

Chapter 16

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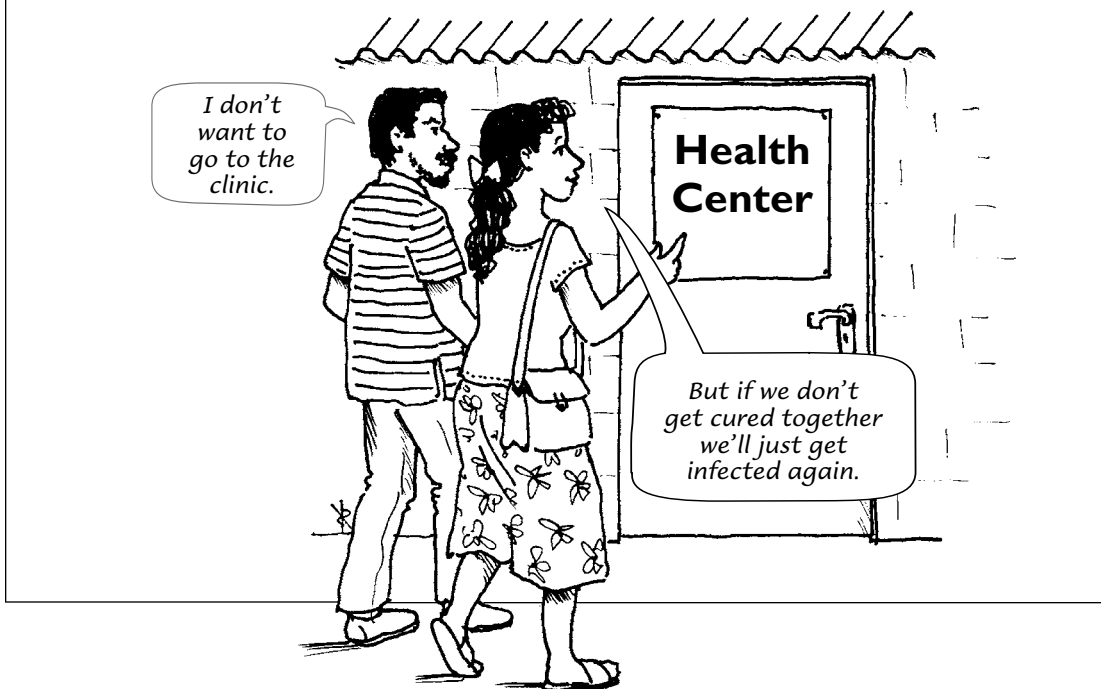
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How to use this chapter:

This chapter describes illnesses and problems spread by sexual relations. If you have never had a sexual partner, you cannot get most of these. HIV and some types of hepatitis are spread by sex but also by contaminated blood or sharing needles for injections. The chapter also describes yeast infections and bacterial vaginosis, 2 infections that cause unusual discharge from the vagina but are usually not caused by sex. The chapter mostly describes signs affecting the vulva, vagina, and the cervix but common signs of STIs affecting the penis and anus are also included.

Some other illnesses that can spread sexually, but are more often spread by other kinds of contact, are not included in the chapter, such as Zika and mpox (monkeypox).

Sexually Transmitted Infections and Other Infections of the Genitals



Sexually transmitted infections, or STIs, are *infections* passed from one person to another during sex. Most types of sex can spread an STI. It can be *penis-in-vagina* sex, or *penis-in-anus* sex, or *oral* sex (mouth to penis, mouth to vagina). Sometimes STIs can spread by just rubbing an infected penis or vagina against another person's *genitals*. STIs can be passed during pregnancy to a developing baby before it is born, or during childbirth.

Unless they are treated early, STIs can cause:

- *infertility*.
- babies born too early, too small, blind, sick, or dead.
- pregnancy in the tube (outside the womb).
- death from severe infection.
- lasting pain.
- *cancer* of the cervix, liver, throat, and anus.

► *Untreated STIs can cause serious problems. Get treated as soon as you know something might be wrong. Your sexual partners will need to be treated too, even if they have no signs.*

► *This chapter will also help you treat some problems of the genitals that are not sexually transmitted.*

Women and Sexually Transmitted Infections (STIs)

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gender roles

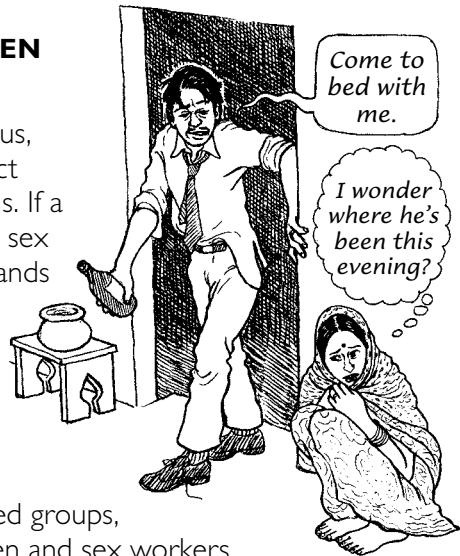
How STIs Pass to Partners Through Sex

Any sex where the genitals touch, and oral sex (using the mouth on the genitals), can pass STIs. Being penetrated during sex (in the vagina, anus, or mouth) increases the likelihood of getting an STI. Penetration with the penis can rub and open the skin inside the vagina, anus, or mouth, so an infection can enter that person's body. This can happen even if the person does not notice these breaks in the skin. If condoms are not used, semen which may carry infection stays inside the vagina, anus, or mouth. Some STIs can be passed by sores on the genitals or by skin-to-skin contact when no sores are present.

Using condoms during sex is the best way to protect against getting or giving an STI (see page 193).

Why So Many Women Get STIs

Like others with low status, many women cannot protect themselves from getting STIs. If a woman is expected to have sex whenever her partner demands it and has no control over condom use or who else her partner has sex with, she is more likely to get an STI. This may be even more difficult for women from marginalized groups, including transgender women and sex workers.



You Are More Likely to Get an STI if ...



- one of your sexual partners has signs of an STI or was recently treated for an STI.
- you have had a new sexual partner in the last 2 months. That person may have had another partner just before you who had an STI.
- you have more than one sexual partner.
- you think your sexual partner might have other sexual partners (for example, he spends time far from where you live).
- you or your partner is a sex worker.
- you share needles to inject drugs, or you have sex with someone who shares needles.

If any of these is true for you, use condoms as much as possible when you have sex, and get tested for STIs if you can.

SIGNS THAT YOU MAY HAVE AN STI

- an unusual or bad-smelling vaginal discharge
- itching genitals
- painful genitals
- sores or blisters on the genitals
- pain in your lower *abdomen* or pain during sex

Many STIs cause no signs. Even without signs, STIs can pass between people during sex without condoms. To know if you have an STI and what type it is, you may need a blood or urine test, or a test taken by swabbing the affected part of the body. Testing to find and treat STIs in people who are sexually active should be a regular part of health care.

Where reliable tests are not available or take too long, a health worker will ask about signs you have noticed and about your health history, including sexual partners. They will look for vaginal discharge and may do a pelvic exam to look for infection on the cervix, sores inside the vagina, or other problems. They know the infections most common in your region, which medicines cure them, and when more than one medicine is needed.

WHAT TO DO IF YOU MIGHT HAVE AN STI

- **Treat the infection right away. Do not let it get worse.** Treatment will protect you from more serious problems later on and will prevent the spread of STIs to others.
- **Get tested if testing is available.** You could be infected with an STI but have no signs. Ask a health worker if you should get tested for HIV. HIV infection and other STIs often occur together (see page 288).
- **Help your partner get treated at the same time.** That way, having sex together will not lead to getting repeat infections.
- **Take all the medicine as recommended.** Even if the signs have gone away, you must take all the medicine prescribed to completely end the infection.
- **Practice safer sex.** You can get another STI or HIV if you do not protect yourself (see page 189).

If your signs do not go away after taking the medicines, see a health worker. Pain or vaginal discharge could also be caused by cancer or another problem.



Do I Have an STI?

► Try to find a clinic that offers STI testing. But even where testing is not available, an experienced health worker can find out what STI you have and what are the best medicines to cure you.

Taking Medicines to Treat STIs

► Warnings are given in this chapter if a medicine should not be taken while pregnant or breastfeeding. If a medicine does not have a warning, it is safe to take.

► Learn about a medicine before you take it by looking it up in the “Medicines Pages” (pages 485 to 516).

In this chapter we recommend medicines that treat STIs. Because it is common to have more than one infection at a time, it can be necessary to take more than one medicine. Be sure to take each medicine according to the instructions.

Which medicines are available and how much they cost depends on where you live. Check with a health worker or pharmacist to know if it is best to take the medicines listed here or others instead.



You may also need to take a different medicine if:

- you are pregnant or breastfeeding and the medicine is not safe to take during those times.
- the STI you have is *resistant* to the medicine.
- you have an allergy to the medicine. For example, some people are allergic to penicillins or sulfa medicines and must take a different type of antibiotic instead.

RESISTANCE TO STI MEDICINES

When using medicines to treat STIs and other diseases, it is very important to take all the doses of the medicine for the correct number of days. If a person does not take enough of the right kind of medicine—or stops taking the medicine before the treatment is finished—the germs causing the infection are not all killed. The strongest germs survive and create stronger forms of the disease. Then a medicine that once worked against that disease is no longer able to cure it. This is when we say an infection has become resistant to a medicine.

For this reason, in many places gonorrhea has become resistant to the medicines usually used to treat it. Talk with a health worker to find out if this is a problem where you live, and what are the best locally available medicines to treat STIs.

When treating STIs, always:

- make sure your sexual partners get treated too.
- take all the medicine for the correct number of days.
- stop having sex or use condoms during sex until your signs have gone away AND you and your sexual partners have finished all the medicine.
- see a health worker if you do not get better by the end of your treatment.
- practice safer sex when you do have sex again.



It is normal to have wetness and some fluid (discharge) come from the vagina between menstrual periods. This is how the vagina cleans itself. The amount of fluid changes during different days of your menstrual cycle. During your fertile time, your discharge is more wet, slippery, and clear in color. If you are pregnant, you may have more fluid than usual.

Discharge that is clear, milky, or slightly yellow is normal. Discharge that has a bad smell, comes with itching or irritation, or is different in color or amount from usual is called "abnormal discharge" and may be a sign of an STI.

COMMON CAUSES OF ABNORMAL DISCHARGE

Abnormal discharge can be a sign of a yeast infection or bacterial vaginosis, which are usually not sexually transmitted, or a sign of trichomonas, gonorrhea, or chlamydia, all of which are sexually transmitted. See other signs of these infections and how they are treated below and on pages 265 to 268.

IMPORTANT *If you have abnormal discharge from the vagina with pain in the lower abdomen, you could have a serious infection (PID). Get treatment immediately! See page 276.*

Yeast (candida, white discharge, thrush)

Yeast is not usually sexually transmitted. It is usually not dangerous, but it can be very uncomfortable. You are more likely to have a yeast infection when you are pregnant, taking antibiotics, or have some other illness like diabetes or HIV infection.

Signs in the vagina:

- white, lumpy discharge, like milk curd or yogurt, although sometimes there is no abnormal vaginal discharge at all
- red, irritated skin outside and inside your vagina that may bleed
- itchy genitals
- a burning feeling when you pass urine
- a smell like mold or baking bread

Abnormal Discharge

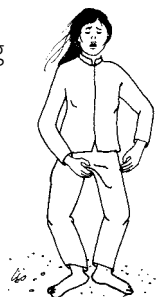


Abnormal discharge means a change in the smell, amount, or color in the fluids from your vagina compared to what is usual for you. This can mean you have an infection.

Itching of the genitals

Itching of the genitals can have many causes. Itching around the opening of the vagina could be yeast (see above) or trichomonas (see page 267). Itchy genitals could also be caused by scabies or lice. Scabies or lice can be treated with medicines found in most pharmacies.

Some itching is caused by soaps or deodorants that have perfume in them. It can also be caused by plants and herbs used for douching. Wash the area outside the vagina with plain water to see if the itching goes away.



Treatment:

Yeast is treated by putting medicinal creams or inserts in the vagina at night. A health worker can help you know if you have yeast or a different kind of infection. If you are pregnant, it is best to be treated for a yeast infection before giving birth, or the baby can get thrush (see page 117).



Mild yeast infections will sometimes go away without medicines. Rinsing genitals with or sitting in a pan of warm clean water may reduce itching. If it helps you feel better, do this 2 times a day.

Medicines to treat Yeast Infection

<u>Medicine</u>	<u>How much</u>	<u>How to use</u>
clotrimazole.....one 500 mg insert.....	put high in the vagina for 1 night only	
or clotrimazole.....two 100 mg inserts.....	put high in the vagina each night for 3 nights	
or miconazole.....one 200 mg insert.....	put high in the vagina each night for 3 nights	
or nystatin.....one 100,000 Units insert.....	put high in the vagina each night for 14 nights	

Insert these medicines each night, including during your monthly period. Clotrimazole, miconazole, and nystatin inserts may come in other strengths. Follow the instructions to know how many nights to use. They also come as a cream that goes high in the vagina and as creams that can be applied to the skin around the opening to the vagina and inner thighs if these areas are irritated.

Prevention:

Wear loose clothing and underclothes to let air reach the genitals. This helps prevent yeast. Change the underclothes often. Do not put soap in the vagina when bathing. Do not douche.

Bacterial vaginosis, BV

Bacterial vaginosis is not sexually transmitted. However if sex irritates the vagina, it makes getting this infection more likely. If you are pregnant, it can cause your baby to be born too soon.

Signs in the vagina:

- more discharge than usual
- a bad, fishy smell, especially after sex
- mild itching

The antibiotic clindamycin can be used to treat bacterial vaginosis if you know it is not from having sex. If you have these signs and think you may have an STI (see page 263), then treat for trichomonas at the same time with metronizadole or tinazadole (see page 267).

Medicine to treat only Bacterial Vaginosis

<u>Medicine</u>	<u>How much</u>	<u>How to use</u>
clindamycin	300 mg	by mouth, 2 times a day for 7 days
or clindamycin cream.....	5 grams of 2% cream..... (one full applicator)	put high in the vagina at bedtime for 7 days

If you have bacterial vaginosis and no other infection, your sexual partners need treatment only if they also have abnormal vaginal discharge.

Trichomonas

Trichomonas is an STI caused by a parasite. *Trichomonas* makes the vagina very uncomfortable and itchy. It also makes getting other STIs, including HIV, more likely. *Trichomonas* inside the penis often has no signs, but can still pass to a partner during sex without a condom.

Signs in the vagina:

- discharge that is gray, yellow, or green
- bad-smelling discharge
- red and itchy genital area
- pain or burning when you pass urine

If you have any of these signs, or if there is a chance your infection was caused by sex, use one of the medicines in the box below. The medicines for only bacterial vaginosis will not completely treat your infection.

Medicines to treat Trichomonas or Bacterial Vaginosis or both

<u>Medicine</u>	<u>How much</u>	<u>How to use</u>
metronidazole	400 to 500 mg	by mouth, 2 times a day for 7 days
or metronidazole.....	2 grams (2000 mg).....	by mouth, 1 time only
<i>Do not use the single large dose if you are pregnant.</i>		
or tinidazole.....	2 grams (2000 mg).....	by mouth, 1 time only
<i>or if you are less than 3 months pregnant,</i>		
tinidazole	500 mg by mouth.....	2 times a day for 5 days

Any sexual partners you have need the same treatment as you.

IMPORTANT *Do not drink alcohol during the time you are taking metronidazole or tinidazole.*

► *Itching of the anus or pain passing stool can sometimes be a sign of a STI. If you notice it is slippery when you wipe your bottom, this could be a sign of gonorrhea or chlamydia.*

► *Pain or burning when passing urine can also be from a bladder or kidney infection (see pages 366 to 368).*

Gonorrhea and chlamydia

Gonorrhea and chlamydia are serious STIs that can cause infertility, but they are easy to cure if treated early. Often people with gonorrhea or chlamydia have no signs. When there are no signs, tests are needed to know if there is an infection. It is important to test for and treat gonorrhea and chlamydia during pregnancy because these infections can pass to the baby during childbirth. Gonorrhea and chlamydia can have the same signs, so often 2 medicines are given to treat both. A person's sexual partners will need treatment too.

Signs in the vagina

- 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

Signs in the testicles and penis:

- discharge from the penis
- pain or burning when passing urine
- pain or swelling of the testicles

Medicines to treat Gonorrhea and Chlamydia

Treatment for abnormal discharge likely to be from STIs

To stop infection quickly, it is common to give medicines for both gonorrhea and chlamydia at the same time. If there are signs that could be trichomonas, also use a third medicine, metronidazole (see page 267).

Where more than 1 medicine is listed, the best choice in each section is shown first.

Medicine

How much

How to use

ceftriaxone.....250 mg.....inject into muscle 1 time only

In some places, 500 mg may be recommended.

or cefixime400 mgby mouth 1 time only

Only use cefixime if ceftriaxone is not available.

AND

azithromycin1 gram (1000 mg)by mouth 1 time only

or doxycycline100 mgby mouth, 2 times a day for 7 days

Do not use doxycycline if you are pregnant and avoid using it if you are breastfeeding.

or erythromycin500 mgby mouth, 4 times a day for 7 days

Hepatitis is a dangerous infection caused by a virus that harms the liver. *Hepatitis* B and hepatitis C spread when the blood, saliva (spit), fluid from the vagina, or semen of someone already infected with the virus gets into the body of another person. Hepatitis B spreads very easily, especially during sex. Hepatitis C is more likely to be spread through unclean needles or through infected blood. Hepatitis B and C can cause permanent damage to the liver (cirrhosis), liver cancer, and death. Hepatitis C is a major cause of death for people with HIV.

Signs:

- no appetite
- tired and weak feeling
- yellow eyes or skin
- nausea or pain in the belly
- dark urine and whitish stools
- no signs at all, common for hepatitis C



Treatment:

Hepatitis B can be treated and hepatitis C can be cured. Get tested and ask health workers what medicines are available.

You can feel better and help your liver heal by getting extra rest, and drinking juices, broths or vegetable soups. **Do not drink any alcohol for at least 6 months.**

Pregnancy and hepatitis. If you have any of these signs when you are pregnant, see a health worker. You may be able to get a vaccination to prevent your baby from getting hepatitis B.

HIV is a virus that can lead to AIDS if not treated. HIV spreads when *HIV*-infected blood, semen, or fluid from the vagina gets into the body of another person. This happens most often during unsafe sex or by sharing needles when injecting drugs. Untreated HIV can also spread during pregnancy, birth, or breastfeeding to a baby. Sores on the genitals can also pass HIV. Semen and discharge from someone who has both HIV and another STI may contain a large amount of HIV (see page 262). People who are penetrated in the vagina or anus during sex are more at risk for becoming infected with HIV.

There is no cure for HIV, but regular treatment with medicines allows a person with HIV to live a healthy life. Practice safer sex to protect yourself and others from spreading HIV.

Hepatitis B (Yellow Eyes), Hepatitis C

► If you are worried your partner has hepatitis, ask a health worker about getting tested and vaccinated. If you or your partner have had hepatitis, wait until you are both completely well before having sex.



hepatitis can lead to liver cancer



vaccine to prevent hepatitis B

HIV



Chapter 17, HIV

► If you think you have had unsafe sex with someone who might have HIV, see page 518.

Human Papilloma Virus (HPV)



cancer of the cervix

There are many types of *human papilloma virus* (HPV). Some types cause genital warts (see page 271). A few types of HPV can cause cancer of the cervix, throat, anus, or other parts of the body. The type of HPV that most people have does not cause any visible signs or illness.

A simple screening test, where a health worker looks at the cervix after applying vinegar, can show if there are abnormal cells on the cervix caused by HPV. A safe and painless treatment called cryotherapy freezes and kills the abnormal cells on the cervix so they do not develop into cancer. For more information about testing for and treating cancer of the cervix, see page 377.

There are vaccines that prevent HPV. Which one is available may depend on where you live. All protect against the types of HPV that cause most of the cervical cancer in the world and the types that cause most genital warts. It is best to vaccinate all children and youth against HPV before they become sexually active to protect them from getting or spreading HPV infections.



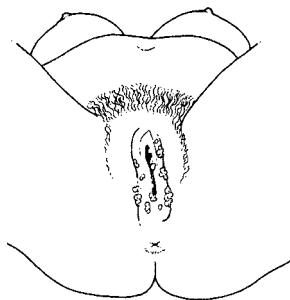
Warts are caused by a *virus*. Warts on the genitals look like warts on other parts of the body. It is possible to have *genital warts* and not know it, especially when they are inside the vagina or inside the tip of the penis. Warts are not dangerous but can be uncomfortable. Warts may go away without treatment, but it can take a long time. Usually they get worse and should be treated.

Signs:

- itching
- small, painless, whitish or brownish bumps that have a rough surface.



Warts can grow on the penis, (or just inside it) and on the scrotum or the anus.



Warts can grow on the folds of the vulva, inside the vagina, and around the anus.

IMPORTANT *Large, flat, wet growths that look like warts may be a sign of syphilis (see the next page). Try to get a test for syphilis before using this treatment. For syphilis, you will need a different treatment.*

Treatment:

Podofilox liquid or gel (see page 512) or trichloroacetic acid or bichloroacetic acid (see page 516) are put directly on genital warts to shrink them.

Podofilox is easier to use and a health worker can put it on the first time and then show you how to do it at home. These acids can burn the skin, so getting help from an experienced health worker is best when using either of them. At home, you will need help from another person if the warts are in a place that is hard to see or reach.

If the treatment is working, it will cause a painful sore where the wart used to be. Keep the sores clean and dry. Try not to have sex until they are gone, but if you do have sex, use a condom. The sores should heal within a week or two. Watch them to make sure they do not get infected.

To get rid of all the warts, people usually need to treat themselves several times, with waiting times between each treatment. See page 512 and 516 for more information. 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.

Growth on the Genitals (Genital Warts)

► The HPV vaccine protects against most types of the virus that cause genital warts. Where children and young people routinely get this vaccine, fewer people have genital warts. The HPV vaccine also prevents some cancers (see page 379).

► Warts can pass to sexual partners. Use condoms during sex if either you or your partner have warts or are still getting treatment.

► Warts grow faster during pregnancy. If you have a lot of them, this can cause problems with childbirth. Talk with a health worker.

Sores on the Genitals (Genital Ulcers)

► If you have ever had an open sore on your genitals that was not treated, try to get a blood test for syphilis. Some countries have free testing programs. Syphilis can still be treated even after the sore has gone away.

► If you are pregnant, it is important to get a blood test for syphilis.

COMMON CAUSES OF SORES ON THE GENITALS

Most sores or *ulcers* on the genitals are sexually transmitted. Sometimes the sores from syphilis and chancroid look alike. For this reason, you may be treated with medicines that cure both of these STIs (see page 273). Sores on the genitals should be kept clean. Wash them every day with soap and water, and dry carefully. Do not share the cloth you use to dry yourself with anyone else.

IMPORTANT HIV can pass through a genital sore during sex. To help prevent the spread of HIV, do not have sex when you or your partner has a sore.

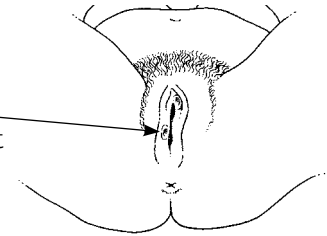
Syphilis

Syphilis is a serious STI that spreads during vaginal, anal, or oral sex. It can also be passed during pregnancy to a baby. Over time it will affect the whole body. It is caused by *bacteria* and can be cured with medicine if treated early. Rapid tests for syphilis are becoming more available, including a test for both HIV and syphilis using a drop of blood from a finger prick.

Signs:

The first sign is a small, **painless** sore that looks like a bump until it breaks open into a sore.

It usually appears in the genital area but may also appear on the mouth or anus. If the sore is inside the vagina, it might not be noticed.



The sore lasts a few days to a few weeks and then goes away by itself. Weeks or months later, you might get a rash (especially on the palms of the hands and soles of the feet), sore throat, mild fever, or mouth sores. Any strange rash or skin condition that shows up days or weeks after a sore on the genitals may be from syphilis. Get tested and treated quickly (see page 271).

Even if you have no signs, you can still pass syphilis to others. Without treatment, syphilis can cause heart disease, *paralysis*, mental illness, and even death.

Pregnancy and syphilis. Anyone who is pregnant should be tested for syphilis and treated so it does not pass to the baby. Syphilis can cause babies to be born too early, with disabilities, or dead (stillbirth). If you get tested for HIV or another STI, a health worker will often test you for syphilis too.

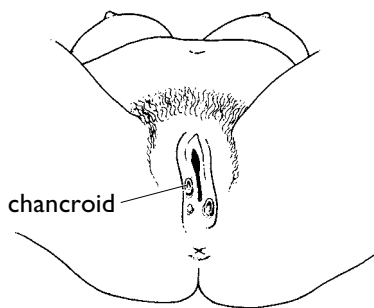
Medicines to treat Syphilis

Benzathine benzylpenicillin is the most effective medicine to treat syphilis. Only use one of the others if benzathine benzylpenicillin is not available or if the person is allergic to penicillin.

<u>Medicine</u>	<u>How much</u>	<u>How to use</u>
benzathine benzylpenicillin.....	2.4 million Units.....	inject into muscle 1 time only
<i>or</i> doxycycline.....	100 mg.....	by mouth, 2 times a day for 14 days
<i>Do not use if pregnant and avoid using it if breastfeeding.</i>		
<i>or</i> erythromycin.....	500 mg.....	by mouth, 4 times a day for 14 days
<i>Only use this if you are pregnant or breastfeeding and allergic to penicillin. It will treat the syphilis in the person taking it, but after the birth the baby will need additional treatment.</i>		

Chancroid

Chancroid is an STI caused by bacteria. It can be cured with medicine if it is treated early. Sores from syphilis and chancroid can look the same, but if the sore is painful and bleeds easily, it may be chancroid.



Signs:

- one or more soft, **painful** sores on the genitals or anus that bleed easily
- enlarged, painful glands (*lymph nodes, buboes*) may develop in the *groin*

Medicines to treat Chancroid

If there is chancroid in your region and you are not sure if a person has chancroid or syphilis, it is best to treat for both. Use one medicine from "Medicines to treat Syphilis," above. Then choose one medicine to treat chancroid. If using erythromycin to treat syphilis, do not choose azithromycin or erythromycin to treat chancroid.

<u>Medicine</u>	<u>How much</u>	<u>How to use</u>
azithromycin.....	1 gram.....	by mouth, 1 time only
<i>or</i> ceftriaxone.....	250 mg.....	inject into muscle, 1 time only
<i>or</i> ciprofloxacin.....	500 mg.....	by mouth, 2 times a day for 3 days
<i>Do not use if pregnant or breastfeeding or under age 16.</i>		
<i>or</i> erythromycin.....	500 mg.....	by mouth, 4 times a day for 7 days

► *Herpes virus can cause sores on the mouth (cold sores), also called oral herpes. Kissing or sharing something from mouth to mouth are common ways oral herpes spreads. Oral herpes can become genital herpes if passed from the mouth to the genitals during oral sex.*

► *Genital herpes that is not treated can make getting HIV more likely. If you have HIV, genital herpes outbreaks may be harder to manage. Talk to an experienced health worker.*

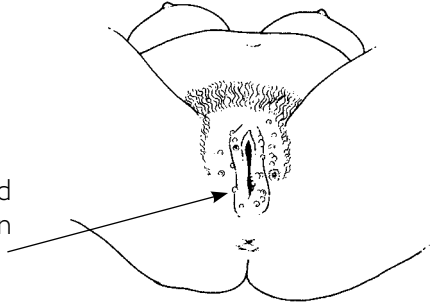
Genital herpes

Genital herpes is an STI caused by a virus. It produces sores on the genitals that come and go for months or years. Herpes spreads when skin touches skin, as between sexual partners. It can spread even when you cannot see a sore, but is more likely to spread when there is a sore. When sores appear, it is called an outbreak.

There is no cure for herpes, but treatment can make outbreaks shorter and less painful, and make it less likely you will spread the infection to sexual partners.

Signs:

- tingling, itching, or painful skin on the genitals or, less commonly, the thighs
- small blisters that burst and form painful, open sores on the genitals (an outbreak)



The first time you get herpes sores, they can last for 3 weeks or more. You can have a fever, headache, body ache, chills, and swollen lymph nodes in the groin. Outbreaks afterwards tend not to be as bad as the first one.



Pregnancy and herpes. Having herpes sores in the vagina during birth can pass herpes and health problems to the baby. If you have your first outbreak during pregnancy, get treated immediately. If you already had genital herpes and have an outbreak while pregnant, using treatment during your last month of pregnancy can reduce your risk of passing herpes to the baby during birth. It may be best to have the baby in a hospital in case you need a cesarean section (c-section).

If you have painful herpes or other genital sores, try these ways to feel better:

- Wrap a piece of ice in a clean cloth. Hold it on the sore for 20 minutes as soon as you feel the sore developing.
- Make a *compress* by soaking some cloth in clean water that has black tea in it and put it on the sore.
- Sit in a pan or bath of clean, cool water.



A compress can make genital sores feel better.

- Mix water and baking soda or corn starch into a paste and put it on the sore area.
- You can also try the suggestions on page 278.

Medicines to treat Herpes

For a first-time outbreak, take 400 mg acyclovir by mouth 3 times a day for 7 to 10 days.

If you have had a herpes infection before, start taking the same medicine as soon as you notice any signs of tingling, burning, or sores, but for only 5 days.

If you have had more than 6 herpes outbreaks in 1 year, talk with an experienced health worker to see if taking acyclovir for a longer period will help.

Although acyclovir cannot cure herpes, it makes outbreaks shorter and less painful, and reduces your risk of passing herpes to partners during sex.

► Wash your hands with soap and water after touching the sores.



► Be careful not to touch your eyes or your children's eyes.

A herpes infection in the eyes is very serious.

► Herpes spreads most easily when there are sores, even when condoms are used. If you have herpes sores, avoid sex until they have healed. When a person who has herpes has no sores, safer sex and using condoms make it less likely herpes will pass to others.

Pelvic Inflammatory Disease



other causes of pain in the lower belly

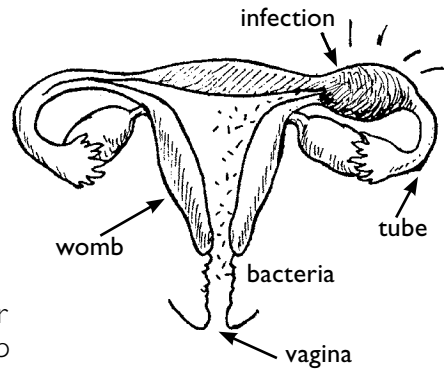
► PID does not always cause pain.

► To prevent PID, always treat STIs correctly. Be sure to:

- follow the instructions to take the right amount of medicine for the right number of days.
- make sure your sexual partners get treated.
- stop having sex until you and your partners have finished all the medicine and your signs have gone away.

Pelvic Inflammatory Disease or *PID* is the name for an infection of any of the reproductive parts near and including the womb in the lower abdomen. PID is most often caused by a STI infection—usually gonorrhea, chlamydia, or both—that was not treated or was treated but not cured.

The germs that cause PID travel up from the vagina through the cervix and then into the womb, tubes, and ovaries. If the infection is not treated in time, it can cause *chronic* pain, serious illness, or death. An infection in the tubes can leave *scars* that make you infertile or at risk for a pregnancy outside the womb (tubal or ectopic pregnancy).



Signs (you may have one or more of these):

- pain in the lower belly that can be mild or severe
- pain or bleeding during sex
- tenderness when you press on the lower belly
- fever over 38°C (100.4°F)
- feeling very ill and weak
- unusual bleeding or bad-smelling discharge from the vagina

Treatment:



Treat PID right away.

Start taking the medicines on the next page right away. If you do not feel better after 2 days and 2 nights (48 hours), if you are very ill with a high fever or vomiting, or if you are pregnant, **go to a health center or hospital immediately**. You may need medicines given in the vein (IV).

Medicines to treat Pelvic Inflammatory Disease (PID)

This infection is usually caused by a mix of germs, so 3 medicines are used. Choose one medicine from each of the first two sections below and also give metronidazole (third section). Where more than one medicine is listed, the best choice in each section is shown first.

Medicine	How much	How to use
ceftriaxone.....	250 mg.....	inject into muscle 1 time only
<i>In some places, 500 mg may be recommended.</i>		
or cefixime.....	400 mg.....	by mouth 1 time only
<i>Only use cefixime if ceftriaxone is not available.</i>		

AND

doxycycline.....	100 mg.....	by mouth, 2 times a day for 14 days
<i>Do not use doxycycline if you are pregnant and avoid using it if you are breastfeeding.</i>		
or azithromycin.....	1 gram (1000 mg)	by mouth 1 time only
or erythromycin.....	500 mg.....	by mouth, 4 times a day for 14 days

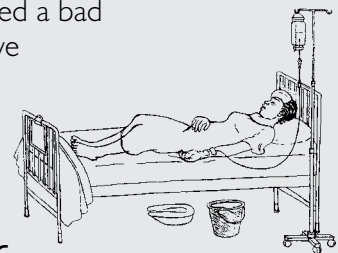
AND

metronidazole	400 to 500 mg.....	by mouth, 3 times a day for 14 days
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IMPORTANT *Do not drink alcohol if you are taking metronidazole.*

My husband taught school in a town far away from our village and returned home to visit me only a few times each year. After one of his visits, I became very ill with fever and a terrible pain in my abdomen. I did not know what was causing my sickness, and the remedies from the local healer did not work. I could not leave my children to travel for help, and I did not have much money. I got so sick that my neighbors thought I was going to die. So they took me in a truck to the nearest hospital, 90 miles away.

The doctor at the hospital said I had gonorrhea that caused a bad infection inside my abdomen. He said I would need expensive surgery and many days of medicines to cure me. He also said I probably will not be able to have more children. Now, I only wish I had taken the right medicines when I first became sick.



—Central African Republic

How to Feel Better

To cure or lessen the harm from an STI, you will need the right medicines. As you give the medicines time to work, here are some ways to relieve your discomfort.

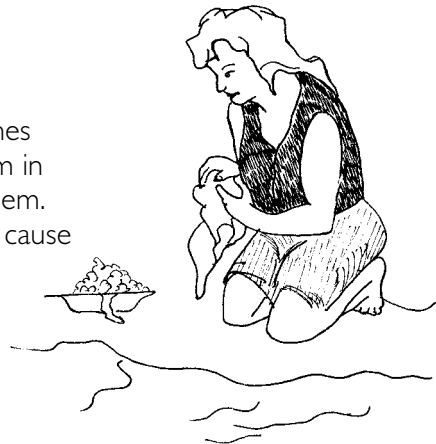
1. If you have sores or itching of the genitals, sit in a pan of clean, warm water for 15 minutes, 2 times a day. Do this until you feel better.



2. Do not have sex again until you feel better.

3. Wear loose clothing and underclothes that let air reach the genitals and help you heal.

4. Change your underclothes once a day and dry them in the sun after washing them. This kills the germs that cause infection.



5. Take a mild pain medicine.

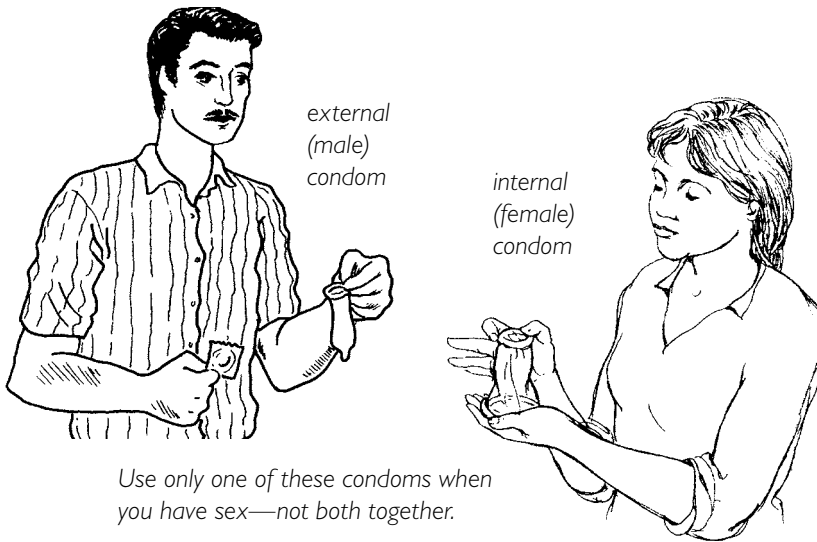


medicines for pain

6. If you have genital ulcers and it is painful to pass urine, pour clean water over your genital area while you urinate. Or sit in a pan of cool water while you urinate.

REDUCING YOUR RISK OF STIs

- Practice safer sex (see Chapter 12, “Sexual Health”).
- Use condoms every time you have sex. To learn how to encourage your partner to use condoms, see page 192.



- Do not douche or use herbs or powders to dry out the vagina. Washing out the vagina with soap or any type of douching works against the natural wetness the vagina makes to stay healthy. A dry vagina can become irritated during sex, making it more likely to be infected with HIV and other STIs.
- If you or your partner have signs of an STI or are being treated for one, wait until you are both completely well before having sex.
- Use sexual touch or have oral sex instead of penis-vagina or penis-anus sex with your partners.

Working for Change

► Preventing STIs can protect you and your partner from serious illness and infertility.



safer sex

Condoms will:

- protect you from STIs including HIV.
- protect the health of your partner.
- prevent unwanted pregnancy.

Use
condoms!

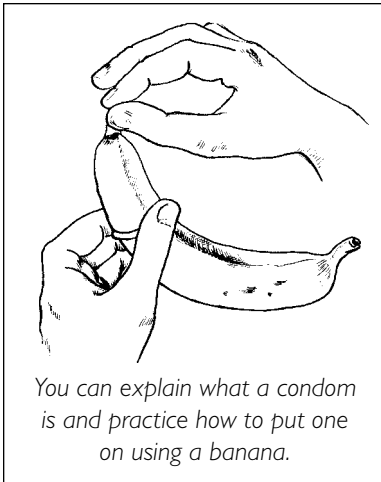




WORKING FOR SAFER SEX IN THE COMMUNITY

Sexually transmitted infections are a health problem for the whole community. To help prevent STIs in your community:

- encourage health services to give vaccines for hepatitis B and HPV and to regularly test young people and pregnant people for STIs.
- teach adults and young people about the health risks of STIs. Share this information where people gather, such as the waiting room for women's health services or where young people go after school.
- work to make condoms more widely accepted and used. Help people practice what they would say to partners who do not want to use condoms.



- work to make sure that free or cheap condoms are available at local shops, bars, and cafes as well as from health workers and at health centers.
- train men to encourage other men to use condoms.
- organize a community group to talk about various health problems, including STIs. Explain how preventing STIs will also prevent the spread of HIV infection.
- support schools to provide sex and health education. Help parents understand that teaching children about STIs, including HIV, helps them make safer choices later in life.
- encourage and train teenagers to teach their friends about STIs, including HIV, and to identify reliable sources of online information and share correct information.

After a health worker came to speak with a group of women in our community about STIs and HIV, we began talking about our lives. Some women said they do not worry about STIs. But talking more, we realized that STIs *are* a problem here. Also, we know men as well as women do not want to get HIV, become infertile, or have pain from STIs. We thought about how to get men to use condoms and decided that we needed to educate the entire community about the dangers of STIs and HIV and



how to prevent them. We organized a play and got people from the community to act in it. We created a special character called “Commander Condom” to come to the rescue with condoms. Everyone came to watch the play. People enjoyed it and they also learned. Now the men make jokes about “Commander Condom,” but they are also using condoms more often.

— *Oaxaca, Mexico*

To the health worker:

- Find out from the health authorities what medicines work best to treat STIs in your community.
- Offer more STI testing and treatment wherever people get other health services and make sure they are open to everyone. Are all languages spoken? Do young people feel welcome? Will gay and trans people be respected?
- Try to start a community pharmacy so it will be easier for people to get medicines to treat STIs and to get condoms, both external (male) and internal (female), to help prevent them.
- Never judge or blame anyone who needs help with an STI. Offer care and explain how to cure their STI, how to keep from infecting others, and how to keep from getting an STI again. Make sure their partners also get treatment.
- Include information about preventing STIs and HIV in family planning programs.
- Respect the privacy of those with STIs and other health problems. Never talk about their problems with others.