom use does not make any difference in terms of sexual pleasure – that is simply not true. However, using a condom that fits well and using plenty of lubricant (including a drop of lube on the tip of the penis before wearing the condom) can greatly enhance pleasure while having sex. Ask men who refuse to use condoms for this reason whether those 10 minutes of heightened pleasure are worth the chance of getting a serious disease, and the anguish and fear that possible exposure to HIV or the symptoms of STIs can bring.

If negative attitudes have to do with a perceived lack of intimacy, 'love and trust' – you should try to explain how mechanisms of love and trust are contributing to the spread of HIV among men who have sex with men. 'True love' has nothing to do with condom use! You could turn the argument that condoms are not used in love relationships around by saying that if you truly love someone, your primary concern should be to protect this person from disease, and use condoms.

Negative attitudes towards condoms can only be countered with arguments of reason – in an environment where a significant number of sex partners have asymptomatic HIV or STI infection, it is simply the only way to go.

How to make condom use 'fun'?

Ensure that you can reach condoms and lubricant easily during sex, so that as little interruption as possible occurs. You can suggest to your clients / friends to practice putting on the condom on their partner with their mouth, or to make it into an erotic foreplay: this could include manual and oral stimulation of the penis, or putting a bit of lubricant on the tip of the penis before putting the condom on.

'I can not maintain an erection when using condoms...'

Some men do not like to use condoms as they say it will diminish or totally end their erections. For these men, you should advise them to practice putting on condoms while in the privacy of their home with a bit of practice, this 'condom phobia' is easy to self-treat.



Why do condoms sometimes slip or break?

Condoms may slip off the penis after ejaculation, break due to faulty methods of application or physical damage (such as tears caused when opening the package), or breakage or slippage due to latex degradation (typically from being used with oil-based lubrication, being past the expiration date or being stored improperly).

It is important to advise people to store condoms properly and always check the expiration date of condoms before using them. Also, avoid carrying condoms together with sharp objects (keys, coins, pins, etc) as they may pierce the package of the condom, or the condom itself.

If condoms slip or break, do they still protect against HIV or STI?

Different types of condom failure result in different levels of exposure to semen (and potentially HIV/STI). Failures that occur during application generally pose little risk to the user. One study found that semen exposure from a broken condom was about half that of unprotected intercourse: semen exposure from a slipped condom was about one-fifth that of unprotected intercourse. This means that even if a condom slips or breaks, it still provides a level of protection.

Do condoms exist in different sizes?

Yes. In Asia, most condoms provided by health authorities have a diameter of 49 mm; commercially available condoms are 49–54 mm in diameter. Condoms are manufactured up to 57 mm in size – however, these are not easy to find.

Does breakage and slippage decrease with increased experience?

Yes – experienced condom users are significantly less likely to have a condom slip or break compared to less-frequent users, although users who experience one slippage or breakage are at increased risk of a second such failure.

Does condom education help to reduce slipping or breaking condoms?

Yes – a recent study indeed suggests that education on condom use reduces behaviors or situations that increase the risk of breakage and slippage.

What other things can I do to prevent condom breakage or slippage?

1. Experiment with different condoms and practice putting them on before intercourse.
2. Practice talking with your partner about your desire and intention to use condoms.
3. When using a condom choose one that fits. Male condoms come in different sizes, shapes, and styles, but most condoms will fit most men.
4. Open and handle condoms carefully. Never use a condom that is in a damaged package or is past its expiration date. Condoms should be stored loosely in a cool, dry place (not in your wallet or the glove compartment of your car) and kept where you can easily get them if you decide to have sex.
5. To reduce friction that can cause breakage, use plenty of water-based lubricant on the outside of the male latex condom and a small amount on the inside at the tip. Some condoms come with lubricant, but often not enough, especially for anal sex: additional lubricant is recommended.
6. Never use oil-based lubricants like Vaseline , Nivea or antibiotic cream or any other oil-based cream with latex condoms. Oil-based lubricants can rapidly break down latex and allow the virus to pass through.
7. Water-based lubricants include K-Y Jelly, Slippery stuff, ForPlay, and most contraceptive jellies. These can be found next to the condoms in most pharmacy stores.

What is a female condom and can men who have sex with men use it?



Female condoms are larger and wider than male condoms but equivalent in length. They have a flexible ring-shaped opening, and are designed to be inserted into the vagina. They also contain an inner ring which helps insertion of the condom and helps keep the condom from sliding out of the vagina during sex. Recently in some countries, men who have sex with men (especially transgenders) have started using the female condom for anal sex. In this case, the ring that is inserted in the vagina is not used.

Advantages of female condoms	Disadvantages of female condoms
They are not tight around the penis, providing a sense of freedom for the inserting partner	They sometimes make a strange noise while having sex
They can be used with oil-based lubricants (as well as with water-based lube)	They are large and may look off-putting at first
They give the 'power' of wearing a condom to the receptive partner instead of to the insertive partner, making condom negotiations for the receptive partner easier	They are much more expensive than latex male condoms
	They are not always easy to find or to buy

SEXUAL RISK
REDUCTION AND
PRINCIPLES AND
PRACTICE OF
BEHAVIOR CHANGE

8

Unit 8: Sexual risk reduction and principles and practice of behavior change

What is sexual risk?

Sexual risk is the risk of contracting HIV or STI while having sex. Some sexual acts have more sexual risk than others. Kissing and hugging, for example, constitute no sexual risk at all, whereas unprotected receptive anal sex is the highest sexual risk.

▶ See [Unit 12](#) for a table of sexual behaviors and their risks

What makes some people take risks when having sex?

1. They don't know that they are putting themselves at risk due to a lack of knowledge
2. Perceptions about risk are very personal – each individual will have a different attitude about risk in their life, and how much risk they are willing to take.
3. Sexual desire or passion may overshadow thoughts of potential risk when people have sex.
4. Often people are drunk or stoned when having sex, which leads them to take more risks than they would under normal circumstances
5. 'Love and trust' of a partner also lead many men who have sex with men to stop using condoms. Many HIV infections occur within so-called romantic love relationships that often last only a few weeks or months.
6. Young people are often more likely to take risks than older people: young people like to experiment and try new things. They sometimes see themselves as invincible or do not think deeply about what they are doing.

7. Persons with low self-esteem tend to take risks as well: if they feel they are 'worthless', why should they take proper care of themselves? Self-esteem also reflects health seeking behaviors, when persons have low self esteem they tend to ignore or not want to access information.
8. Some may not worry about risk for HIV when they are faced with what they consider more pressing concerns like acute poverty, feeding themselves and family, especially when offered more money not to use condoms, the threat of violence in their community, or the presence of other life threatening illnesses.
9. Some people may recognize risk in their lives but may not be able to reduce the risk (e.g. they may not be able to negotiate condom use with their partners).
10. Some people may be worried about their risk but more afraid of the consequences of talking about their sexuality (e.g. men who have sex with men and those of us who are transgendered may fear getting treated for STIs because they do not want to admit they engage in homosexual acts).
11. Some people just do not realize, or do not want to realize that their sex partner may have had risky sex with a lot of people before.
12. Some people think condoms are not effective, or they downplay the risk of unprotected sex.
13. Many people find that condoms reduce the level of intimacy with their sex partner and therefore do not like to use condoms.
14. Many people think in 'risk groups' – assuming only other people have HIV or are at risk of it. For example, men who have sex with men may say only male sex workers or transgendered people have HIV; injecting drug users or transgenders may say only female sex workers have HIV etc.

What is bare-backing ('BB')?

Bare-backing is a term that originated in gay slang. It means 'deliberately having unprotected anal sex'. This is different from having a condom breaking or slipping off accidentally! Bare-backing is 'fashionable' among certain groups of men who have sex with men: it is of the highest importance that we go against this fashion and promoting behavior change.

Why do some men bareback⁸?

There are several possible reasons:

- ❶ Apathy over the transmission of HIV. Many men who have sex with men no longer fear the HIV virus. They may believe the virus is unavoidable or that the virus has been controlled by provision of ART, resulting in longer lives for those infected.
- ❷ Anxiety over contracting HIV. An alarming number of men are either deliberately transmitting the virus or willingly receiving the virus. Some men even are willingly trying to contract HIV because they have such high anxiety over catching the virus (believing it is just a matter of time before they become infected).
- ❸ They are already HIV-positive. Some HIV-positive men believe that since they already have the virus there is no need to have protected sex with another HIV-positive man. In the case of a positive men having unprotected sex with a negative men, they believe that each person makes their own choices when it comes to safe sex. So if another man wants to bareback with them, it's their decision.
- ❹ Some men live for the moment and accept whatever consequences result from their actions. They accept the risk of disease if bare-backing feels like the right think to do at the moment.

⁸Adapted from http://www.queerid.com/html/articles_support.asp

- Low self-esteem. Men with low self-esteem sometimes follow the direction of a more confident sex partner or friend and are not 'strong' enough to insist on condom use - or they do not care enough about themselves to insist on it.
- Alcohol and drug use. Using drugs like alcohol, ecstasy or crystal meth can impair judgment and has been shown to increase the chances of having unprotected sex.

What is 'behavior change'?

'Behavior change' is a process through which people change a behavior that is damaging or could damage them: in our case it is their behavior that puts them at risk for STI or HIV. Often, behavior change is a gradual process, the ease or success of which can differ from person to person. This may depend on their attitudes, environment, social norms, etc.

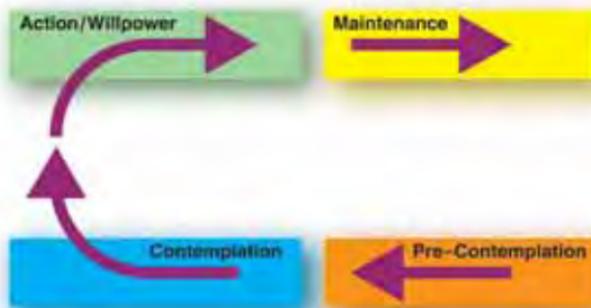
What is meant by 'behavior change is a gradual process'?

It is not realistic to assume that a person who wants to change his behavior will be immediately and definitely successful, especially if the behavior is partly 'instinctive' (like sex). Behavior change can be seen as a person's process moving along a decreasing continuum of sexual risk. See for the continuum of risk the table in Unit 6, which lists sexual activities starting from 'no risk' to 'high risk'. Men who have sex with men can be at different stages in the behavior change process (see below). It is key for men who have sex with men who have decided they want to change their behavior towards safer sex to set personal 'behavior change objectives'.

What are possible behavior change objectives?

1. Start to become aware of HIV as a serious problem which could affect us:
2. Start to realize the need to change one's behavior:
3. Try safer behaviors, like using condoms and lubricants with some partners:
4. Using condoms and lubricants during every sex act:
5. Reducing the number of sex partners:
6. Reducing anal sex in favor of oral or non-penetrative sex:
7. Reducing the frequency of sex / sexual activity:
8. Avoiding needle sharing:
9. Avoiding having sex when drunk:
10. Reduce the consumption of alcohol or drugs:
11. Having regular HIV test.
12. Having regular STI check-ups.

What are the main stages of the behavior change continuum?



Persons can move between different behavior change 'stages': the stages of change are:

1. Pre-contemplation stage (Not yet acknowledging that there is a problem behavior that needs to be changed)
2. Contemplation stage (Acknowledging that there is a problem but not yet ready or sure if the person wants to make a change)
3. Preparation/Determination stage (Getting interested and ready to change behavior)
4. Action/Willpower stage (Starting to change the behavior)
5. Maintenance stage (Maintaining the behavior change): during this stage the challenge is to prevent occasional relapse, which can happen between each of the stages)

This "Stages of Change model" shows that, for most persons, a change in behavior occurs gradually, with the person moving from being uninterested, unaware or unwilling to make a change (precontemplation), to considering a change (contemplation), to deciding and preparing to make a change. Genuine, determined action is then taken and, over time, attempts to maintain the new behavior occur. Relapses are almost inevitable and become part of the process of working toward life-long change.

How can we tell which stage of behavior change a person is at?

When talking to your friend or client you must adapt your 'message' to the stage he is at. You can check if he is aware of HIV and or if he thinks that he is at risk or not and why, if he is concerned about HIV/STI (precontemplation stage), if he is contemplating changing his behavior and whether he knows the different options to reduce risk (contemplation stage), if he has experimenting with using condoms or reducing partners or reducing anal sex in favor of other forms of sex, have had shared experience with close-friend (experimentation stage), or whether he has started to adopt safer behaviors more and more frequently (action stage). You can also inquire about relapses – how and why and where they occur, and discuss strategies to prevent this – or talk about maintaining safer behaviors in all circumstances (maintenance stage). See the table below for more info and tips.

CDC has developed a table to assess where your friend or client is in the behavior change process by using condom use as an indicator, as follows:

Pre-contemplation	Does not intend to start using condoms every time in the next 6 months
Contemplation	Intends to start using condoms every time in the next 30 days - 6 months
Preparation	Uses condoms sometimes or almost every time AND intends to start using condoms every time in the next 30 days
Action	Uses condoms every time he has sex AND has been using condoms every time for less than 6 months
Maintenance	Uses condoms every time he has sex AND has been using condoms every time for 6 months or longer

What is 'relapse'?

Relapse is if your friend or client goes back from a higher to a lower stage in the behavior change continuum. Most people have occasional relapses before the changed behavior becomes permanent.

How to help a person prevent relapse?

Try to talk about the circumstances in which relapse can occur. Often there are very clear 'warning signs' before unsafe sex happens. For example, your client / friend may have gone out without bringing condoms and lube along; he may have drunk too much and plan to go to the park; he may have assumed that the partner he was going to meet would have condoms. Discuss these warning signs and discuss how they can be anticipated in future; this will help your client / friend recognize this situation next time, and increase his options to reduce his risk. Different options for risk reduction might be discussed, giving him a choice.

You should also encourage your friends to share his experiences with safe sex with other friends this will encourage both the person who is changing his behavior and may also have an impact on nudging his social network towards behavior change.

Table 8.1 Stages of behavior change⁹

Stage	Thoughts and level of awareness and resolve of the client	What to say / advice a person in this stage
Pre-contemplation stage	Clients do not know about HIV and do not consider changing - they feel as if HIV has nothing to do with them	Focus on raising awareness and knowledge about HIV and STI and its spread in the community/groups, about the risk of transmission and the possibilities to prevent it, and on how this applies to them personally
Contemplation stage	Here clients are ambivalent about changing. Giving up an enjoyed behavior (i.e. sex without using condoms) causes them to feel a sense of loss despite the perceived gain of more safety and avoidance of disease or death. During this stage, patients assess barriers (e.g. time, expense, hassle, fear, 'I know I need to, but ...') as well as the benefits of change. They may not yet relate the threat of HIV/STI to himself.	Help them clarify that the benefits of change will eventually be bigger than the disadvantages; focus on the peace of mind that comes with knowing that one is 'safe' - it is important to talk about persons close to us who may have HIV or know people with HIV personally, to bring the issue closer to the person in the contemplation stage. Of course, we should retain our principle of confidentiality (Unit 1).
Preparation stage	Client prepares to make a specific change; he may experiment with small changes in their behavior, as their determination to change increases. For example, by trying out a condom in anal sex with a particular person shows that this person is contemplating making a change towards consistent condom use.	Encourage the experimentation by stressing the benefits of the new behavior. He may need ideas about how to discuss using condoms with his partner/s, how to deal with resistance on behalf of his partners, what arguments to use with him in case he refuses, et cetera. He himself may also need encouragement and praise if the initial experiences with safer sex have occurred.
Action stage	Client adopts the safer behavior they have been contemplating and preparing for.	You should encourage his decision to change his behavior by praising the changes he is making, and reiterating the benefits of these changes. You can give examples of these benefits and share your own experiences when you changed your own behavior. If he relapses - i.e. has unsafe sex - ensure that he understands that this does not necessarily mean that he has 'lost the battle'; encourage him, saying that relapses are part of the process, and that these will disappear over time.
Maintenance stage	Incorporating the new behavior 'over the long haul.' Discouragement over occasional 'slips' may halt the change process and result in the client giving up.	You should congratulate him, and encourage him to continue. Give him advice on how to make the changes 'stick': warn him about relapse by giving him strategic advice to avoid situations in which relapse can occur - for example, warn him against becoming drunk or using drugs, which is known to cause relapse in individuals who would under normal circumstances have only safe sex.

⁹See Zimmermann et al (2000) at <http://www.aafp.org/aafp/20000301/1409.html>

POSITIVE PREVENTION 9

Unit 9: Positive prevention

What is positive prevention?

The term 'positive prevention' is used to describe HIV prevention for HIV-positive people, or in sero-discordant couples (i.e. in which one person is positive and the other is negative). Sometimes it is called 'secondary prevention'. It has three aims:

1. To ensure that the HIV-positive person does not transmit HIV and STI to others
2. To ensure that HIV-positive people remain healthy over time
3. To ensure that HIV-positive persons do not become re-infected with HIV and not infected by other STIs

Why is prevention for positives important? What does it matter if the other person already has HIV?¹⁰

Prevention for positives helps people living with HIV to avoid becoming infected with other illnesses (co-infections), especially STIs, which may put a strain on their immune system, especially if it is weakened because of HIV. In addition, HIV-positive people can get infected with other strains of HIV that may be different from the strain they already have. Certain 'mutations' (genetic changes) in HIV can make it resistant to some HIV medications. These drug-resistance mutations can be transmitted from one HIV-positive person to another.

You should definitely use condoms if you are HIV-positive and have a partner who is HIV-negative, or who does not know his or her HIV status.

¹⁰Much of this unit was adapted from

<http://www.thebody.com/content/treat/art16794.html>

Why does this matter?

Because some HIV treatments might not work for newly infected people because they caught a new 'mutation' of HIV. Prevention for people who are HIV-positive is very important to slow the spread of new HIV infections.

Is prevention for positives only about sexual behavior?

Not at all. Positive prevention encompasses several strategies aimed to increase self-esteem and confidence of HIV-positive people to protect their and their community's health by adopting a lifestyle aimed at prolonging their life and at reducing HIV transmission.

HIV-positive individuals should practice general prevention for all illnesses including chronic (long-lasting) diseases, such as diabetes and hypertension, and acute (lasting for a short time) illnesses such as the flu or chicken pox—just like HIV-negative people. People with HIV must be aware that public health messages related to any disease are extra important for them because their weaker immune system makes them more susceptible to catch 'common' diseases than people with normally functioning immune systems.

Regular STI check-ups are also strongly recommended since STI infection can make their immune system weaker as well.

Furthermore, positive prevention includes risk reduction counseling through individual and/or group counseling could help HIV-positive persons to assess their risks and to take steps in reducing their risks of (re-) infection and transmitting HIV to others.

For HIV-positive people who have an HIV negative partner, positive prevention includes counseling to prevent transmission of HIV and support for disclosure to the partner and/or the family. Family planning and reproductive health services are also important for positive MSM who are married or living with a long-term female partner. Referral to services to prevent transmission from mother to child should be provided to those who have a female partner who is pregnant.

Positive prevention also includes efforts to increase self-esteem, improve treatment adherence, gain skills to share emotions and knowledge, for example in support groups.

Finally, positive prevention includes referral to STI, ART, counseling, testing and medical services, as well as to social and legal services, where available.

What behaviors should an HIV-positive person NOT engage in?

Like HIV-negative people, HIV-positive + people should not have unprotected, penetrative (oral, anal, or vaginal) sex with another person. This includes fisting or fingering. In addition, several scientific studies (among heterosexual men) have shown that men who are uncircumcised can get HIV easier than men who are circumcised. This is because the foreskin provides additional access for HIV to enter the body. Therefore, HIV-positive men who are uncircumcised and are the insertive partner should be extra careful during sex, using protection to prevent re-infection with HIV.

HIV-positive people who use recreational drugs should not share drug-equipment (e.g. needles, crack pipes, cocaine straws, etc.) with other people. Shared drug equipment can contain even small amounts of blood from other individuals that may contain hepatitis B, hepatitis C, or HIV. (IMPORTANT: HIV positive and HIV negative people should get tattoos only from individuals or businesses using a clean needle AND a clean ink pot AND fresh ink).

How can an HIV-positive make sex *safer*?

Sexual contact with another person can be made safer in the following ways:

1. Anal and vaginal sex – correctly using a latex condom with a water-based lubricant and using a new condom with each new partner and with each new act of oral, anal or vaginal sex.
2. Oral sex – using a dental dam (see Unit 7) for oral sex on a woman or oral to anal sex. Use an intact male condom for oral sex on a man's penis.
3. Other penetrative sex (fisting or fingering)-Using a latex glove and, if necessary, a water-based lubricant.
4. Sex toys – cleaning sex toys with soap and water after each person uses them.

Research studies have shown that viral load plays a part in how likely a person will transmit HIV to someone else through sex. An HIV-positive person can therefore reduce transmission risk by keeping his viral load as low as possible through the consistent use of HIV medications under regular medical monitoring.

Other research studies have shown that the viral load found in the blood is often different from the viral load in sperm and vaginal fluids. Often, the latter is higher. Therefore, it is still important that a person with HIV always practice safe sex with his or her partner(s). Low or 'undetectable' viral load (measured in blood!) is just another layer of protecting sexual partners by reducing risk of transmission.

What are barriers to prevention for HIV-positive people?

The following are major barriers to preventing HIV transmission (i.e. re-infection or transmission to others) for HIV-positive people:

First, disclosure (telling others about HIV status) is a major barrier for prevention among HIV-positive people. They can prepare themselves to disclose to others by practicing (by themselves or with a friend) how to tell others that they have HIV. People can also get ideas how to disclose from counselors, support groups, and health care providers (see Annex 1).

Second, access to condoms/dental dams/lubricants can be problematic. Condoms may be difficult for individuals to find in the 'heat of the moment' so ALWAYS BE PREPARED by having condoms with you at all times.

What if my HIV-negative partner is accidentally exposed to my HIV?

In 2005, the US Centers for Disease Control and Prevention (CDC) recommended that 'post-exposure prophylaxis' or PEP be offered to individuals who have been accidentally exposed to HIV in non-work-related situations. (PEP for work-related exposures, such as a needle-stick injury in a healthcare worker, has been already recommended for several years).

PEP is simply HIV therapy taken by an HIV-negative person who has been exposed to HIV. If taken soon enough, PEP may prevent that person from getting HIV. PEP requires that a person start taking HIV medications within 72 hours (3 days) after the possible exposure to HIV. PEP therapy should always be prescribed and closely monitored by health care professionals. Do not start PEP by yourself! A person on PEP must take 2 or 3 HIV medications for at least 1 month. These HIV medications often have side effects that might make it difficult to continue therapy. However, a person should always check with his or her healthcare provider before starting or stopping PEP therapy.

To get PEP, it is probably easiest for a person to visit his or her local emergency center, however some clinics or healthcare providers are now also offering PEP. It may not be available in all cities or countries in the region.

If I am on antiretroviral treatment, can I stop to use condoms?

No. Despite the fact that the treatment may make your body so healthy that it becomes difficult or impossible to detect HIV in your blood, HIV is still there - and you can still infect others with HIV. Therefore you should continue using condoms with all sex partners. Condoms will also provide protection against other STIs, which HIV-positive people are more at risk of contracting and which could weaken your immune system.

Social support for people living with HIV

People with HIV have been found to benefit from social and psychological support, where these were available. Not all places have social support services for people with HIV, let alone for men who have sex with men. Look at Annex 1 to see what services are available in your country or city.

HIV-positive people often benefit from small group discussions and skills building exercises combined with individual level counseling and support combined with health care provider - delivered prevention messages - in other words, three 'directions' for behavior change which reinforce each other.

SEXUALITY AND SEXUAL IDENTITIES

10

Unit 10: Sexuality and sexual identities

What is sexuality?

'Sexuality' is the expression of sexual desire between human beings. It can include sexual acts, sexual identities, sexual meanings, norms and values related to sex, and sexual relationships.

What is sexual orientation?

Sexual orientation refers to the direction of your sexual attraction or desire. This refers to the type of sex and the type of person that you are attracted to. The most commonly understood sexual orientations are heterosexuality (being attracted to members of the opposite sex), homosexuality (being attracted to members of the same sex) and bisexuality (being attracted to members of either sex).

What is sexual identity?

If people relate their sexuality to 'who they are' rather than to 'what they do', they may adopt a label that describes their identity linked to their sexuality. Examples may include calling yourself a homosexual, heterosexual or bisexual. Many cultures and societies have special words to describe sexual identities, for example

(INSERT country-specific examples in the table below).

Word / term:	Description:	Remark:

Usually this self-view is linked to a person's sexual orientation – in other words, a man who is attracted to women will call himself a 'real man' or 'straight' or 'heterosexual'. But sometimes a sexual identity is not related to a person's sexual behavior. For example, a 'gay' man who occasionally has sex with a woman may still call himself 'gay' or 'homosexual' because he himself or his friends may dislike the label 'bisexual'. Likewise many men who have sex with men prefer the 'straight' label because they feel less stigmatized by it, and can retain their status as 'real men'.

It is important to remember that our sexual identity (who we say we are), our sexual orientation (who we are sexually attracted to) and our sexual behavior (what we do sexually) can be quite different things!

What is my sexual identity?

That depends entirely on you! It is usually related to your sexual orientation, but not necessarily so.

What is heterosexuality?

Heterosexuality refers to sexual attraction or sexual activity between men and women.

What is homosexuality?

Homosexuality refers to sexual attraction or activity between men and men, or between women and women.

What is bisexuality?

Bisexuality refers to attraction to individuals of both sexes.

Is homosexuality unnatural?

No. Homosexuality has been part of all human societies, all continents and all cultures – evidence of this has been found that is thousands of years old. If homosexuality were uncommon or unnatural, there would not be so many of us! Homosexuality has also been reported between animals. It has been relatively recent that scientists started to realize that homosexuality is not a 'mental disorder' as some of them had thought before – the World Health Organization has now officially declassified homosexuality as such.



Figure 10.1 Chinese silk painting depicting homosexual behavior, 14th or 15th century.

How many men who have sex with men are there?

International organizations assume that between 3 and 5% of men between 15 and 49 years old have sex with other men regularly, and that up to 15% has experience with other men at least once in their lifetime, but not frequently¹¹. These figures have been confirmed for nearly all countries in the Mekong region. [RECOMMENDED to include figures from your own country here!] But the number of 'open' or self-identified men who have sex with men is much smaller – this partly depends on the level of stigma and/or openness that exists in different societies.

¹¹Caceres C, Konda K, Pecheny M, Chatterjee A, Lyerla R, Estimating the number of men who have sex with men in low and middle income countries. In STI, 62(Suppl III):iii3-iii9., 2004.

Why do some men have sex with men and others not?

It is not known exactly why some men like sex with men and others don't. It is partly caused by genes and by physical or mental characteristics that were given to us at birth. Some men like both men and women, and whether they become sexually active with men can partly depend on their environment and on the opportunity.

Some men are attracted to a particular sexual behavior - for example, they like to penetrate - and they do not care whether they penetrate a woman or another man. It depends on their mood and their desire, or on the situation. Some men have sex with men in all-male environments only, like jails, marine ships, fishery ships, boarding schools - because there are no women available there. Such men prefer women, but they do not have a girlfriend and no access to women, so they have sex with men instead. Some men do have sex with other men because they need money, and they can earn money doing so.

Some adolescent boys have sex with each other to learn about their bodies and their emerging sexual sensations: as soon as they are adults and/or gain access to women they may (or may not) stop having sex with other males.

Why do some men who have sex with men have sex with women too?

Some men who have sex with men prefer women, or they like both men and women. Some men are attracted to a particular sexual behavior - for example, they like to penetrate - and they do not care whether they penetrate a woman or another man. Some men who like other men want to have a family and get married - sometimes they are forced to, and therefore forced to have sex with women, due to family or social pressure.

Do homosexuals have a lack of male hormones?

No. Although many people believe in this, hormones in fact have nothing to do with sexual orientation or behavior. Hormone treatment will therefore not 'cure' homosexuality - it may, however, influence sexual appetite.

I am a man who likes sex with other men but I want to change. Can I be 'treated' or 'cured'?

Since homosexuality is not a disease, it can not be treated or cured. Homosexuality is part of the natural variety in human sexuality. You will need to learn to accept yourself as you are and live your life with it. However, some men who have sex with men also can have sexual desires for women, and manage to live a married life besides their sexual relations with other men. There are many ways to live with homosexuality – either in the open or in secret. Maybe it is possible to change your sexual practices (or stop having sex, for a while at least), but emotionally it is unlikely you can 'forget' about your desires for other men.

Many men who just find out about their feelings of homosexuality are initially shocked and they might hate themselves and blame themselves for these feelings. This period is one of great vulnerability to HIV, as men who dislike themselves are less likely to protect their health than men who feel comfortable with whom they are.

Can homosexuality be temporary?

Sometimes adolescent boys are attracted or in love with male friends – but once they grow older they start becoming attracted to women. So yes, homosexual orientation can be temporary, but this is more likely only at a young age (12-17 years old). If a person is sexually attracted to men after that age, it is not likely to change – however exceptions to this rule have been reported.

Are men who have sex with men bad people?

No. Men who love men are not better or worse than men who love women, just as men who love noodles are not better or worse than men who love rice. People should not be judged based on their sexual orientation or identity, as this is something they can not choose or change.

Why do so many people dislike men who have sex with men?

Men who have sex with men are often discriminated against by society, because they are different – and for many people, being different equals being strange or bad. People who are different are also often blamed for bad things – for example, for moral decay in society or for diseases like STIs and HIV. Some religious or political leaders see themselves as ‘defenders’ of morality – and they often take negative views of homosexuality.

▶ See *Unit 16 on stigma for more on this issue.*

Why is it important to feel good about yourself – and ‘shake off’ possible stigma and negative attitudes by society?

Being discriminated against or laughed at may lead some men who have sex with men to feel guilty, bad or dirty – they may have heard negative things about men who have sex with men since the time they were children. It is important to realize the health consequences of feeling bad about yourself. It is less likely that you will protect your health if you feel you don’t have any value. Therefore negative self-esteem and feelings of guilt are seen as important obstacles to behavior change, and it is important that religious leaders who express negative views about homosexuality are corrected.

Is homosexuality caused by karma?

Some people think so, and others disagree. It is important to realize the consequences of thinking of homosexuality as a 'punishment', however: it may lead people to have low self-esteem and this will make the process of behavior change more challenging, or even impossible in some cases. Homosexuality is common in nature, and it is caused by genetic, biological and possibly social factors only - not moral ones.

Is homosexuality caused by growing up around too many females?

Some people believe this, but there is no scientific evidence for it. Many men who have sex with men did NOT grow up around females and still ended up as men who have sex with men.

BASIC HEALTH
ISSUES FOR
TRANSEXUAL/
TRANSGENDERED
PEOPLE

11

Unit 11: Basic health issues for transsexual/transgendered people

What is transgenderism?

Transgenderism is a term describing the crossing of gender boundaries. This can be done by women and men, though predominantly men: part-time or full time, temporary or permanently, with or without use of cross-sex hormone and with or without sex change operation, and for a several reasons and motives.

What are gender dysphoria/transsexuality?

Most people are perfectly comfortable with the fact that we are male or female. In fact most people normally never give it a thought. But there are some people who feel they were born with (or inside) the wrong body - men who feel they should have been born women and vice versa. If they wish to adapt physically to the new sex as completely as possible, these people are considered to have a medical condition known as gender dysphoria (meaning discontent and discomfort), and are generally referred to as transsexual.

How many transsexual people are there?

This is not known. Because of the social stigma attached to being transsexual it is something that is often kept hidden. Some scientists have estimated that 1 in 12,000 men and 1 in 25,000 women are transsexual by nature, but not all of them will follow their desire to be different by 'crossing the gender divide' - this depends on the possibilities and opportunities for doing so in the environment where they live, and other factors.

What is a transvestite?

A transvestite is someone who enjoys or feels compelled to dress as the opposite sex – usually it is men dressing up as women. This could be because they would like to be women – but more often it is a temporary ‘role play’ that is usually but not necessarily sexually charged. Transvestites usually do not suffer from gender dysphoria.

What is the medical treatment for gender dysphoria?

The currently accepted and effective model of treatment for the condition of transsexuality uses hormone therapy and surgical reconstruction and may include counseling and other psychotherapeutic approaches. The male-to-female will take a course of female hormones (estrogens) similar to those used in the contraceptive pill and Hormone Replacement Therapy (HRT). Some men have access to speech therapy and facial surgery to make their appearance more feminine. Hairy men may undergo treatment to remove beard growth and other body hair. In all cases, the length and kind of treatment provided will depend on the individual needs of the patient and on whether the person has money for medical treatment / surgery.

How is gender dysphoria diagnosed?

Usually people with gender dysphoria have a clear picture of what their problem is and what the solution must be. In the western world, the diagnosis will be verified by a mental health professional – but there is no medical procedure or test for proving it. In many countries with few or no specialized health professionals, people will often start hormone treatment themselves and find a surgeon to perform the sex change at a later stage.

What are the effects of taking hormones/birth control pills?

Many transsexuals take hormones (including birth control pills) to become more feminine in appearance. Most patients experience noticeable changes within 2–3 months, with irreversible effects after 12 months.

The main effects of feminizing hormones are as follows:

1. Fertility and 'male' sex drive drop rapidly, erections become infrequent or unobtainable and this may become permanent after a few months.
2. Breasts develop, the nipples expand and the areolae darken to some extent, but typical final breast size is usually somewhat smaller than that of close female relatives and thus some will seek a surgical breast augmentation.
3. Body and facial fat is redistributed. The face becomes more typically feminine, with fuller cheeks and less angularity. In the longer term, fat tends to migrate away from the waist and be re-deposited at the hips and buttocks, giving a more feminine figure.
4. Body hair growth often reduces and body hair may lighten in both texture and color. There is seldom any major effect on facial hair, although if the patient is undergoing electrolysis or laser treatment, hormone treatment does noticeably reduce the strength and amount of re-growth. Scalp hair often improves in texture and thickness, and male pattern baldness generally stops progressing.

5. Some people report sensory and emotional changes: heightened senses of touch and smell are common, along with generally feeling more 'emotional'. Mood swings are common for a while following commencement of hormone therapy or any change in the regime.

See www.tsroadmap.com for more details.

WARNING – taking hormone treatment without proper medical supervision can be dangerous. Hormones affect many different parts of our body and bodily functions – some medical tests may be necessary to ensure that your body can handle the treatment well, or which types of treatment will work best for you. Always obtain advice from a trained specialist or medical doctor, if you have access to one.

What happens during gender surgery?

Many transsexuals will aim to undergo an operation to change their sex organs. The most frequent form of surgery for male to female patients is creation of a vagina (called 'neo-vagina') with a technique known as penile inversion. When carried out by a skilled and experienced gender surgeon the results look almost indistinguishable from the external genitals of a woman.

Of course, since a transsexual woman does not have ovaries and a womb, she is not able to conceive and does not have monthly periods. During the operation, tissue and skin from the penis and scrotum is relocated to form a vagina and clitoris. Following surgery the patient will need to keep the newly formed vagina from closing up by performing regular dilation. They normally should also not have sexual intercourse until two months after the operation.

What is the difference between transvestite and transsexual?

The differences are very distinct between a person who likes to cross dress and someone whose heart and brain are telling them they really belong to the opposite gender. A transvestite may just cross dress occasionally, or may enjoy dressing regularly either in the privacy of their own home or to socialize. Some live full time in female clothes, but they always retain their core identity of themselves as male and will not want to consider gender surgery. Although transsexual people are often very concerned about their dress and appearance, this is not the driving force behind their cross dressing. For the transsexual person clothes are an expression of their core female identity and many strive to blend in by studying how women of their age and background dress and learning how to tailor their appearance and mannerisms to attract as little attention as possible.

The above is a general guideline only.

Source of this unit: <http://www.gendertrust.org/MF/html/index1.htm> and Prof Dr Louis Gooren of the Free University in Amsterdam, Netherlands

SEXUAL
PRACTICES OF
MEN WHO HAVE
SEX WITH MEN

12

Unit 12: Sexual practices of men who have sex with men

Is sex between men who have sex with men always risky for HIV?

No. Of course, if two men have sex there is only risk for HIV transmission if one of the two partners is infected with HIV! The problem is that we never know for sure if someone has HIV or not (see Unit 2). Men who have sex with men can enjoy sex with each other in many different ways that do not involve penetration or ejaculation inside the partner's body – hugging, body rubbing and erotic massage, kissing, licking and thigh sex are examples.

If men have penetrative sex with other men, this can also be safe if they use condoms and water-based lubricants consistently.

Which sexual behaviors are no risk/ low risk/ high risk?

In the table below, a wide range of sexual behaviors are mentioned, and the possibility of HIV transmission is defined as 'no risk' for HIV transmission (safe sex), 'low risk' (a very small chance for HIV transmission), and 'high risk' (the highest chance for HIV transmission).

As well as always promoting condoms to make penetrative sex safer, as a peer / outreach worker, you should also discuss the possibility of avoiding high risk (especially anal) sex and trying out other, less risky sexual acts. The table below may help you think of suggestions to make during your work.

What is genital enhancement and what are its risks?

Some men try to enhance their or their partner's sexual pleasure by changing the shape, size or 'hardness' of their penis. They may have pearls, polished glass or other objects inserted into the foreskin or shaft of their penis, just under the skin. Some inject silicone, penicillin or some type of oil (such as olive oil) in the penis, which sometimes has very serious medical consequences. Some people also use type of 'modified' condoms that are not authorized for sale, e.g. hairy condoms or condoms with plastic pieces embedded in them. These condoms are dangerous for both partners since the condom is not effective to prevent HIV or STIs. It can cause irritations or lesions to the inner surface of the rectum or vagina that ease the transmission of HIV to the receptive partner.

If your friend or client is contemplating doing this, you should warn him about the negative consequences this can have for him and his sexual partner(s). There are many unauthorized so-called 'doctors' who do this kind of operation, often under poor hygienic conditions and using unauthorized methodologies. Some men have lost their ability to have erections as a result, or have developed other complications, including 'dying' of the skin or parts of the penis, or cancer.

You should therefore promote only condoms that are approved for use by health authorities.

Does circumcision protect against HIV?

Studies in Africa have proven that among heterosexual men having vaginal sex with women, circumcised men had a much lower risk to get HIV from an infected woman compared to those who are uncircumcised. This is because the inner surface of the foreskin of the penis provides an opportunity for access for the HIV virus – after it has been removed, it means less opportunity for the HIV virus to access the body of a man through the penis. Logically, there is no beneficial protective effect of circumcision for the receiving partner. Since there is still a risk for HIV transmission, circumcised men, like those who are uncircumcised, must therefore continue to use condoms: no evidence for the protective effect of circumcision in anal sex exists yet.

Is group sex more risky than sex with only one partner?

In principle, the more partners one has, the more risk for HIV infection there is: and this is true whether one has a different partner per week or two people at the same time every two weeks. However, if having sex with 2 or more partners at the same time, it is important to note that the inserting partner can transfer HIV-infected body fluids from the rectum of one partner to the rectum of another partner if he uses the same condom. STIs can be transmitted in this way, too! The golden rule is that everyone should always take the same basic precautions for safe sex no matter the sexual encounter context: always use a new condom with each different partner when engaging in anal sex.

Table 12.1 Sexual practices and levels of risk for HIV transmission

PRACTICE	RISK	NOTES
Abstinence	No risk	
Masturbation	No risk	
Unshared sex toys	No risk	If there is no exchange of bodily fluids between different users.
Phone sex	No risk	
Cyber / webcam sex	No risk	
Hugging	No risk	
Massaging each other	No risk	If people are unclothed, they should first check that they have no sores, cuts or parasites on their bodies.
Telling each other sexual fantasies	No risk	
Watching pornographic movies	No risk	
Rubbing genitals together fully clothed	No risk	
Rubbing genitals together without penetration, unclothed	No risk	Provided there are no lesions on the genitals and no exchanges of body fluids.
Manual sexual stimulation of the genitals	No risk	Provided that basic hygiene is ensured and if there are no cuts or broken skin on the hands and no contact with semen.
Mutual masturbation	No risk	There is no risk if there are no cuts or broken skin on the hands and if there is no contact with semen.
Sharing sex toys that have been cleaned, or using sex toys with a new condom	No risk	Clean sex toys with soap and water after each use. It is even better if you use a condom on the sex toy, and remove it after use.
Rubbing sweaty bodies together	No risk	No HIV transmission risk, although some STIs (e.g. herpes) can be transmitted through contact with skin not covered by a barrier if there are lesions.
Biting as part of sexual play	No risk	It is no risk if there are no lesions/open sores/cuts in the mouth and provided that the biting does not cause the person to bleed.
Deep (tongue) kissing	No risk	There is no risk if there are no sores or cuts in the mouth, or bleeding gums. Also no risk due to saliva itself.
Oral sex on a man with a condom	No risk	If the condom is used correctly there is no risk. Some STIs can be transmitted through contact with skin not covered with a barrier. Risk also depends on dental and oral hygiene.
Oral sex on a man without a condom	Low risk	HIV and STIs can be transmitted through oral sex however risk for HIV infection is lower than that of anal or vaginal sex. Safer if no ejaculation in mouth.
Fingering or fisting	Low risk	Provided that basic hygiene is ensured and if there are no cuts or broken skin on the hands and no contact with semen or blood. (Fisting has a much greater chance of tearing rectal tissues)
Anal sex with a condom	Low risk	The risk of condom breakage is greater than for vaginal sex. Safer if water-based lubricant is also used. Some STIs can be transmitted through contact with skin not covered by a barrier.

PRACTICE	RISK	NOTES
Anal sex with multiple partners; condom use every time	Medium risk	Multiple partners increases probable risk; however correct and consistent condom use lowers risk. Some STIs can be transmitted through contact with skin not covered by a barrier, and therefore sex with multiple partners increases STI risk.
Licking the anus	Medium risk	HIV and STIs can be transmitted through oral sex but the risk is lower than for penetrative sex. You can get parasites too, which can be particularly unhealthy for HIV infected people. If you use a dental dam, there is no risk.
Withdrawal of the penis before ejaculating while having anal sex without a condom	Medium risk/ high risk	HIV can be present in pre-ejaculate, and therefore risk of transmission is high. Withdrawal may slightly reduce the risk for HIV transmission, but is unlikely to reduce the risk of other STIs.
Anal sex without a condom	High risk	One of the highest risk activities. The receptive partner is at greatest risk because the tissue lining of the rectum is more susceptible to tears or lesions during intercourse. Risk increases if a person has unsafe sex with many partners.
Sex with a circumcised man without a condom	High risk	There is evidence that circumcised men are at reduced risk for getting STIs and HIV because the absence of foreskin prevents bodily fluids from becoming trapped and exposure to infection is decreased. However, this does not mean that male circumcision prevents STI/HIV transmission nor does it mean that infected circumcised men are less likely to transmit infection to their sexual partners. Both circumcised and uncircumcised men need to use condoms and practice safer sexual behaviors.
Anal/vaginal intercourse using oil-based lubricants and condoms	High risk	Oil-based lubricants can seriously damage condoms and increase the likelihood of condom breakage during intercourse.
Using the same condom twice	High risk	Condoms should not be re-used, as re-use is not hygienic and increases the likelihood of breakages and slippage.
Using more than one condom at the same time	High risk	Using more than one condom increases the likelihood that the condoms will break or slip off during sex.

Adapted from FHI Vietnam MSM Outreach Training Manual

DEALING WITH LOVE,
SEX AND
FRIENDSHIP

13

Unit 13: Dealing with love, sex and friendship

Why do many men who have sex with men have many sex partners?

Many societies hold the view that men find monogamy difficult to achieve, irrespective of whether the men are hetero or homosexual, and that homosexual men are less monogamous than other men. This view may be more due to levels of unacceptability of same-sex relations present in society, and the societal limitations this imposes on those men to commit to one male sex partner.

Whilst not all men who have sex with men have more sex partners than other men, many do - including (perhaps especially) those that you are likely to meet during your work at cruising venues.

There are several reasons for men who have sex with men to be more sexually active than heterosexual (married) men, or than women. First, biologically men may have a stronger sex drive than women, and men may be more likely to aim for more sex partners than women. Many men reduce their sexual exploits after they find a wife - but for men who have sex with men this is not an issue - many of them continue to have many partners throughout life. For some men, this lifestyle is part of their 'sexual liberation', an answer to their previously (or sometimes continued) repressed sexuality. Social support or finding activities that use energy in other ways (sports, for instance) may help people who want to reduce their sexual activity level.

Some men agree that they should limit their sexual exploits, but they may not see sex with a man as 'real sex' but just as 'play' and therefore they may not feel they should restrain themselves when it comes to sex with men.

Sex between men often happens in secret and is therefore hidden from society – therefore, social control to limit a man's sexuality (which would control married men) is avoided this way.

Why do so few men who have sex with men have long-term relationships, like men and women do?

First of all, some men who have sex with men do have long-term relationships with one other man, just like heterosexual couples. However, for many other men who have sex with men this is not the case, as there are many factors at play here.

Many societies do not allow same-sex couples to live their relationship openly, or to openly build a life together. In some places, such a life is illegal or prohibited. In such circumstances, it is difficult for many same-sex sexual relationships between men to be long-lasting.

Related to this is the fact that often relationships between two men are not taken seriously or even respected by friends or by family or by society, so that these men do not receive encouragement to maintain their relationship when they experience problems, the way heterosexual relationships might.

An effect of this can be that some men who have sex with men may be afraid or may not take their relationships seriously – thinking these relationships are not as valuable as those between men and women.

Especially the male partners of transgenders often see these relationships as temporary and aimed at fulfilling sexual desire, not as a long-term commitment. This has partly to do with the fact that transgenders can not have children: the desire to have children is often a reason for men and women to marry and to stay together, which is a factor that is lacking for male – male relationships in many places.

Should men who have sex with men be allowed to get married?

There is no 'true' or 'false' answer to this question – it depends on each individual whether you agree or not.

Some people believe marriage would make relationships between men more stable, more official, more accepted and therefore more sustainable, and for that reason they argue men should be allowed to marry each other. There are also other reasons – for example, married couples have advantages in terms of pensions, insurance and tax benefits that single people, or unmarried couples, do not have.

Other people believe that marriage should be between a man and a woman only, partly because marriage is often used as a means for procreation and raising children.

Can men who have sex with men be good parents?

In the US and Europe, gay and lesbian parenting enjoys broad support from medical experts. The American Psychological Association states: *‘There is no scientific evidence that parenting effectiveness is related to parental sexual orientation: lesbian and gay parents are as likely as heterosexual parents to provide supportive and healthy environments for their children,’* and that *‘research has shown that the adjustment, development, and psychological well-being of children is unrelated to parental sexual orientation and that the children of lesbian and gay parents are as likely as those of heterosexual parents to flourish.’*

Are the children of homosexual partners more likely to be or become homosexual?

Extensive scientific research has proven that children of same-sex partners are not more likely to become homosexual, as is sometimes believed¹².

How can men who have sex with men become parents?

Many men who have sex with men would like to have children. Common methods to become a parent are adoption, donor insemination, foster parenting, and surrogacy.

Another possible way is to become a sperm donor for a heterosexual couple or a single woman, and arrange for a role in bringing up the child, or to find a lesbian friend who wishes to have and jointly raise children. It is important to think about such arrangements long and hard, and to make very clear agreements between the future father and mother, taking all future scenarios into consideration.

¹²Paige, R. U. (2005). Proceedings of the American Psychological Association, Incorporated, for the legislative year 2004. Minutes of the meeting of the Council of Representatives July 28 & 30, 2004, Honolulu, HI. Retrieved November 18, 2004, from the World Wide Web <http://www.apa.org/governance/>, published in Volume 60, Issue Number 5 of the American Psychologist.

Why are friendships so important for many men who have sex with men?

Friendships are important for all of us, regardless of our sexuality.

However, many men who have sex with men – especially those who are more or less openly ‘gay’ – often have little social support from their families, and therefore rely heavily on their friends for many things, including social and financial and emotional support.

I have a boyfriend. Should I be monogamous now?

This depends on your situation. You should discuss this together. Does he want to be monogamous? Do you want to? You should make clear rules for your relationship, and be open with each other about this. There are many possibilities that can be included here, and each couple must decide and agree what is best for their relationship. Some people agree that they will remain monogamous. Others agree that they can have only anal sex between the two of them, and that they can have non-anal sex with others. It is important that you agree on what the two of you mean by ‘sex’ – does it include oral sex? Masturbation?

What is an open relationship?

Some people choose for an open relationship, meaning that both partners can have sex with others. The idea is that 'sex is sex, love is love' – or that having sex with others does not have relevance for the love relationship between you and your boyfriend. But in practice it may happen, of course, that a sex partner becomes a person whom you love, or who loves you, and this could create problems with your boyfriend: also, having sex with others may lead to jealousy and 'competition' between the two of you. On the other hand, sometimes by giving each other liberty sexually, a relationship may last longer than would otherwise be the case.

Also, people in an open relationship usually continue to use condoms with each other, whereas people in a monogamous relationship often stop using condoms – this can create situations of risk if one or both of the partners continues (secretly) to have (unprotected) sex outside their relationship.

There is no single suggestion for whether a relationship should be open or not. It depends on the persons involved, what they want and expect from each other, and from life.

Can a straight man have a healthy, long-lasting relationship with a transgender?

There have been examples of 'marriages' of transgenders with 'straight' men. However, often at least one of the objectives of a heterosexual marriage is to have children – that is why many men do not consider transgender women to be serious marriage candidates, unless they agree on adoption or another way to have and raise children, or unless both partners are not interested in starting a family.

I can not be monogamous, but I love my boyfriend. What should I say to him?

You should be honest about this to yourself and to your boyfriend too. You should talk about what you like and what you need, and if 'sex outside your relationship' is something you can not do without, you should discuss with your boyfriend and find a way forward that is good for him and for you too. See under Open Relationship above.

I have a boyfriend now. I love him so much. Can I stop using condoms now?

You can only stop using condoms if you both tested HIV-negative twice covering the past 3 months window period and have not exposed yourself to HIV risk in this period. You also need to have a clear agreement among yourself to be absolutely honest to each other, in case one of you has unprotected sex with somebody else. Some people find it so difficult to be honest that they prefer to keep using condoms within their relationship.

My boyfriend has cheated on me! What should I do?

Maybe you feel upset or angry. Wait till you are calmer and then you should talk to him about it. Find out why he cheated on you. Is he in love with somebody else? Perhaps it was just something that happened to him, because he was drunk or confused, or maybe he was seduced. Maybe he feels bad about it too. Or perhaps the two of you have been in a monogamous relationship for a long time, and your partner may want to have an open relationship now.

When can love relationships be a risk for HIV and STI?

Some men who have sex with men have boyfriends who are much older or much richer or more powerful than themselves. This may lead them to feel much junior, weaker and less in control of themselves. They may enjoy 'being taken care of' by a strong and caring boyfriend. However, this often leads these often young men who have sex with men to leave decisions about safer sex and condom use entirely to their partner. This is something peer educators and outreach workers should warn their friends or clients about. Deciding to stop using condoms should never happen without discussion or mutual agreement, let alone without prior HIV testing.

DEALING
WITH THE FAMILY,
MARRIAGE,
GIRLFRIENDS, ETC **14**

Unit 14: Dealing with the family, marriage, girlfriends, etc

Should I tell my parents that I am a man who has sex with men?

This is a personal choice. Some people decide to tell their parents, because they dislike the fact that their parents do not know: sometimes they want to prevent their parents from arranging marriage to a woman, or they are fed up with questions about 'when will you have a girlfriend' or 'when will you find a wife'...

Other people do not want to confront their parents, and are worried that the parents will be shocked, will be unable to accept it, or will even be hostile or violent when they find out. Many feel comfortable leading a double life – one of (presumed) heterosexuality in public, and a secret life as man who have sex with men .

The choice is up to you.

How can I tell my parents, siblings and friends?

1. Consider your exposure process as a circle – first there is only you in the circle of people who know – consider who you want to gradually add to this circle.
2. Practice first. Tell yourself the news that you want to expose in front of a mirror. Think about what you will say and how you will bring it. Think about what they may respond, and how you will react to it.
3. Go slow. Start with one person who you trust and / or who you can reasonably expect to be understanding and compassionate.
4. Consider a worst case scenario. What to do if you are thrown out of the house? Should you confide and / or prepare with a friend first?

5. Is there a telephone hotline where you can ask for advice?
6. Once you have confided in a sibling, you can discuss together if and how to tell your parents and / or other persons.
7. Choose a good time. If you want to give the person time to think about what you tell them, you may tell them during the morning and then leave - and come back in the afternoon to continue.
8. Be prepared for 'blaming' reactions or for shock reactions (crying, shouting, fainting) and understand that these have more to do with the news you bring than with you as a person!
9. To avoid these shock reactions - or if you do prefer not to witness them - it may be good to tell a loved one the news by letter. This will give them a chance to process the news you tell them by themselves, and not have a shock reaction that they may regret in the future: it will give them some time in private to get used to the idea.
10. Make sure that you can take care of yourself financially and emotionally before coming out to your family.
11. Give your family some time to realize and accept that their son is a man who has sex with men. This process may take a long time.

These tips for 'exposing yourself' - can also be useful to tell loved ones if you have HIV.

Providing education to parents on behalf of clients

If one of your friends or clients decides to tell his parents that he is a man who has sex with men, you may discuss with him whether it is a good idea for you as the peer/outreach worker or another friend to join him, to provide support and to possibly help explain to the parents about homosexuality – that it is not a disease, not a fashion, not a temporary thing, that it has nothing to do with the way you were raised, and that it is impossible to change.

How do I deal with the situation of being 'outed' or accidentally discovered as a man who has sex with men?

This is possibly one of the most painful things that can happen – if it is not you who tells people of your choice that you are a man who has sex with men, but if other people talk about it or 'betray' your secret, or worse, if an unsuspecting parent or a sibling enters a room without knocking, where you and your male lover are having sex. It is very difficult to give general advice on how to deal with this situation. The best way, probably, is to give it some time to 'cool off' and to think about how to proceed. Probably the person who discovered you is as shocked as you are, and may even decide to ignore what he/she just saw, at least for a while. If the situation becomes nasty or violent, perhaps you should find refuge at a good friend's place for a while, meanwhile talking to your parents or family by phone or mail.

I have a girlfriend, but I prefer men. Should I break up with her?

If you have a girlfriend because you feel this is what society expects from you or because this is what your parents want for you, you should consider whether you may cause grief and suffering to your girlfriend in the future – especially if you are unable to stop having sex with men.

Many men who have sex with men get married and manage to combine a sex life with men with a life as a family man. Some are happy doing so: others end up divorce with many problems, especially if they have children.

You should consider your options. Can you choose to remain single? Can you choose a male partner? Can I talk to her about my sexual orientation? Is it possible not to get married to a woman at all? Again, there is not a single 'best way forward' here.

My girlfriend or wife does not know I like men. Should I tell her? What should I do?

If you have unsafe sex with men, you might expose your girlfriend or your wife to STIs or HIV if you have sex with her. This is one reason why some men who have sex with men feel they have to tell their wife that they are unfaithful – they may not tell her that the extramarital partners are men rather than women, which is what your wife may assume.

If you always have safe sex with men, and if you feel your wife would be unhappy knowing that you are men who have sex with men, perhaps it is better not to tell her.

As with most questions in this section, these are individual choices, not 'one size fits all' recipes.

I want to have children, but I do not like women. What can I do?

Some men who have sex with men get married to a woman just because they want to have children. It may work - but in many cases, the urge of men who have sex with men to continue to have sex with other men can lead to tensions between the husband and the wife: if the wife finds out it often leads to divorce.

In some countries, men who have sex with men have been found to link up for marriage with lesbian women, who face the same problems. They establish a public 'family' with mother and father and children, while at the same time having a sex life outside the family.

Other men who have sex with men have adopted children and raised them as their own.

DEALING WITH **15**
ADDICTION

Unit 15: Dealing with addiction

What is addiction?

Addiction is a chronic or recurrent condition which can be caused by genetic, biological, pharmacological and social factors. Addiction is characterized by the compulsive use of substances or engagement in behaviors despite clear evidence to the user of their harmful effects, which could be disease or even death.

What types of addiction are problems among men who have sex with men?

In some countries men who have sex with men use heroin and other drugs; in some instances men sell sex in order to pay for their addiction. More common addictions among men who have sex with men are cigarettes and alcohol.

Some men who have sex with men are addicted to gambling.

Some men who have sex with men are compulsive sex addicts, who feel they can not sleep or eat until they have had sex with another man. Extreme cases of this addiction have been recorded, where men have 5 or more sex partners every day. The health dangers of this are obvious.

▶ See [Unit 8](#) for more information on behavior change

What does addiction have to do with HIV and STI?

Addicted people may not take decisions that are in the best interest of their own health. Therefore, a heroin addict who sells sex and is offered money in exchange for unprotected anal intercourse is usually much more likely to agree than a male sex worker who is not addicted. Also, outside the context of sex work, people who are a bit drunk tend to have poorer judgment when it comes to sex: when one gets drunk, everybody suddenly seems to be sexier and condom use all of a sudden is conveniently 'forgotten'.

Many men who have sex with men and who have unsafe sex in some settings do so under the influence of alcohol, for example in late night saunas or in parks, especially after having gone out to drink at entertainment venues.

How can I deal with addiction?

Professional counselors can help an addicted person deal with acknowledging, analyzing and rectifying addictive behaviors or habits. Most people who are addicted can be helped to reduce the impact of the addiction on their health, or to kick their addictive habit altogether. You may be able to refer clients with addictions to health providers: sometimes religious counselors may help, or techniques like acupuncture and meditation. For any addiction, it is key that the direct social network is mobilized to provide support in the period after quitting: if this is not done, relapse is common.

► See [Annex 1](#) for a list of providers of counseling to deal with addiction in your country

**TIPS FOR HANDLING
STIGMA AND
HARASSMENT
IN EVERYDAY LIFE**

16

Unit 16: Tips for handling stigma and harassment in everyday life

What is stigma?

Social stigma is social disapproval of personal characteristics or beliefs of a person or a group of persons that are considered to be against dominant cultural norms. Social stigma often leads to marginalization (Source: Wikipedia) – this means that people who are different from the mainstream are ‘pushed out’. It may mean that they have less access to education, health care, or that they live in the least desirable neighborhoods.

Examples of social stigmas include attitudes to physical or mental disabilities and disorders, as well as illegitimacy, homosexuality or affiliation with a specific nationality, religion or ethnicity. Likewise, criminality carries a strong social stigma.

In what forms does stigma exist?

Stigma comes in four forms:

1. Stigma based on ‘outside signs’ of disease or disability – such as being very thin or fat or having leprosy or being in a wheel chair. This can include people with AIDS who are showing symptoms of disease
2. Stigma based on personal traits or behaviors that are ‘undesirable’ in the eyes of the dominant culture – this includes criminals, sex workers, homosexuals, transgenders, and drug addicts.
3. Stigma based on membership in a certain group (this is also called ‘tribal stigma’, –i.e. based on race, nation, or religion that are different from the dominant race, nationality or religion.

4. Self-stigma – some people (from any of the three groups above) withdraw from 'mainstream life' due to the fact that they stigmatize themselves: they may expect a negative reaction from society about a particular characteristic, such as homosexuality, and withdraw in anticipation of that.

What forms of stigma do men who have sex with men face?

Stigma from outsiders against men who have sex with men comes in five forms:

1. Stigma due to their sexual orientation (i.e. 'you are bad because you are a man who has sex with other men')
2. Stigma due to their sexual behavior (i.e. 'you are bad because you have many sex partners – or you are bad because you have anal sex')
3. Stigma due to engagement in sex work (i.e. 'you are bad because you are a prostitute')
4. Stigma due to disease (i.e. 'you are bad because you have HIV or STIs')
5. Stigma due to social behavior or self presentation (i.e. 'you are bad because you over-act or over-react or you act too feminine')

Many men who have sex with men face more than one form of stigma!

Do men who have sex with men also stigmatize each other? How?

Yes, just as in many other social groups and populations, sometimes men who have sex with men stigmatize within their own group too. Forms of stigma include:

1. Stigma based on ethnicity
2. Stigma based on their rural background or religion or their (perceived) socioeconomic status
3. Stigma based on their (perceived) engagement in sex work
4. Stigma based on their (perceived) promiscuity
5. Stigma based on their HIV status
6. Stigma based on their identity (i.e. some transgenders are discriminated against by other men who have sex with men , and bisexuals may be discriminated against by both men who have sex with men and 'straight' people)
7. Stigma based on social behavior / 'over acting'

What is HIV-related stigma about?

Stigma is a set of ideas and beliefs that links a biological illness (HIV and AIDS) to negatively-defined behaviors or groups. For example, HIV is often linked with having many sex partners (also called 'promiscuity'), commercial sex or injecting drugs. In short, disease stigma is 'negative social baggage' associated with a disease.

To understand this better, try to think about the flu. Nobody is ashamed or worried to admit that he or she has flu – because there is no negative social baggage associated with it! If you could only get the flu by having oral sex, people would find it much more difficult to admit to having the flu.

How can stigma be reduced?

Because stigma is caused mostly by popular linkages of 'bad behavior' or to a disease, the best way to fight stigma is openness and reducing ignorance, making sure people can see HIV as part of their community, and not something that affects 'others'. Openness about HIV – think of the UNAIDS slogan 'Break the Silence' – will help people understand that there are many people with HIV who are not part of what they perceive as 'bad groups' or engaging in what they perceive as 'bad behaviors'.

Improving social awareness of the development, exploitation, marginalization and poverty related roots of HIV transmission will also help reduce stigmatizing attitudes among the population. Training of key people in a community – journalists, religious leaders, teachers, medical doctors – can help.

Stigma is also often rooted in fear for something unknown, beyond our control. Therefore improving knowledge about how HIV can be transmitted – and especially how it can NOT be transmitted – will reduce fear and therefore stigma and discrimination, especially of people with HIV.

What can we do to reduce stigma in our own environment?

At the community level, you could think about engaging the abbot of the temple, the village or district chief, the director of the secondary school or university, or other influential people in supporting more openness and awareness about HIV in the population. A popular medical doctor may be engaged in assuring people that homosexuality is not a disease or a disorder, but perfectly natural.

What can I do, at a personal level, when faced with stigma?

There are several strategies:

1. You can ignore it and carry on,
2. You can avoid further discussion by making a joke about it.
3. You can confide in a friend, a mentor or someone who gives you spiritual support
4. You can keep a diary and write down what you experience and how you feel about it
5. You can join a support group
6. You can confront it. Do this only if there is no danger to your physical health - i.e. don't get beaten up! You can confront by:
 - a. Giving facts to contradict what the person said
 - b. Appealing for understanding and compassion
 - c. You can discuss about what the person said
 - d. In some countries you can go to the police or take legal steps to protect yourself

How can I build my self-esteem?

We can change the way we feel about ourselves and develop confidence and self-esteem in the following ways:

1. Encourage people to praise us by praising them. Tell others what they have done well, the things we like about them, their strengths.
2. Give ourselves positive messages. Sometimes we say good things about ourselves and sometimes bad. Sometimes our conscience tells us we have done wrong. Sometimes we are too hard on ourselves.
3. We all make mistakes—that's how we learn. Learning is good; we don't need to feel bad every time we make a mistake.
4. Being good at something helps us gain confidence so focus on your strengths. Then when you are feeling bad, say to yourself, "Yes, but I'm very good at ..."¹³

¹³Adapted from: Gordon, Gill (1999) Choices: A Guide for Young People. Macmillan Education, MFEMFE, 1999. Page 29

ANNEX 1: A referral list to available health services

To be completed for each city where the manual is used.

ANNEX 2 – Overview of common STIs among men who have sex with men

GONORRHEA¹⁴



Picture taken from <http://www.uottawa.ca/health/information/sex-gonorrhoea-images.html>

What is gonorrhoea?

Gonorrhoea is an infection caused by a bacterium. Gonorrhoea can lead to infection of the penis, rectum, and throat. However, many people do not know they have gonorrhoea, because although they are infected, they do not have any symptoms.

How does someone get gonorrhoea?

Gonorrhoea is transmitted through unprotected sexual contact (vaginal, anal, or oral sex) with an infected person and also from mother-to-baby.

¹⁴The information below was taken and slightly adapted from the website <http://www.engenderhealth.org/wh/int/index.html>

What are some symptoms of gonorrhea?

Gonorrhea may affect the genitals, rectum, or throat. Many women and men with gonorrhea have no noticeable symptoms, especially with infection of the rectum or throat.

In men, symptoms of gonorrhea may include:

- Discharge from the penis
- Pain or burning with urination or increased frequency of urination
- Swollen and/or painful testicles
- Infection of the rectum can occur from having unprotected receptive anal sex. Although often there are no symptoms of rectal infection, they may include rectal discomfort, anal itching, pain, discharge, or bleeding.
- Infection of the throat can occur following unprotected oral-genital sex with an infected partner, resulting in a sore throat.

How can you protect yourself from getting gonorrhoea?

The chance of becoming infected with gonorrhoea can be reduced by avoiding risky sexual behaviors. To reduce your risk:

- Use latex or polyurethane condoms during sex
- Limit your number of sex partners and sexual acts
- If you have recently been treated or are being treated for gonorrhoea, you must make sure your sex partner(s) also receive treatment, to prevent getting infected again. Sex partners should receive treatment even if they do not have any symptoms.
- Don't share sex toys – if you do, cover them with a new condom every time you use them with different partners

Can infection with gonorrhoea lead to other health problems?

When left untreated, gonorrhoea can increase the risk of acquiring or transmitting HIV. In addition, gonorrhoea can enter the bloodstream, leading to an infection throughout the body, often causing pain and swelling in the joints.

In men, untreated gonorrhoea can affect the testicles, leading to swelling and pain. Related complications can lead to infertility.

How is gonorrhoea diagnosed?

A variety of laboratory tests can be used to diagnose gonorrhoea. Tests are done with either a urine sample or a sample obtained from a woman's cervix or a man's urethra, using a cotton swab. If rectal or throat infection is suspected, samples may also be taken from these sites.

Usually, these tests are not available in Asia and patients are treated syndromically for both gonorrhoea and chlamydia at the same time.

Is there a treatment or cure for gonorrhoea?

Gonorrhoea can be easily treated and cured with antibiotics. Many men 'self-treat' by buying antibiotics at a pharmacy. This is not recommended, and has resulted in Gonorrhoea becoming resistant to drugs in many places. Therefore you should see your doctor if you have Gonorrhoea – or any other STI – he will know the latest and most effective drugs to treat it. Because men and women infected with gonorrhoea often also have chlamydia, treatment for chlamydia is often provided as well. It is important to make sure your sex partner(s) also receive treatment, to prevent getting infected again. Avoid having sex while being treated, to reduce the chances of getting the infection again or transmitting it to someone else.

CHLAMYDIA

What is chlamydia?

Chlamydia trachomatis is a bacterium that can cause an STI. Chlamydial infection is common among young adults and teenagers. However, many people do not know that they have chlamydia, because although they are infected, they may not have any symptoms. About 75% of infected women and half of infected men have no symptoms of chlamydia.

How does someone get chlamydia?

Chlamydia is transmitted through unprotected sexual contact (primarily vaginal or anal) with an infected person and from mother-to-baby.

What are some symptoms of chlamydia?

About 75% of women and 50% of men with chlamydia have no symptoms of infection.

In men, symptoms of chlamydia may include:

- ① Discharge from the penis
- ② Burning with urination
- ③ Swollen and/or painful testicles



Picture taken from

<http://studentaffairs.case.edu/health/sexual/male/std/chlamydia.html>

How can you protect yourself from getting chlamydia?

The chance of becoming infected with chlamydia can be reduced by avoiding risky sexual behaviors.

To reduce your risk:

- ④ Use latex or polyurethane condoms during sex
- ④ Limit your number of sex partners or sexual acts
- ④ If you have recently been treated or are being treated for chlamydia infection, you must make sure your sex partner(s) also receives treatment in order to prevent getting infected again. Sex partners should receive treatment even if they do not have any symptoms.
- ④ Do not share sex toys, and if you do, cover it with a new condom for each sex partner

How is chlamydia diagnosed?

A variety of laboratory tests can be used to diagnose chlamydia infection. Tests are done with either a urine sample or a sample obtained from a woman's cervix or a man's urethra, using a cotton swab.

Usually, these tests are not available in Asia and patients are treated syndromically for both gonorrhea and chlamydia at the same time.

Is there a treatment or cure for chlamydia?

Chlamydia can be easily treated and cured with antibiotics. Because men and women infected with chlamydia often also have gonorrhea, treatment for gonorrhea is often provided as well. It is important to make sure your sex partner(s) also receive treatment, in order to prevent getting infected again. Avoid having sex while being treated, to reduce the chances of getting the infection again or transmitting it to someone else.

HUMAN PAPILOMAVIRUS

What is human papillomavirus?

Human papillomavirus (HPV) is a virus with more than 100 subtypes that can cause a range of disease that includes warts (or papillomas) and ano-genital cancer. Although some types of HPV cause common warts on hands and feet, genital HPVs are sexually transmitted and can cause warts in the genital and anal area of both men and women. HPV causes almost all cases of cervical cancer in women.

How does someone get human papillomavirus?

The virus is passed by direct contact during sex with a wart or skin that is infected with the virus and from mother-to-baby. It is possible to get the warts on hands and in the mouth through contact during foreplay or oral sex. About 50% of individuals who are infected with HPV never develop genital warts, but are still capable of transmitting the virus to others.



Picture taken from

http://uimc.discoveryhospital.com/shared/enc/img_html/GU-29.htm

What are some symptoms of human papillomavirus?

HPV may cause warts with many different characteristics. They may appear small or large, flat or raised, single or multiple; sometimes the warts may not even be visible. The most common places to notice warts are outside the vagina, on the penis, and around the anus. In women, HPV can lead to the development of warts inside the vagina and on the cervix as well. In about half of all cases, persons infected with HPV do not have any warts.

How can you protect yourself from getting human papillomavirus?

The chance of becoming infected with human papillomavirus can be reduced by avoiding risky sexual behaviors.

To reduce your risk:

- Using latex or polyurethane condoms during sex (this may help reduce the risk of transmission, but transmission may still occur if warts are on parts of the body not covered by the condom)
- Limiting your number of sex partners and sexual activities



Picture taken from

<http://www.genitalwartsreport.com/genital-warts-pictures.html>

How is human papillomavirus diagnosed?

Many people who have HPV infection show no obvious signs of infection. However, if warts are present, a doctor can diagnose HPV infection by their characteristic appearance and the history of how they developed. In women, to look for warts on the cervix or in the vagina, a doctor may use a colposcope, which is like a microscope. In addition, Pap smear results may be suggestive of HPV infection. There are now a number of tests that can detect high-risk sub-types of HPV but they are expensive. Cheaper versions are currently in development.

Is there a treatment or cure for human papillomavirus?

There is currently no cure for HPV infection. Once an individual is infected, he or she can carry the virus for life, even if genital warts are removed but many people can clear the virus from their body. Vaccines against HPV have now been developed but these are either unavailable and/or unaffordable in developing countries at this time.

If left untreated, some genital warts may regress. There are a number of effective treatments for removing genital warts. According the U.S. Centers for Disease Control and Prevention, none of the following treatments is better than the others, and more than one treatment may be needed to effectively remove warts. These include:

- Podofilox gel, which is a patient-applied treatment for external genital warts
- Imiquimod cream, which is a patient-applied treatment for external genital warts and perianal warts
- Chemical treatments (including trichloroacetic acid and podophyllin), which must be applied by a trained health care provider to destroy warts
- Cryotherapy, which uses liquid nitrogen to freeze off the warts
- Laser therapy, which uses a laser beam to destroy the warts
- Electrosurgery, which uses an electric current to burn off the warts
- Surgery, which can cut away the wart in one office visit
- Interferon, an antiviral drug, which can be injected directly into warts

Each of these treatments has advantages and disadvantages that you should discuss with your health care provider.

SYPHILIS



Syphilis of the penis in the primary stage.

Source: <http://www.phac-aspc.gc.ca/slm-maa/slides/syphilis/pages/jsos.html>

What is syphilis?

Syphilis is caused by a bacterium. It is a complex disease that causes various symptoms at different stages of infection. If left untreated, syphilis can have many serious complications. Fortunately, it is easy to treat once diagnosed.

How does someone get syphilis?

Syphilis is transmitted through unprotected sexual contact (vaginal, anal, or oral) with an infected person and from mother-to-baby. In particular, the syphilis bacterium is transmitted through direct contact with syphilis sores, which mainly occur in the genital area of both men and women (see below). Because the sores are usually painless, people may not know they are infected.

What are some symptoms of syphilis?

Primary or early symptoms: The first symptom of syphilis infection is usually a small painless sore (chancre) in the area of sexual contact (penis, vagina, anus, rectum, or mouth). The sore usually appears about 2–6 weeks after exposure and disappears within a few weeks.

Secondary symptoms: Shortly after the sore heals, a rash all over the body (including the palms of the hands and soles of the feet), swollen lymph nodes, fever, or tiredness may be noticed. These symptoms also disappear within a few weeks. Even though the initial symptoms of syphilis clear up on their own, the syphilis bacterium will remain in the body if not treated.

Latent syphilis: During the latent stage of syphilis, there are no symptoms, but the bacterium is still in the body.

Late syphilis: Many years after infection, syphilis can produce symptoms related to the severe damage that it can cause to the heart, brain and other organs of the body.

How can you protect yourself from getting syphilis?

The chance of becoming infected with syphilis can be reduced by avoiding risky sexual behaviors.

To reduce your risk:

- Use latex or polyurethane condoms during sex
- Limit the number of your sex partners and sexual activities
- If you have symptoms suggestive of syphilis or think you may have been exposed to it, you should seek medical attention immediately.

If you have recently been treated or are being treated for syphilis, you must make sure your sex partner(s) also receives treatment in order to prevent getting infected again. Sex partners should receive treatment even if they do not have any symptoms.

Can infection with syphilis lead to other health problems?

Syphilis is a very serious infection for both men and women. It spreads through the whole body. Without proper antibiotic treatment, the disease can cause heart disease, dementia, paralysis, and death. Infection with syphilis increases the risk for transmitting or acquiring HIV infection.

How is syphilis diagnosed?

Syphilis can be diagnosed in several ways. A sample from a syphilis sore can be examined under a special microscope. Usually syphilis is diagnosed with a simple blood test.

Is there a treatment or cure for syphilis?

Syphilis is treated and cured with the antibiotic penicillin. People who have had syphilis for less than one year can be cured with one dose of penicillin. For people who have had syphilis longer, more doses of penicillin are required.

It is important to make sure your sex partner(s) also receives treatment, in order to prevent getting infected again. Avoid having sex while being treated, to reduce the chances of getting the infection again or transmitting it to someone else.

Return for follow-up testing at three and six months after treatment for early syphilis, and at six and 12 months after treatment for secondary syphilis.

HERPES

What is herpes?

Herpes is a common, recurrent infection caused by the herpes simplex virus (HSV), of which there are two subtypes: HSV-1 and HSV-2. Both HSV-1 and HSV-2 can cause blisters and ulcers on the mouth, face and genitals, or around the anus. Once a person is infected with herpes, he or she remains infected for life. However, the virus often remains "latent" and does not cause symptoms for long periods of time.



Source: <http://www.phac-aspc.gc.ca/slm-maa/slides/hsv/pages/hv001.html>



Herpes 'cold sore' around the mouth.

Source: www.mic.ki.se/Diseases/C02.html

How does someone get herpes?

Herpes spreads through intimate skin contact with an infected individual and from mother-to-baby. Although the virus can be spread through contact with lesions or secretions, most transmission occurs from unrecognized lesions or asymptomatic shedding of the virus. Transmission of the virus can occur when the infected partner does not have an active outbreak of blisters,

ulcers, or other symptoms. Some individuals may never have any symptoms and may not know that they are infected with the herpes virus. However, they can still transmit the virus to others. Oral herpes (mostly caused by HSV-1) can be spread through kissing. Genital herpes (mostly caused by HSV-2) is transmitted through sexual contact (vaginal, anal, and oral). The virus (HSV-1 or HSV-2) can be transmitted from oral to genital regions and vice versa during oral sex.

What are some symptoms of herpes?

Many individuals infected with herpes never have any symptoms and do not know they are infected. The initial herpes infection may be accompanied by flu-like symptoms, such as fever, fatigue, headaches, muscle aches, and swollen glands (lymph nodes), in addition to blisters and ulcers on and around the genitals, thighs, buttocks, and anus or on the lips, mouth, throat, tongue, and gums. Lesions may also be found within the vagina and on the cervix. In the case of genital infection, there may also be pain and itching where the sore is located or burning with urination. These blisters eventually crust over, form a scab, and heal, usually within 1–3 weeks.

Once the initial infection has resolved, some people experience outbreaks of genital blisters, ulcers, or small sores, which can occur on the penis, vulva, anus, buttocks, and/or thighs. Itching and tingling in the genitals are often an early warning sign that an outbreak is soon to occur. The frequency and severity of outbreaks varies from one person to the next. Sores that occur during recurrent episodes generally last 3–7 days and are not as painful as those of the initial infection, and systemic symptoms are rare. However, some people may experience recurrent, painful genital ulcers. In addition, people with suppressed immune systems (e.g. with HIV disease) may experience severe, persistent ulcers.

How can you protect yourself from getting herpes?

The chance of becoming infected with herpes can be reduced by avoiding risky sexual behaviors.

To reduce your risk:

- Use latex or polyurethane condoms during sex. While this may help reduce the risk of transmission, transmission may still occur if herpes lesions are on parts of the body not covered by the condom.
- Limit the number of your sex partners and sexual activities.
- Avoid any sexual contact with a partner who has sores until the sores are completely healed.
- Avoid having sex just before or during a herpes episode, since the risk for transmission is highest at that time. If possible, encourage your partner to let you know at the first sign(s) of any recurrence so that you both can avoid sex then.
- If possible, ask any potential sexual partners if they have ever had a herpes episode, and encourage them to see a health care provider or clinic for more information—even if they do not have any symptoms.

What triggers a herpes episode?

Once infected HSV recurrent episodes of herpes symptoms can be triggered by a number of factors, including:

- Stress
- Sunlight
- Sickness or fever

Can infection with herpes lead to other health problems?

Although genital herpes usually causes mild symptoms, some people may experience recurrent painful genital ulcers, which can be especially severe in people with suppressed immune systems. As with other STIs, herpes may also increase the risk for transmitting or acquiring HIV infection.

How is herpes diagnosed?

Herpes can be diagnosed by testing a sample taken from an ulcer or blister. There is no readily available and useful diagnostic blood test for the virus, and there is no certain diagnosis for individuals who are asymptomatic.

Usually, these tests are not available in Asia and patients are treated syndromically for both gonorrhoea and chlamydia at the same time.

Is there a treatment or cure for herpes?

There is no cure for herpes. Once an individual is infected with herpes, he or she carries the virus in his or her body for life. Certain antiviral drugs and creams (such as acyclovir) may be used to decrease the severity of the symptoms, the duration of and the frequency of recurrences. Infected individuals can also avoid some of the known causes of recurrences. During an episode, symptomatic relief may be obtained by keeping the area clean and dry, taking pain relievers (such as aspirin, acetaminophen or paracetamol, or ibuprofen), and, for genital herpes, by taking baths (sitting in a tub with warm water covering the hips).

HEPATITIS B

What is hepatitis B?

Hepatitis B is a serious liver disease that is caused by the hepatitis B virus (HBV). It is extremely infectious and can be transmitted sexually or from contact with infected blood or body fluids and from mother-to-baby. Although HBV can infect people of all ages, young adults and adolescents are at greatest risk. HBV directly attacks the liver and can lead to severe illness (both as an acute illness and also a chronic long-term liver damage), and in some cases death. Although there is no cure for hepatitis B, there is a safe and effective vaccine that can prevent the infection.

How does someone get hepatitis B?

HBV is highly infectious and is spread through contact with the blood and other body fluids (including semen, vaginal secretions, and breast milk) of infected individuals. It can be transmitted through:

- Sexual contact (vaginal, anal, or oral) with an infected person
- Sharing needles, and other drug injecting paraphernalia
- Use of contaminated razors or tattooing needles
- Pregnancy and/or birth resulting in perinatal exposure (exposure of the baby to the virus)
- Occupational exposure to blood or other body fluids of an infected person (e.g. needle stick injuries)
- Hepatitis B can also be transmitted by other means, such as blood transfusion, intranasal cocaine use with shared straws, shared items such as toothbrushes, and use of unclean skin-cutting tools or surgical equipment.

Although it is rare, household transmission (transmission without recognized blood, sexual, or perinatal exposure) of hepatitis B has been documented, primarily among young children who live with family members who are hepatitis B carriers. It is believed that the virus is most likely transmitted by unrecognized exposure to mucous membranes or minor cuts in the skin.

Unlike hepatitis A, hepatitis B is not spread through food or water.

What are some symptoms of hepatitis B?

Many people with hepatitis B have no or only mild symptoms. However, some people experience flu-like symptoms or may develop jaundice (yellowing of the skin). Symptoms of hepatitis B include:

- Fatigue
- Nausea or vomiting
- Fever and chills
- Dark urine
- Light stools
- Yellowing of the eyes and skin (jaundice)
- Pain in the right side, which may radiate to the back

What are the risk factors for hepatitis B?

The primary risk factors for hepatitis B include:

- Engaging in unsafe sex, particularly unprotected receptive anal sex
- Having sex with more than one partner or with a partner who has or has had more than one partner or who uses or has used IV drugs
- Sharing needles, and injecting drug paraphernalia
- Recent history of STI
- Having a blood transfusion or treatment with infected blood products
- Getting a tattoo or piercing
- Having a job (such as a health care worker) that exposes one to blood or other body fluids
- Traveling or living in areas with high rates of HBV infection (including Southeast Asia)

How can you protect yourself from getting hepatitis B?

Although there is no cure for the HBV, there is a safe and effective vaccine that can prevent hepatitis B. This vaccine has been available since 1982 and is given in a series of three shots. It provides protection against hepatitis B in 90–95% of those vaccinated. Getting vaccinated is the best way to reduce your risk of getting hepatitis B. The vaccine is often given by means of injection which has to be repeated one and six months after the first shot. The vaccine protects for many years – after that, one can repeat it if needed.

It is recommended the vaccine be administered to:

- ➊ Individuals who engage in high-risk behaviors (including unprotected sex, sex with multiple partners, and sharing injecting equipment)
- ➋ All babies
- ➌ Adolescents
- ➍ Individuals who live with people infected with HBV
- ➎ Individuals who live in areas with high rates of HBV infection

In addition, other ways to reduce your risk include:

- ➏ Using latex or polyurethane condoms during sex (whenever there is a chance that a sex partner is susceptible to HBV, including unvaccinated or previously uninfected regular partners)
- ➐ Limiting your number of sex partners
- ➑ Avoiding sharing needles, and injecting drug paraphernalia
- ➒ Avoiding skin-piercing or tattoos
- ➓ Practicing universal precautions if you are a health care worker
- ➔ Using care when handling any items that may have HBV-infected blood on them (such as razors, toothbrushes, nail clippers, sanitary napkins, and tampons)

Can infection with hepatitis B lead to other health problems?

The majority of individuals have self-limited infections, experience complete resolution, and develop protective levels of antibodies. A small number of individuals (5–10%) are unable to clear the infection and become chronic carriers. Of the chronic carriers, 10–30% will develop chronic liver disease or cirrhosis. In addition, chronic carriers can infect others throughout their lives, and their risk for developing liver cancer is 200 times higher.

How is hepatitis B diagnosed?

Hepatitis B can be diagnosed by blood tests. Routine blood work, which includes testing for liver function, may indicate infection. In addition, a specific blood test for the virus can give a definitive diagnosis of hepatitis B.

Is there a treatment or cure for hepatitis B?

There is no specific treatment or cure for acute hepatitis B, and no drugs have been shown to alter the course of infection once someone becomes ill. However, for individuals with chronic hepatitis B, interferon therapy may help. In addition, in late 1998, the U.S. Food and Drug Administration approved the use of lamivudine, an oral antiviral drug, for the treatment of chronic hepatitis B infection. Sometimes, liver transplantation is necessary for severe cases.

Symptoms of hepatitis B can be treated. For example, restricting fat consumption and drinking clear liquids can help relieve symptoms such as nausea, vomiting, and diarrhea. In addition, it is recommended that individuals with hepatitis B:

- Get plenty of rest
- Drink plenty of fluids
- Eat a high-protein diet to repair damaged cells
- Eat a high-carbohydrate diet to protect the liver
- Avoid alcohol

Keep in mind that HBV can be transmitted to others via sex or contact with items that are contaminated with blood (such as razors, toothbrushes, nail clippers, sanitary napkins, and tampons). Remember that most infections are self-limiting and that the virus is cleared from the body. A blood test can confirm if the virus has been cleared from one's body.

SCABIES¹⁵

What is scabies?

Scabies is caused by a mite (a tiny insect). The female mite tunnels into the skin and lays eggs. The eggs hatch into mites after a few days, causing itch and a rash.



¹⁵Text slightly adapted from

<http://www.leeds.ac.uk/lsmp/healthadvice/scabies/scabies.html>

How do you get scabies?

You need close skin-to-skin contact with an infected person to catch scabies. The mites live in skin but die after a short time if they are away from the skin. Most cases are probably caught from holding hands with an infected person. The hand is the most common site to be first affected. Sleeping in the same bed and sexual contact are other common ways of passing on the mite.

What are the symptoms of scabies?

Itch is often severe. Itchy skin tends to be in one area at first (often the hands), and then spreads to other parts of the body. The itch tends to be worse at night and after a hot bath. A rash usually appears soon after the itch starts. It is typically a blotchy red rash that can appear anywhere on the body. It is often most obvious on the inside of the thighs, parts of the abdomen, and the ankles. Mite tunnels may be seen on the skin as fine, dark, or silvery lines about 2–10 mm long. The most common areas where they occur are the loose skin between the fingers, the front of wrists and elbows, the groin, armpits, under breasts, scrotum, and penis. The itch and rash of scabies are due to an allergy to the mites.

These symptoms usually take 2–6 weeks to occur after you are infected (as the allergy develops). So you may not know that you are infected, and you may pass the mite on to others before you have any symptoms. Some people believe that they are 'covered in mites'. This is usually not so. Commonly there are just a few mites on the skin. But, the allergy to mites can cause you to itch all over, and for a rash to appear in many parts of the body

¹⁵Text slightly adapted from

<http://www.leeds.ac.uk/lsmp/healthadvice/scabies/scabies.html>

Who should be treated?

The affected person and all household members and sexual partners of the affected person – even if they have no symptoms should be treated. This is because it can take up to 6 weeks to develop symptoms after you become infected. Close contacts may be infected, but have no symptoms, and may pass on the mite.

Note: everyone who is treated should be treated at the same time

What is the treatment for scabies?

The usual treatment is a cream that kills the mite. You can buy them from pharmacies. You can also get them on prescription. They are easy to apply and normally work well if used properly. Re-apply the same treatment seven days after the first application. This helps to make sure that all the mites are killed. Follow the instructions on the packet.

Clothes, towels, and bed linen should be machine washed (at 50 degree Celsius or above) after the first application of treatment. This is to prevent re-infestation and transmission to others. Items that cannot be washed can be kept in plastic bags for at least 72 hours to contain the mites until they die.

You will still be itchy for a while after successful treatment. It is normal to take up to 2–3 weeks for the itch to go completely after the mites have been killed by treatment. A soothing cream such as crotamiton may help until the itch eases. An antihistamine medicine such as chlorpheniramine may also be useful to help you sleep if itching is a problem at night (particularly for children).

ANNEX 3: List of commonly used drugs by men who have sex with men

Alcohol

Alternative names:	Drink, booze, etc.
Forms:	Liquid
Effects:	Relaxation, increased confidence, loosening of inhibitions
Risks:	Headache, vomiting, loss of co-ordination, slurred speech, impaired judgment. Heavy drinking can cause alcohol poisoning, and liver, heart and stomach problems.
Legality	Usually illegal to sell to under-18s (except in restaurants)

Amphetamines

Alternative names:	Speed, 'Ya Ba'
Forms:	Usually comes as a grey/white powder, or as tablets
Effects:	Increased energy and confidence, suppressed appetite, rapid heart rate
Risks:	Coming down (tiredness and depression), possible anxiety, panic and hallucinations
Legality	Usually illegal

Cannabis

Alternative names:	Marijuana, pot, dope, grass, hash, ganja, weed, puff
Forms:	Usually smoked with tobacco, or eaten in cooking/cake ('skunk' is a very potent form of cannabis)
Effects:	Relaxation and talkativeness ('getting stoned'), heightening of senses, painkilling effects
Risks:	Tiredness, lethargy, paranoia, effects on short-term memory and ability to concentrate
Legality	Usually illegal but softer punishment than other drugs

Cocaine

Alternative names:	Coke, charlie, candy, snow, rock, wash, stone
Forms:	Powder that can be snorted or injected. 'Crack' is the smokeable form of cocaine
Effects:	Feelings of alertness, wellbeing and confidence (the effects of smoking crack are more intense)
Risks:	Coming down (tiredness and depression), paranoia, confusion, nausea. Heavy use can cause heart or lung problems, and convulsions
Legality	Illegal

Ecstasy

Alternative names:	E, Ya E, fantasy, (chemical name: MDMA)
Forms:	Usually comes as small tablets
Effects:	Increased energy and confidence, heightened senses and awareness
Risks:	Coming down (tiredness and depression), possible liver and kidney problems. Ecstasy can sometimes be fatal
Legality	Illegal

GHB

Alternative names:	GBH (chemical name: gammahydroxybutrate)
Forms:	Colorless, odorless liquid in small bottles or capsules
Effects:	Sedative effects, euphoria
Risks:	Illness, collapse, can be slipped into drinks and used to aid 'date-rape', can be fatal when mixed with other drugs or alcohol
Legality	Possession of GHB without a prescription is not illegal, but supply is against the law

Heroin

Alternative names:	Smack, junk, skag, gear, brown, horse, H, jack
Forms:	Powder that can be snorted, smoked or injected
Effects:	Senses of warmth and wellbeing, or relaxation and drowsiness
Risks:	Dizziness and vomiting, long-lasting destructive addiction, overdosing can cause coma and death
Legality	Illegal

Ketamine

Alternative names:	K, special K, vitamin K
Forms:	Usually powder to be snorted, or tablets
Effects:	Out-of-body experiences and hallucinations ('being in a K-hole'), anesthetic and painkilling effects.
Risks:	Inability to move, very dangerous when mixed with other drugs or alcohol, heavy doses carry risk of breathing problems and heart failure.
Legality	Ketamine is a prescription-only medicine (possession without a prescription is not illegal, but supply is against the law)

LSD

Alternative names:	Acid, trips, tabs, microdots, (chemical name: lysergic acid diethylamide)
Forms:	Usually comes in tiny squares of paper, sometimes with a picture on one side
Effects:	Hallucinations, changes to the perception of time, objects, color and sound (trip)
Risks:	Bad trips, paranoia, anxiety or fear
Legality	Illegal

Methamphetamine

Alternative names:	Crystal, crystal meth, tina, ice, crank, ya ba
Forms:	Powder that can be snorted or injected, the crystal form ('ice') is smoked in a pipe
Effects:	Exhilaration, sharpened focus, increased sexual desire
Risks:	Paranoia, mood swings, short-term memory loss, difficulty eating or sleeping, large doses can cause coma and death
Legality:	Illegal

Poppers

Alternative names:	Numerous trade names, (chemical names: amyl nitrite, butyl nitrite, isobutyl nitrite)
Forms:	Liquid in a small bottle that is inhaled
Effects:	Brief but intense 'head-rush', increased heart rate, often used as an aid to anal sex
Risks:	Headache, nausea, dangerous for those with anaemia, breathing or heart problems
Legality:	Poppers are a prescription-only medicine (possession without a prescription is not illegal, but supply can be)

Solvents

Alternative names:	Glue, gas, aerosols, various trade names
Forms:	Inhalation of the fumes in ordinary household products (especially those found in lighter refills, hairsprays, deodorants, air fresheners, glues, paints, thinners and correcting fluids)
Effects:	Hallucinations, thick-headedness, dreamy or giggly feeling
Risks:	Drowsiness, headache, vomiting, nausea, long-term use can damage to brain, liver and kidneys, can cause instant death (even on first use)
Legality:	It is illegal for retailers to sell these products to under-18s, or if they suspect the product is intended for abuse

Tobacco

Alternative names:	Cigarettes, cigars, ciggies, rollies, straights
Forms:	Plant that is smoked
Effects:	Relaxation, relief from nervousness
Risks:	Nausea, addiction, causes cancer, respiratory problems and heart disease
Legality:	Illegal for retailers to sell tobacco products to under-16 or under 18s

Tranquilizers

Alternative names:	Tranks, numerous trade names (chemical names include diazepam and temazepam)
Forms:	Usually tablets or capsules
Effects:	Relief from anxiety, depression or sleep problems
Risks:	Addiction, slowed reactions, dangerous if mixed with alcohol
Legality:	Possession without a prescription usually is not illegal, but supply is against the law

Source: <http://www.gmhp.demon.co.uk/drugs/information.html#meth>

ANNEX 4: Useful websites, hotlines and other resources for MSM

To be completed in each specific country – below are some general websites and documents.

1. The Handbook of Lesbian, Gay, Bisexual, and Transgender Public Health: A Practitioner's Guide to Services. Edited by Michael D. Shankle. Published 2006. Haworth Press, 373 pages. ISBN 1560234962.
2. The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations. Edited by Ilan H. Meyer and Mary E. Northridge, 731 pp. New York, Springer, 2007, \$89.95, ISBN 978-0-387-28871-0.
3. Current Issues in Lesbian, Gay, Bisexual, And Transgender Health. Jay Harcourt (Editor). Harrington Park Press. ISBN-13: 978-1-56023-659-7.
4. MSM Clinical Guidelines online at
<http://sexologyasiaoceania.org/library/MSM/MSM.Clinical.Guidelines.IUSTI.AP.Nov.2006.pdf>
and <http://www.iusti.org/sti-information/default.htm>
and related curriculum at:
<http://www.go2itech.org/itech?page-co-09-01>
5. <http://www.transgendercare.com>
6. <http://www.gendertrust.org.uk>
7. <http://www.vch.ca/transhealth/>
8. <http://www.gendercentre.org.au/>
9. <http://web.hku.hk/~sjwinter/TransgenderASIA/index.htm>
10. <http://web4health.info/en/answers/sex-gender/what.htm#Transsexual>
11. http://www.symposion.com/ijit/hiv_risk/
12. <http://www.transsexual.org/>
13. <http://susans.org/>
14. <http://www.cdc.gov/lgbthealth/men.htm>
15. <http://www.nlm.nih.gov/medlineplus/gayandlesbianhealth.html>
16. <http://www.gayhealth.com>

ANNEX 5: List of outreach workers, peer educators and observers involved in finalizing this manual

Note: for the country specific versions, include only the country specific contributors, no need to include the list below.

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