Sexual health is a physical and emotional state of well-being that allows us to enjoy and act on our sexual feelings. We can keep ourselves sexually healthy by learning about our bodies and what gives us pleasure, and by reducing the risk of unwanted pregnancy and infections passed through sex.

In many communities, harmful beliefs about what it means to be a woman can make it hard for women to have healthy sex. Because women often have little control over decisions about sex, and often cannot refuse sex, millions of women around the world become infected every year with HIV and other sexually transmitted infections (STIs).

People sometimes think a woman who has a disability cannot get an infection. This is not true. Women with disabilities can get the same infections non-disabled women get.

In fact girls and women with disabilities are more at risk for getting STIs than women who are not disabled. Not only do they find it difficult to get information about sexual health, they may have less control over how and who they have sex with. This makes them more vulnerable to being taken advantage of sexually, and more likely to get a sexually transmitted infection, including HIV. For more information about sexual abuse of women with disabilities, see Chapter 14.

This chapter has information about HIV/AIDS and other sexually transmitted infections, and how to prevent them. With good information, women can take steps to protect themselves and enjoy healthy sex.
What are sexually transmitted infections?

Sexually Transmitted Infections, or STIs, are infections passed from one person to another during sex. STIs can be passed from one person to another through any type of sex. It can be penis to vagina sex, or penis to anus sex, or oral sex (mouth to penis or mouth to vagina). Sometimes, STIs can be spread just by rubbing an infected penis or vagina against another person’s genitals.

**UNTREATED INFECTIONS ARE DANGEROUS**

Many STIs can be treated with medicine. If they are not treated early, STIs can cause: infertility in both men and women; babies born too early, too small, or blind; pregnancy in the tubes; lasting pain in the belly (lower abdomen); cancer of the opening of the cervix; death from severe infection.

**SIGNS OF AN STI**

You may have an STI if you have one or more of the following signs:

- unusual discharge from the vagina
- unusual smell from the vagina
- pain or an unusual feeling in your belly (lower abdomen), especially when having sex with the penis in the vagina
- itchiness, a rash, a bump, or a sore on your genitals

Depending on your disability, it may be difficult for you to tell if you have these signs. You may need to ask someone you trust to help you check for signs of an STI.

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**Changes in discharge**

It is normal to have a small amount of wetness or discharge in the vagina. This is the natural way the vagina cleans and protects itself. The discharge changes during your monthly cycle. It becomes thicker, very clear, and slippery about 14 days before your bleeding starts. Other changes in the amount, color, or smell of the discharge from your vagina sometimes are signs of an infection, but it can be difficult to tell from your discharge what kind of infection you have. For information about discharge from infections that are not sexually transmitted (yeast and bacterial vaginosis), see pages 111 to 113.
How to check for signs of STIs

If you are blind: When you wash your genitals, use your fingers to feel for any unusual discharge, lumps or soreness. Do this once a week. If you do it every day, it will be difficult for you to notice any changes.

If you have little or no hand control: If you are unable to use your fingers to feel your genitals for any changes, try to use a mirror to look for them instead. If you cannot hold the mirror, put it on the floor and crouch over it.

If you have a spinal cord injury: If you can feel and look at your genitals, do this once a week while you bathe. If you are unable to do this yourself, ask someone you trust to help you. You will probably not be able to feel if there is any pain in your belly or itching in your genitals. But if you have an STI and it does not get treated early, you may get dysreflexia. This is dangerous. See pages 117 to 119 for treatment.

If you have limited or no movement in your legs: If possible, find a position in which you can either feel your genitals with your fingers while you wash, or use a mirror to look at them. If necessary, ask someone you trust to hold your legs steady.

TRICHOMEONAS

Trichomonas is a very uncomfortable and itchy STI. Men usually do not have any signs, but they can carry it in the penis and pass it to a woman during sex.

Signs:
- gray or yellow, bubbly discharge
- bad-smelling discharge
- red and itchy genital area and vagina
- pain or burning when you pass urine

If you are able to get tested and know for certain you have trichomonas, take one of the following medicines. If you cannot get tested, it is best to take the medicines listed on page 162 because the infection may be caused by other STIs.
Gonorrhea and chlamydia are both serious infections. They are easy to cure if they are treated early. If not, they can cause severe infection and infertility in both women and men. The signs in a man usually begin 2 to 5 days after sex with an infected person. In a woman, the signs may not begin for weeks or even months. But both men and women can be infected and have no signs. Even a person with no signs can still give both gonorrhea and chlamydia to another person.

The most common signs in a woman are:
- yellow or green discharge from the vagina or anus.
- pain or burning when passing urine.
- fever.
- pain in the lower belly.
- pain or bleeding during sex.
- no signs at all.

The most common signs in a man are:
- discharge from the penis.
- pain or burning when passing urine.
- pain or swelling of the balls (testicles).
- no signs at all.

**Treatment:**
If you have any of the signs for gonorrhea or chlamydia, and you have had unsafe sex with someone you think may have an infection, try to get tested to see which infection you have so you will know which medicine to take.
Unfortunately, tests are not always available, so it is often best to take medicines for more than one infection. A person can have several infections at the same time, caused not only by gonorrhea and chlamydia, but also by trichomonas (see page 159), and bacterial vaginosis (see page 113). The medicines listed in the chart on page 162 will treat all these infections.

**Pelvic Inflammatory Disease**

Pelvic inflammatory disease (PID) is the name for an infection of any of the reproductive parts in a woman’s lower abdomen. It is often called a ‘pelvic infection.’ A pelvic infection can develop from an STI that was not cured, especially gonorrhea or chlamydia.

**You may have one or more of these signs:**

- pain in the lower belly
- high fever
- you feel very ill and weak
- green or yellow bad-smelling discharge from the vagina
- pain or bleeding during vaginal sex

**Treatment:**

Because this infection is usually caused by a mix of germs, more than one medicine must be used to cure it. Take the medicines listed in the chart on page 162.

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### Medicines for gonorrhea

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>cefixime</td>
<td>400 mg</td>
<td>by mouth, all at once</td>
</tr>
</tbody>
</table>

### Medicines for chlamydia

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>azithromycin</td>
<td>1 g</td>
<td>by mouth, all at once</td>
</tr>
<tr>
<td>or doxycycline</td>
<td>100 mg</td>
<td>2 times a day for 7 days</td>
</tr>
<tr>
<td>or tetracycline</td>
<td>500 mg</td>
<td>by mouth, 4 times a day for 7 days</td>
</tr>
<tr>
<td>or erythromycin</td>
<td>500 mg</td>
<td>by mouth, 4 times a day for 7 days</td>
</tr>
</tbody>
</table>
## Medicines for gonorrhea, chlamydia, trichomonas, bacterial vaginosis, and PID

If you have signs of these infections, and you cannot get tested to know which infection or infections you have, take a combination of these medicines.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When and how to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>cefixime</td>
<td>400 mg</td>
<td>by mouth in a single dose</td>
</tr>
<tr>
<td>azithromycin</td>
<td>1 gram (1000 mg)</td>
<td>by mouth as a single dose</td>
</tr>
<tr>
<td>or erythromycin</td>
<td>500 mg</td>
<td>by mouth, 4 times a day for 7 days</td>
</tr>
<tr>
<td>or amoxycillin</td>
<td>500 mg</td>
<td>by mouth, 3 times a day for 7 days</td>
</tr>
<tr>
<td>or doxycycline</td>
<td>100 mg</td>
<td>by mouth, 2 times a day for 7 days</td>
</tr>
<tr>
<td>(do not use doxycycline if you are pregnant or breastfeeding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or tetracycline</td>
<td>500 mg</td>
<td>by mouth, 4 times a day for 7 days</td>
</tr>
<tr>
<td>(do not use tetracycline if you are pregnant or breastfeeding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>metronidazole</td>
<td>400 to 500 mg</td>
<td>by mouth, 2 times a day for 7 days</td>
</tr>
<tr>
<td>or 2 grams (2000 mg)</td>
<td>by mouth, in a single dose</td>
<td></td>
</tr>
<tr>
<td>(avoid metronidazole in the first 3 months of pregnancy; instead use both clindamycin and tinidazole)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clindamycin</td>
<td>300 mg</td>
<td>by mouth, 2 times a day for 7 days</td>
</tr>
<tr>
<td>or 5 grams of 2% cream</td>
<td>in the vagina at bedtime for 7 days</td>
<td></td>
</tr>
<tr>
<td>(one full applicator)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and tinidazole</td>
<td>2 grams (2000 mg)</td>
<td>by mouth in a single dose</td>
</tr>
<tr>
<td>or 500 mg</td>
<td>by mouth, 2 times a day for 5 days</td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT**  Do not drink alcohol during the time you are taking metronidazole or tinidazole. Your partner should be treated with the same medicines.
SORES ON THE GENITALS (GENITAL ULCERS)

Most sores or ulcers on the genitals are sexually transmitted, but pressure sores, boils or injuries can also cause sores on the genitals. Any genital sores should be kept clean by washing with soap and clean water. Dry them carefully. Wash any cloth you dry them with before you or anyone else uses it again.

**WARNING!** When a person has a sore on the genitals, it is easy to get other infections through the sores—especially HIV and hepatitis B. To prevent infection, avoid sex until the sores heal.

**Syphilis**

Syphilis is a serious STI that affects the whole body. It can last for many years, getting worse and worse. Syphilis can be cured if it is treated early.

**Signs:**

1. The first sign is a small, **painless** sore that can look like a pimple, blister, a flat wet wart, or an open sore. The sore lasts for only a few days or weeks and then goes away by itself. But the disease continues to spread throughout the body.

2. Weeks or months later, the infected person may get a sore throat, mild fever, mouth sores, swollen joints, or a rash—especially on the palms of the hands and soles of the feet. During this time the infected person can infect others.

3. All of these signs usually go away by themselves, but the disease continues. Without treatment, syphilis can cause heart disease, paralysis, mental illness, and death.

**Treatment:**

For a complete cure of syphilis, the full treatment is essential.

- **If signs have been present less than 1 year,** inject 2.4 million Units of benzathine penicillin all at once—put half the dose into each buttock. Persons allergic to penicillin can take tetracycline, 500 mg, 4 times each day for 15 days.

- **If signs have been present more than 1 year,** inject 2.4 million Units of benzathine penicillin—half in each buttock—one week for 3 weeks (a total of 7.2 million Units). If allergic to penicillin, take tetracycline, 500 mg, 4 times each day for 30 days.

**NOTE** Pregnant or breastfeeding women who are allergic to penicillin can take erythromycin (see page 343). Your partner should also be treated.
**Pregnancy and syphilis**

A pregnant woman can pass syphilis to her unborn baby, which can cause it to be born too early, deformed, or dead. You can prevent this by getting a blood test and treatment during pregnancy. If you and your partner have blood tests that show you have syphilis, you should both be treated with benzathine penicillin, 2.4 million Units, by injection (IM), once a week for 3 weeks.

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**Chancroid**

Chancroid is an STI that causes sores on the genitals. It can be cured with medicine if it is treated early. It is easily confused with syphilis.

**Signs:**

- one or more soft, painful sores on the genitals or anus that bleed easily
- enlarged, painful glands (bubos) may develop in the groin
- slight fever

---

**Medicines for Chancroid**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>azithromycin</td>
<td>1g</td>
<td>by mouth, all at once</td>
</tr>
<tr>
<td>or erythromycin</td>
<td>500 mg</td>
<td>by mouth, 4 times a day for 7 days</td>
</tr>
<tr>
<td>or ciprofloxacin</td>
<td>500 mg</td>
<td>by mouth, 2 times a day for 3 days</td>
</tr>
</tbody>
</table>

*Note:* If you cannot tell for certain that your sores are caused by chancroid, or if you cannot get tested, it is probably best to also take the medicine for syphilis (see page 163).
Pregnancy and herpes
A pregnant woman who is infected with herpes and has sores at the time of the birth can pass the virus to her baby. This can cause dangerous problems for the baby, especially if it is the mother’s first outbreak. The risk to the baby is less if the mother has had herpes before.

If you have herpes sores, try to give birth in a hospital. Doctors may do an operation to get the baby out (a c-section, see page 244) so the baby does not get infected from the sores, or may give the baby medicines when it is born.

**Signs:**
- a tingling, itching, or hurting feeling of the skin in the genital area or thighs
- small painful blisters that can look like drops of water on the skin. They burst and form painful, open sores.

The first time you get herpes sores, they can last for 3 weeks or more. You can have fever, headaches, body aches, chills, and swollen lymph nodes in the groin. Though the sores go away, the infection does not. But the next outbreak will be milder.

**Treatment:** Use acyclovir, see page 333.

---

**Genital Herpes**
Genital herpes is an STI caused by a virus. Small blisters appear on the genitals. Genital herpes is spread from person to person during sex. Occasionally genital herpes appears on the mouth from oral sex. (This is different from the kind of herpes that commonly occurs on the mouth, which is not spread by sex.)

The herpes virus produces sores that can come and go for months or years. There is no cure for herpes, but there is treatment that can make you feel better.

**Signs:**
- a tingling, itching, or hurting feeling of the skin in the genital area or thighs
- small painful blisters that can look like drops of water on the skin. They burst and form painful, open sores.

The first time you get herpes sores, they can last for 3 weeks or more. You can have fever, headaches, body aches, chills, and swollen lymph nodes in the groin. Though the sores go away, the infection does not. But the next outbreak will be milder.

**Treatment:** Use acyclovir, see page 333.

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**Genital Warts (HPV)**
Genital warts are caused by a virus called human papilloma virus (HPV). They look like warts on other parts of the body. It is possible to have HPV and not know it, especially when the warts are inside the vagina or inside the tip of the penis. And some people with HPV never get warts. Warts may go away without treatment, but this can take a long time. Usually they continue to get worse and should be treated. HPV is passed very easily from one person to another during sex.

**Important** If warts on the genitals are not treated, some can cause cancer of the cervix. If you have genital warts, try to have a Pap test (see page 131) to see if your cervix has any signs of HPV or cancer.
**Signs of HPV:**
- itching
- painless, whitish or brownish bumps that have a rough surface

In women, these bumps usually grow on the folds of skin around the opening to the vagina, inside the vagina, and around the anus.

In men, they usually grow on the penis or just inside it, and on the balls (scrotum), or the anus.

**Treatment:**
These products to treat warts can usually be found in a pharmacy or chemist’s shop.

1. Put some petroleum jelly (*Vaseline*) or other greasy ointment on the skin around each wart to protect the healthy skin.
2. With a very small stick or toothpick, carefully put on a very small amount of 80% to 90% trichloroacetic acid (TCA) or bichloracetic acid (BCA) solution on the wart (see page 354). Leave the acid on until the wart turns white.
3. Wash the acid off after 2 hours or sooner if the burning feeling is very painful.

**OR**

Apply 20% podophyllin solution in the same way until the wart turns brown (see page 351). Podophyllin must be washed off 6 hours later.

The acid should burn the wart off, leaving a painful sore where the wart used to be. Keep the sores clean and dry. The sores should heal within a week or two. Watch them to make sure they do not get infected. Try not to have sex until they are gone, but if you must have sex, your partner should use a condom.

Several treatments are usually necessary to get rid of all the warts (it does not matter which solution you use). You can repeat the treatment after one week. Try not to get acid on a sore where a wart used to be. If there is too much irritation, wait longer before the next treatment.
Hepatitis is an inflammation of the liver usually caused by a virus, but also by bacteria, alcohol, or chemical poisoning. There are 3 major types of hepatitis (A, B, and C), and it can spread from person to person whether or not there are signs of the disease.

**Hepatitis A** is usually mild in small children and often more serious in older persons and pregnant women.

**Hepatitis B** is dangerous for everyone. It can lead to permanent damage to the liver (cirrhosis), liver cancer, and even death.

**Hepatitis C** is also very dangerous and can lead to permanent liver infections. Hepatitis C is a major cause of death for people with HIV/AIDS.

If you are pregnant and have signs of hepatitis, seek medical advice.

**Signs:**

- tired and weak feeling
- no appetite
- yellow eyes and/or skin (especially the palms of the hands and soles of the feet)
- pain in the belly or nausea
- dark-colored urine, and stools that look whitish
- sometimes a fever
- no signs at all

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**Pregnancy and warts**

Do not use podophyllin while you are pregnant. It will be absorbed into your skin and can harm the developing baby. Warts can spread and bleed during pregnancy, but the warts themselves will not harm the baby. Sometimes the warts will get much smaller after pregnancy.
Treatment:
There is no medicine that will help. In fact, taking some medicines can hurt your liver even more.

Rest and drink lots of liquids. If you just do not want to eat, try drinking fruit juice, broth, or vegetable soup. To control vomiting, sip a cola or ginger drink. Drinking herbal teas like chamomile can also help. Ask the older women in your community about which herbs work best.

When you do feel like eating, do not eat a lot of protein from animals (meat, fish, eggs) because it makes the damaged liver work too hard. Also avoid food cooked with animal fat or vegetable oil. Instead, eat mainly fruits and fresh or steamed vegetables and only a little protein. Do not drink any alcohol for at least 6 months.

Prevention:
The hepatitis B and C viruses can both pass from person to person through sex, injections with non-sterile needles, transfusions of infected blood, and from mother to baby at birth. To prevent passing hepatitis to others, always use a condom during sex (see pages 181 to 182, and pages 189 to 192) and make sure needles, syringes, and tools used for cutting or piercing the skin (such as for tattoos, circumcision, scarring, female genital cutting) are always boiled before use.

The hepatitis A virus passes from the stool of one person to the mouth of another person by way of contaminated water or food. To prevent others from getting sick, it is important to make sure the sick person’s stools go down a latrine or toilet, or are buried, and to make sure the sick person is very clean. Everyone—the sick person, family members, caregivers—must try to stay clean and wash their hands often.

Vaccines are now available for hepatitis A and B, but they may be expensive or may not be available everywhere. If you are able to get a vaccination while you are pregnant, it will prevent the virus from passing from you to the baby.
WHAT TO DO IF YOU HAVE AN STI

If you or your partner have signs of an STI:

- start treatment right away. Early treatment will protect you from more serious problems later on, and will prevent the spread of infection to others.
- get tested, if possible. Go to a clinic or health center where you can be tested to know which STI you have. This way you will not have to take medicines you do not need. If it is not possible to get tested, you may have to take several medicines. Try to talk with an experienced health worker about treatment.
- help your partner get treated at the same time you do. If he does not, he will infect you again if you have sex. Urge him to take the proper medicine or to see a health worker.
- make sure you take all the medicine, even if your signs start to go away. Do not buy only part of the medicine. You (or your partner) will not be cured until you have taken all the required medicine (see page 327).
- practice safer sex. If you do not protect yourself, you can always get another STI (see pages 180 to 182).

What is HIV/AIDS?

HIV (Human Immunodeficiency Virus) is a very small germ you cannot see that weakens the immune system, the part of the body that fights off infection and disease. HIV is most often spread from one person to another during sex. If a man passes HIV to a pregnant woman, or if a pregnant woman is already infected with HIV, the virus can also pass to a baby during pregnancy, during the birth, or during breastfeeding. For more information about the ways someone can and cannot be infected with HIV, see pages 170 to 171.

AIDS (Acquired Immune Deficiency Syndrome) is a disease that develops some time after a person has been infected with HIV. A person is said to have AIDS when he or she starts to get many common health problems more often than usual. Some signs of AIDS are losing weight, sores that will not heal, a bad cough, sweating at night, diarrhea, skin rashes, a fever, discharge from the vagina, or feeling very tired all the time. But all of these problems can have other causes. You cannot be sure a person has HIV/AIDS without a special blood test—see page 172.
Because the immune system of a person infected with HIV gets weaker and weaker with each illness, the person’s body is less able to fight illness and recover. This goes on until the person’s body is too weak to survive, and he or she dies. Anyone can get HIV/AIDS, both persons with a disability and persons without a disability.

Some people die from AIDS very quickly after they become infected with HIV. But for many people, several years can pass before they get sick with AIDS. This means that a person can be infected with HIV and not know because he or she feels healthy. Regardless of how they feel, they can pass HIV to another person as soon as they are infected. The only way to know if you are infected is to have your blood tested. This can be done at many clinics and hospitals.

Medicines called ARVs (antiretrovirals) can help people with HIV/AIDS live longer and healthier lives. These medicines do not kill HIV or cure AIDS, but they make the sickness easier to live with. For pregnant women, ARV treatment can prevent HIV from passing from the mother to the baby. Unfortunately, ARVs can be expensive and may be difficult to get in some countries. For more information about ARV medicines, see page 176.

### How HIV/AIDS is Spread

HIV, the virus that causes AIDS, lives in body fluids such as blood, a man’s semen, and the fluids in a woman’s vagina, of people who are infected. The virus is spread when these fluids get into the body of another person. HIV can be spread by:

- sex with someone who has HIV, if the person does not use condoms.
- unsterile needles or tools that pierce or cut the skin.
- infected blood that gets into cuts or an open wound.
- an infected mother to her baby, through pregnancy, birth, or breastfeeding.

In places where blood is not tested for HIV, people can also get HIV from blood transfusions.

For information about preventing HIV/AIDS, see pages 179 to 182.
HOW HIV/AIDS IS NOT SPREAD
HIV does not live outside the human body for more than a few minutes. It cannot live on its own in the air or in the water. This means you cannot give or get HIV by:

- touching, hugging, or kissing
- sharing food
- sharing a bed
- sharing clothes, bedding, or latrines
- insect bites

Touching does not pass HIV/AIDS.

HOW HIV/AIDS AFFECTS WOMEN
Women with HIV often become sick with AIDS more quickly than men do. Poor nutrition and childbearing may make women less able to fight disease. Also, women get infected with HIV more easily than men do. When a man’s semen gets into a woman’s body during sex, it can easily pass through her vagina or cervix into her blood, especially if there are any cuts or sores. This can happen whether or not the woman has a disability.

Dangerous ideas about HIV/AIDS and women with disabilities
One of the most harmful and wrong ideas about HIV/AIDS is that if a person with HIV/AIDS has sex with someone who has never had sex before (a virgin), the person with HIV/AIDS will be cured. Because of this wrong idea, a man who has HIV/AIDS may seek out women with a disability if he thinks that, because she is disabled, she will be a virgin and can cure him. This is not true.

Having sex with a virgin only spreads HIV/AIDS to another person. It will not make the person with HIV/AIDS healthy again.

Some time ago, I met a man who said that if he had to sleep with a woman outside marriage, it would be me. When I asked him why, he frankly told me he was sure I would not become pregnant and that I was free of HIV! SILLY MAN!
KNOWING IF YOU HAVE HIV

The HIV test

When HIV enters the body, the immune system starts to make antibodies right away to fight the virus. Within 2 to 4 weeks, an HIV test can detect these antibodies in the blood. This is the only way to know if a person has been infected with HIV.

A positive HIV test means you are infected with the virus and your body has made antibodies to HIV. Even if you feel completely well, you can pass the virus to others.

A negative HIV test means 1 of 2 things:

- you are not infected with HIV, or
- you were recently infected but your body has not yet made enough antibodies to HIV to test positive.

If you have tested negative for HIV but think you may be infected, you should take the test again in about 6 weeks. Sometimes a positive test also needs to be repeated. An experienced health worker can help you decide.

NOTE Testing and counseling for HIV are usually done at the same time and are becoming more available. Ask a health worker where you can be tested in your community. In many health centers and hospitals, rapid HIV testing is available at low or no cost. You can usually get test results the same day. Some testing centers have information in Braille, and some have sign language.

IMPORTANT You can pass HIV to others as soon as you are infected, even though you look and feel healthy. You cannot tell from looking at a person if he or she has HIV. The only way to know if you are infected is to get the HIV test.
COUNSELING
The HIV test should only be done:

- with your permission.
- with counseling before and after the test.
- with privacy. Only you and those you want to know should know the results.

A trained HIV/AIDS counselor can help you decide if you need to get tested for HIV. If your test is positive, the counselor can help you decide how to face this change in your life.

A good counselor can help you make decisions and think about many problems and complicated situations, such as:

- how to accept that you or your partner has HIV.
- when and how to tell others (disclose) that you have HIV.
- how to continue having sex and to have sex safely when one partner has HIV and the other partner does not.
- where to get condoms and how to use them.
- where to get and how to take medicines and get treatment for illnesses caused by HIV.
- how to decide if you should get pregnant when either you or your partner is HIV positive, and how to prevent passing HIV to a baby.
- where to get food, housing, legal advice, or other help you or your family may need.
Protecting your privacy

Any woman should be able to make her own decisions about who to tell about her HIV status and how to tell them. It is important for a woman to talk with her sexual partner or partners, so they can also be tested or protect their health. Many women tell their families and others who support them. But often, women are afraid everyone in the community will find out.

It can be difficult for a woman with a disability to have a private conversation with a health worker. This may be because:

- the health worker has never learned that a woman with a disability should be treated with the same respect as any woman.
- the health worker will tell the family or friends of a woman with a disability about her health problems, including HIV or an STI, without telling the woman herself. This is especially true if the disabled woman has difficulty communicating.
- the woman’s family will not let the woman see a health worker by herself.

Because I am deaf, I often have trouble with privacy, especially when I use an interpreter to speak with a health worker. The interpreter who works at the clinic I go to knows that whatever the health worker and I talk about is confidential and private. She will never tell anyone—not even another health worker—what we have talked about.

If I take my own interpreter with me, I remind her ahead of time that whatever I talk about with the health worker is private. I try to make sure the interpreter understands that the test results are private. I ask her not to tell anyone else—not even my family—without my permission.

HEALTH PROBLEMS CAUSED BY HIV/AIDS

A person with AIDS can get sick very easily from many different common health problems. Here is some general information about some of these problems, but it is best to talk to a health worker or see a book like HIV, Health and Your Community for more information. The most common health problems caused by HIV/AIDS are:

**Fever:** Fevers often come and go. It is hard to know if the fever is from an infection that can be treated, like tuberculosis, pelvic inflammatory disease (PID), or malaria, or if it is from HIV itself. If the fever is caused by an infection, then make sure the infection itself is treated.
**Diarrhea:** Diarrhea may come and go and can be hard to cure. The most common causes of diarrhea in persons with AIDS are infections or the side effects of some medicines.

**Skin rashes and itching:** It is often difficult to know what causes skin rashes and itching. Some of the skin problems related to HIV/AIDS can be caused by:
- allergic reactions to medicines.
- brown or purple patches on the mouth or skin, caused by a cancer of the blood vessels or lymph nodes called Kaposi’s sarcoma.
- herpes zoster (shingles), which usually begins as a painful rash with blisters that break open. It is most common on the face, back and chest.

**Nausea and vomiting:** This can be caused by infections, some medicines, problems with the stomach and intestines, or the HIV infection itself.

**Cough:** This can be a sign of lung problems, such as pneumonia or tuberculosis (TB). The lungs make more mucus when they are irritated or infected, which causes coughing.

**Tuberculosis** is a serious infection caused by a germ that usually affects the lungs. The signs of AIDS and TB are similar, but they are different diseases. Most women, men and children with TB do not have AIDS. But someone with AIDS can get TB very easily because the person’s body is too weak to fight it. For 1 of every 3 people who dies from AIDS, it is TB that actually kills them.

**Problems with the mouth and throat:** The problems can include: soreness, cracks, sores and blisters, and white patches on the tongue (thrush, see page 260).

**Weight loss and malnutrition:** A person with AIDS can become malnourished from constantly being sick, from diarrhea that prevents the body from absorbing the nutrients in food, from loss of appetite, and from mouth infections that make eating difficult. Weight loss is so common in people with HIV that in some areas of Africa, AIDS is called “slim disease.”
TREATMENT FOR HIV/AIDS

Neither modern medicine nor traditional healing systems has found a cure for AIDS. But there are many things that can be done to help a person with AIDS. Clean water, good food, clean clothes, a clean place to rest and sleep, and loving relationships with friends and family can all help someone with AIDS stay healthy. The same foods that are good for someone who is healthy are good to eat when someone has an AIDS-related sickness (see pages 177 to 178).

Although there is no cure for AIDS, antiretroviral medicines (ARVs) are now being used successfully to treat people who are sick with AIDS. ARVs help strengthen the immune system so the person with HIV can fight off infections and stay healthy. But the HIV is not cured. Small amounts of the virus always remain in the person’s body. When a person has HIV, he or she can always pass the virus to someone else.

Getting good health care is often not easy for women with disabilities, and for those who are also infected with HIV/AIDS, it can be even more difficult. Health workers may not want to test or treat them because they think disabled women cannot have sex, cannot get infected with HIV/AIDS, or will die quickly if they are infected.

But just as women with disabilities have the same risk of getting infected with HIV as other women, they will also live longer and healthier lives if they get treatment.

Antiretroviral Therapy (ART)

Antiretroviral Therapy, or ART, means taking a combination of 3 antiretroviral medicines at least 2 times a day. Once a person with AIDS begins ART, the medicines must be taken faithfully every day. A woman on ART will gain weight, and look and feel healthier. But if she stops ART, misses doses of medicine, or takes them at the wrong times, her HIV can become stronger and make her sick again. For more information about medicines for treating HIV/AIDS for women with disabilities, or for preventing the spread of HIV from a mother to her baby, see pages 358 to 362.

Although ART is costly, it is becoming cheaper and more available in many countries. Government health facilities and other programs may offer ART at low or no cost.

Even so, in many communities, medicines are not available for most people with HIV/AIDS. The power of large pharmaceutical companies in rich countries has often stopped other countries from making their own less expensive medicines. This has denied millions of women access to the medicines they need to treat HIV/AIDS.
**Preventing some infections with medicines**

For persons with HIV/AIDS, regular use of the antibiotic cotrimoxazole helps prevent pneumonia, diarrhea, and other infections. You should start taking it if you have problems with weight loss, sores or cracks around your lips, itching rashes, shingles, mouth ulcers, or frequent colds.

**Treatment:** Take cotrimoxazole 960 mg (double strength) by mouth every day with plenty of water. If possible, take it every day whether you feel sick or not.

**IMPORTANT** Allergic reactions to cotrimoxazole are more common in persons with AIDS. Stop taking it if you get a new skin rash or any other sign of drug allergy.

**IMPORTANT** Some women have more problems with yeast infections of the vagina when they take antibiotics. Eating yogurt or sour milk, or sitting in a bowl of water with some yogurt or vinegar in it can help. For more information on yeast infections, see pages 111 to 113.

In some countries it is also recommended that people with HIV take medicines to prevent tuberculosis (TB). Talk with an experienced health worker about this.

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**Eating well**

AIDS affects the body’s ability to digest food properly, and it also causes people to lose their appetite so they become very thin. This can also happen because of the side effects of medicines, mouth and throat problems, diarrhea, and difficulty digesting fats.

If you have HIV, it is especially important to try to eat well so you do not lose weight, and your body and immune system can be as healthy as possible. To do this, try to eat a varied or balanced diet (see page 86), drink clean water, and take a daily multivitamin. If available, you may also want to take supplements of vitamins A, C, and E, as they may slow the ability of the HIV virus to grow in your body.

**Foods with vitamin A include** carrots, mangos, papayas, sweet potatoes, milk, eggs, and dark green leafy vegetables (such as kale, spinach, turnip greens).
Foods with vitamin C include red and green peppers, dark leafy green vegetables (such as kale, cassava or manioc leaves, collard, turnip, mustard greens, and spinach), orange, yellow, and red fruits.

Foods with vitamin E include eggs, and oils made from almonds, corn, palm nuts, peanuts, sunflower seeds, wheat germ, and olives.

If you lose your appetite, you may find that eating a larger meal in the morning works best for you. Or you may prefer to eat 6 to 8 small meals throughout the day. Drinking cold liquids with meals can make food easier to swallow.

Living positively with HIV/AIDS
You will stay healthier if you can:
• drink and prepare food only in clean, safe water.
• avoid uncooked vegetables—they are hard for the body to digest and may have germs.
• drink a lot of liquids and watch for dehydration.
• rest whenever you are tired and sleep at least 8 hours every day.
• spend time with friends and family.
• do things you enjoy. Feeling good is part of being healthy.
• try not to worry too much. Stress can harm the immune system.
• try to keep active by doing your daily work.
• exercise as much as possible (see pages 89 to 95).
• avoid tobacco, alcohol and other drugs.
• prevent infection by washing often.
• practice safer sex to prevent new infections and unplanned pregnancies that could weaken the immune system (see page 180).
• take care of medical problems early. Each infection can weaken your immune system more.
• take cotrimoxazole to prevent diarrhea (see page 339).
• sleep under a bed net if you live where malaria is common.

Fight against the conditions that lead to the spread of disease and not against the people who are infected. Discrimination is an obstacle to care. It may stop people from learning how to prevent the spread of infection.
STIGMA AND HIV/AIDS

In some communities, people who are HIV-positive or have AIDS are made to feel ashamed. No one in the community will associate with them, and they think the family of someone who has HIV/AIDS has disgraced the community.

Thousands of HIV-positive people hide their status. They are frightened of rejection by friends, family, and neighbors, even though HIV/AIDS is not passed from one person to another through casual contact.

Many people with AIDS and their families do not ask for help from their communities because of the shame and disgrace they are made to feel. This can make it very difficult for someone with AIDS to get the help and treatment he or she needs, even though there are medicines available that allow people with AIDS to live longer, healthier lives.

Preventing infection at home

Many people think HIV can spread easily. This is not true. If you follow these guidelines, there is no risk of spreading HIV or hepatitis from an infected person to others around her, or of getting HIV or hepatitis yourself:

- Do not share anything that touches blood. This includes razors, needles, any sharp instruments that cut the skin, and toothbrushes. If you must share such things, boil them first in water for 20 minutes.
- Keep all wounds covered with a clean bandage or cloth. Persons with or without HIV or hepatitis should do this.
- Burn or bury soiled bandages that cannot be rewashed.
- Avoid touching body fluids with your bare hands. Use a piece of plastic or paper, gloves, or a big leaf to handle dirty bandages, cloths, blood, vomit, or stool.
- Wash your hands with soap and water after changing dirty bedding and clothes.
- Keep bedding and clothing clean. To clean soiled bedding or clothes:
  - keep them separate from other household laundry.
  - hold an unstained part and rinse off any body fluids with water.
  - wash the bedding and clothing in soapy water, hang to dry—if possible in the sun—and fold or iron as usual.
- When washing dirty laundry, it is helpful, but not necessary, to wear gloves or plastic bags on your hands.
OTHER WAYS TO PREVENT HIV

- Treat sexually transmitted infections early. Having one STI can make it easier to become infected with HIV or other STIs.
- Do not have an injection unless you are sure the instruments are sterilized first. Health workers should NEVER reuse a needle or syringe without sterilizing it first.
- Never share a needle or syringe with someone else unless it is first sterilized with bleach or boiled for 20 minutes.
- Make sure instruments for circumcision, ear piercing, acupuncture, and traditional practices such as scarring, are boiled for 20 minutes.
- Handle body fluids, like blood, vomit, stool, and urine safely.
- All blood should be tested to ensure it is free from HIV and hepatitis. Even if it is tested, avoid blood transfusions except in life-threatening emergencies.

Safer sex

Most of the time, HIV and other STIs are passed from one person to another during sex. With information about safer sex, respect, access to condoms, and good communication with your partner, you can protect yourself from STIs.

But it can be hard for any woman to protect herself from sexual infections when she is not expected or allowed to make decisions about sex. You may be afraid or ashamed to ask a man to use a condom, or you may have to have sex when your partner demands it. And you may not know if your partner has sex with other people.

Every woman needs to know how she can make sex safer.
WAYS TO HAVE SAFER SEX

Having safer sex means using barriers (like condoms) to keep germs from being passed between you and your partner during sex, or having sex in ways that make infection less likely.

Sex with the penis in the vagina (sexual intercourse) is the most common way that men and women have sex. But couples can give and receive sexual pleasure by using many different kinds of talk and touch. If your partner does not want to use condoms, you can try to have other, safer kinds of sex. These practices may feel just as good for him—and be safer for you.

Very safe:

• Avoid having sex at all. If you do not have sex, you will not be exposed to STIs. Some women may find this the best option, especially when they are young. However, for most women, this choice is not possible or desirable.

• Have sex with only one partner, who you know for sure has sex with only you, and when you know for sure (through testing) that neither of you was infected by a previous partner.

• Have sex by touching each other’s and your own genitals with your hands (mutual masturbation).

• Use condoms during oral sex. A barrier of latex or plastic helps prevent infection with herpes and gonorrhea in the throat. It also protects against the very small risk of infection with HIV through tiny cuts in the mouth.

Safe:

• Always use latex male condoms or plastic female condoms when having vaginal or anal sex.

• Have sex in ways that avoid getting your partner’s body fluids in your vagina or anus.

• Sex using your mouth is much less likely to spread HIV. If you get semen in your mouth, spit it out.
Sex and monthly bleeding

During your monthly bleeding, it is best not to have vaginal sex, unless you are absolutely certain neither you nor your partner has HIV/AIDS or any other STI. If you have HIV, the virus will be in both your vaginal secretions and blood. This increases your partner’s risk of getting infected. If your partner is infected and you are not, your risk of getting infected also increases during your monthly bleeding. Using condoms will reduce the risk.

Other ways to have safer sex with a man:

- Have the man withdraw his penis before he ejaculates (comes). When less semen gets inside your body, you are less likely to get HIV from him.
- Avoid dry sex. When the vagina (or anus) is dry, the skin can tear more easily, and this increases the chance of infection. Use saliva (spit), spermicide, or lubricant to make the vagina slippery. Do not use oil, lotion or petroleum jelly if you are using condoms—these can make the condom break.

SEX AND MONTHLY BLEEDING

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Working for change

STIs and HIV/AIDS are health problems for the whole community, including women with disabilities. Sometimes disability groups think sexual health is not something they should worry about. But sex education can save people’s lives.

Good information about sexual health and about how to prevent STIs must be available to everyone, including women with disabilities. For example, information about preventing HIV/AIDS that often comes through radio or on printed leaflets should be available and accessible for deaf and blind women.
What women with disabilities can do:
- Meet with caregivers and families of women with disabilities to explain how important it is for everyone to have good information about sexual health.
- Work with health workers and other groups to make sure HIV/AIDS and sexual health services reach people with disabilities.
- If someone is taking advantage of you sexually, tell someone you trust—a family member, a neighbor, a health worker.

What families and caregivers can do:
- Make sure disabled women have information about sexual health and how to prevent HIV/AIDS and STIs. Give the information in a way that is respectful and private.
- Help other parents of disabled children understand that when their children grow up, they will want to have sexual relationships, just like people who are not disabled.

What communities can do:
It is important for everyone in the community to know how HIV/AIDS and STIs are spread and how to prevent them. With this information, people can realize that these infections can happen to anyone and they can act to prevent them. And this knowledge can help people understand that women with disabilities need the same health care services as everyone else in the community.

It is very important to fight against the conditions that lead to the spread of disease and not against the people who are infected. HIV/AIDS and STIs can best be prevented by fighting for fairer social and economic conditions so that women, including women with disabilities, will have more decision-making power, so that families do not need to separate to find work, and so that people do not need to sell their bodies for sex.
- Make sure all people—including women with disabilities—have access to information and sexual health services, including latex condoms, to keep HIV and other STIs from spreading in the community.
- Make sure medicines, clean water, and nutritious food are available for people living with HIV/AIDS.
- Educate people in your community to prevent girls and women with disabilities from being taken advantage of sexually, and to understand that having sex with them will not cure AIDS.
To the health worker:

Include women with disabilities in your health education classes, and look for opportunities to share health information with groups of disabled women who are already meeting together. Always respect the privacy of disabled women. Never talk about a woman’s problem with others—not even with her family—unless the woman gives you permission.

- Explain how STIs and HIV/AIDS are passed and how to prevent them.
- Show how to use the condom for men and the condom for women (see pages 190 and 191).
- Learn about the possible problems some women with disabilities may have in taking certain medicines to treat STIs.
- Look for signs of sexual abuse when you see a woman for any health problem.
- Make sure women with disabilities have access to counseling and testing for HIV.

Health workers can let parents of disabled children know that children who learn about STIs including HIV/AIDS will make safe choices later on when they grow up and start to have sex.