

CHAPTER 18

Sexually transmitted infections

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Sexually transmitted infections

and other infections of the genitals



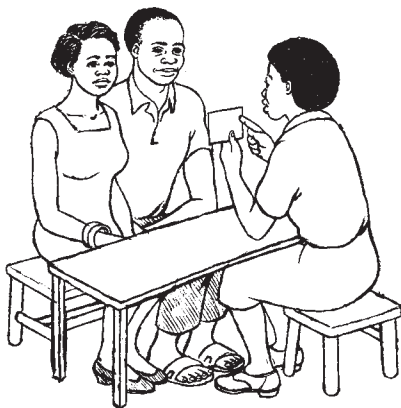
What are sexually transmitted infections?

Sexually transmitted infections (STIs) are infections that are passed from one person to another during sex. Anyone, including babies and children, can be affected by STIs. Some common STIs are gonorrhea, chlamydia, trichomonas, syphilis, chancroid, herpes, hepatitis B, and HIV.

Any of the following can be a sign of an STI:

- bad-smelling discharge
- itching genitals
- painful genitals
- sores or blisters on the genitals
- pain in the pelvis or pain during sex

It is also very common to have an STI and have no signs at all. Many people have STIs but do not know it.



Untreated STIs can lead to very serious health problems, so anyone with an STI needs treatment as soon as possible. An untreated STI can cause a tubal pregnancy (see page 113), cancer of the cervix, or infertility (see page 30). An untreated STI in a pregnant woman can also cause a baby to be born too early, too small, blind, sick, or dead. A person who has one STI can more easily get another — including HIV.

This chapter covers the different STIs a woman can have by describing the signs of each infection and explaining how to treat and prevent them. It also covers how to recognize and treat some other common infections of the genitals that are not transmitted sexually.

How STIs are passed

To get an STI, a person must have close contact with someone who is already infected. The contact can be vaginal sex (penis in vagina), anal sex (penis in anus), or less often, oral sex (mouth on genitals or anus). STIs can sometimes pass from just rubbing an infected penis or vagina against another person's genitals. Many people get STIs from people who have no signs of being infected.

STIs can be prevented by not having sex with anyone who has an infection. Using condoms also prevents many STIs from spreading. To learn about preventing STIs, which is especially important during pregnancy, see pages 334 and 336 to 337.

A baby in the womb can also get an STI through contact with the mother's blood during pregnancy or during birth when it passes through the vagina.

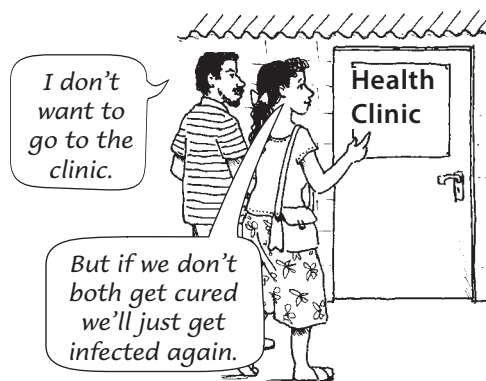
Treating STIs

Most STIs will get better or go away if the person is treated right away, but many women do not get treated. They may not know they are infected, or not have money for treatment. They may feel embarrassed or ashamed, or fear that their husbands will think they had sex with someone else.

How you care for a woman who may have an STI can make a big difference. If a woman comes to you for help, do not tell anyone else what she told you. She may not seek your help again. Do not judge or criticize her. Answer her questions honestly, and as best as you can. If you cannot treat her infection, help her find low-cost care nearby.

Remember:

- Treat STIs as soon as possible. Early treatment for STIs costs less and is more effective than later treatment.
- Treat partners too. Treating a woman for an STI will not help if her partner is still infected.
- Make sure people know they must take all of the medicine. Even after signs of infection go away, taking the rest of the medicine is necessary to cure the infection completely.



Note: All the medicines listed in this chapter are safe to take during pregnancy or while breastfeeding unless we include a warning. Women who are not pregnant or breastfeeding may be able to take other, more effective drugs. See the book *Where Women Have No Doctor* or talk to a pharmacist to find out about other drugs.

Abnormal discharge from the vagina

Most women have some discharge (wetness) from the vagina. This discharge is the way the vagina cleans itself. The discharge changes during the days of the monthly cycle and also during pregnancy.

But a major change in the amount, color, or smell of the vaginal discharge can mean there is an infection of the genitals. The infection could be an STI—such as chlamydia, gonorrhea, or trichomonas—or might be a vaginal infection that does not spread sexually, such as PID (see page 325), yeast (page 326), or BV (page 328).



Chlamydia and gonorrhea

Chlamydia and gonorrhea are serious STIs that are easy to cure if treated early. If they are not treated they can lead to severe infection or infertility, and chlamydia can cause tubal pregnancy. Many people with chlamydia or gonorrhea have no signs. And someone who is infected can pass chlamydia or gonorrhea to a sexual partner with or without showing signs.

It is especially important to test for and treat chlamydia and gonorrhea during pregnancy, because these infections can pass to the baby during birth. If someone who is pregnant cannot be tested but she or her partner have signs, they should both be treated, to be safe.

Signs in a woman



- change in vaginal discharge
- bleeding between menstrual periods or after sex
- pain when urinating or during sex
- pain, bleeding, or discharge from the anus
- or no signs at all

Signs in a man



- discharge from the penis
- pain or burning while urinating
- pain or swelling in the testicles (balls)
- or no signs at all

Treatment

It is very common to have chlamydia and gonorrhea at the same time. If you are not sure whether the woman has chlamydia or gonorrhea, or both, treat her and her partner for both infections.

Note: In the past, penicillin was used to cure gonorrhea. Now, in many places, penicillin will not kill gonorrhea anymore because of drug resistance (see page 468). Find out which drugs work best in your area.

To treat chlamydia

- give 1 gram (1000 mg) azithromycin.....by mouth, 1 time only
- or**
- give 100 mg doxycycline.....by mouth, 2 times a day for 7 days
- Do not give doxycycline to people who are pregnant and avoid using with people who are breastfeeding.**
- or**
- give 500 mg erythromycinby mouth, 4 times a day for 7 days

To treat gonorrhea

- inject 1 g (1000 mg) ceftriaxone.....in the muscle, 1 time only
- or**
- give 800 mg cefixime.....by mouth, 1 time only
- Only use cefixime if ceftriaxone is not available.**



Chlamydia and gonorrhea can infect babies

A woman with chlamydia or gonorrhea can pass these infections to a baby during birth (many women have no signs). This can cause eye infection and blindness in the baby, or serious lung problems. A chlamydia or gonorrhea infection in the eyes usually causes a thick yellow discharge from the eyes within the first month.



To treat chlamydia or gonorrhea or both:

If the baby is less than 7 days old

- Inject 125 mg ceftriaxonein the thigh muscle, 1 time only

If the baby is 7 to 28 days old

- inject 125 mg ceftriaxonein the thigh muscle, 1 time only
- and**
- give 50 mg azithromycinby mouth, 1 time a day, for 3 days

OR

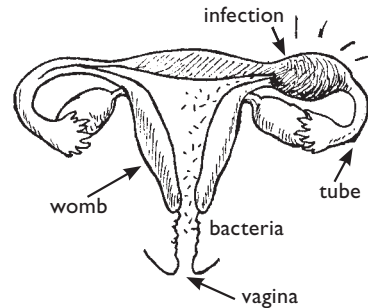
- inject 125 mg ceftriaxonein the thigh muscle, 1 time only
- and**
- give 30 mg erythromycinby mouth, 4 times a day, for 14 days



To prevent eye infection in babies, put antibiotic ointment into every baby's eyes soon after birth (see page 260).

Pelvic inflammatory disease (PID)

Pelvic inflammatory disease (PID) is a serious infection of a woman's womb, tubes, or ovaries. PID is most often caused by an STI infection that is not treated or not completely treated — usually gonorrhea, chlamydia, or both. PID can also be caused by other infections that are not sexually transmitted, like bacterial vaginosis.



When PID is not treated it can cause long-term pain, serious illness, scarring or infected growths (abscesses) in the womb and tubes, and death. Women who have (or had) PID are more likely to have a tubal pregnancy or difficulty getting pregnant.



Signs of PID

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

To treat PID

This infection is usually caused by several germs, so 3 medicines are used together. Give 1 medicine from each of the first 2 sections below and also give metronidazole.

- give 100 mg doxycycline..... by mouth, 2 times a day for 14 days

Do not give doxycycline to people who are pregnant and avoid using with people who are breastfeeding.

- give 1 g (1000 mg) azithromycin..... by mouth, 1 time only

or

- give 500 mg erythromycin..... by mouth, 4 times a day
for 14 days

AND

- inject 1 g (1000 mg) ceftriaxone..... in the muscle, 1 time only

or

- give 800 mg cefixime..... by mouth, 1 time only

AND

- give 400 to 500 mg metronidazole..... by mouth, 2 times a day
for 14 days

Do not drink alcohol if you are taking metronidazole.

If the woman is not better after 2 days and 2 nights (48 hours), or if she has high fever or vomiting, she should go to a medical center right away. She needs strong IV medicines (in the vein).



Trichomonas (trich)

Trichomonas infection can be very uncomfortable, but it is not dangerous itself. If untreated, it can make it easier to get other STIs including HIV, can make getting pregnant more difficult, or can make certain types of cancer more likely. In pregnant women, it can cause babies to be born earlier and smaller.

Some women who have trichomonas infections do not have any signs. Men usually have no signs but they can carry it in the penis and pass it to a woman during sex.

Signs of trichomonas

- gray, yellow, or green discharge
- bad-smelling discharge
- red and itchy genital area
- pain during sex or burning while urinating

To help the woman feel better, she can take a **sitz bath**. She should sit in a pan of clean, warm water for 15 minutes as often as possible. This is soothing to the genitals and will speed healing. She should not have sex until she and her partner are finished with treatment and all the signs are gone.



To treat trichomonas



- give 400 to 500 mg metronidazole..... by mouth, 2 times a day for 7 days

or

- give 2g (2000 mg) metronidazole..... by mouth, 1 time only

or

- give 2g (2000 mg) tinidazole..... by mouth, 1 time only

or

- give 500 mg tinidazole..... by mouth, 2 times a day for 5 days

Also treat the woman's sexual partners with the same treatment you give her.

Yeast (candida, white discharge, fungus)

Yeast is not usually sexually transmitted, but it is a very common vaginal infection. It is especially common in pregnant women or women who are taking antibiotics or birth control pills. Men can also get yeast infections.

Signs of yeast

- itchy genitals
- white, lumpy, sticky discharge
- bright red skin outside and inside the vagina that sometimes bleeds
- a burning feeling when urinating
- a smell like mold or bread dough from the vagina

Treatment

Yeast is not dangerous, but it is best to treat yeast in a pregnant woman before the birth, or the baby can get thrush (see page 290). Mild yeast infections will sometimes go away without medicines. Rinsing with or sitting in a pan of warm clean water may reduce itching. Someone can do this 2 times a day to feel better.

If a yeast infection does not go away on its own, try one of these medicines:



To treat yeast infection

- put one 100,000 Units nystatin insert or cream..... high in the vagina,
each night for 14 nights
- or*
- put one 100 mg clotrimazole insert..... high in the vagina,
each night for 6 nights
- or*
- put one 500 mg clotrimazole insert..... high in the vagina,
for 1 night only
- or*
- give 150 mg fluconazole by mouth, one time only

Do not give fluconazole to people who are pregnant or breastfeeding.

Prevention

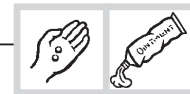
Wearing loose clothing and underclothes made of cotton, rather than polyester or nylon, lets air around the genitals. This helps prevent yeast. Wash or change the underclothes often. Do not put soap in the vagina when bathing. Do not douche.

Bacterial vaginosis (BV, gardnerella)

Bacterial vaginosis (BV) is not sexually transmitted, but when sex irritates the vagina, it makes getting this infection more likely. BV can cause pregnant women to have their babies too early. Many women who have bacterial vaginosis do not show signs.

Signs of bacterial vaginosis

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



To treat bacterial vaginosis

- give 400 to 500 mg metronidazole by mouth, 2 times a day for 7 days

or

- put 5 g of 0.75% metronidazole gel high in the vagina at bedtime for 7 days

or if metronidazole is not available:

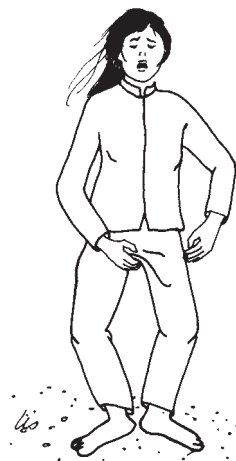
- give 300 mg clindamycin by mouth, 2 times a day for 7 days

or

- put 5 g of 2% clindamycin cream high in the vagina at bedtime for 7 days

A person's sexual partners also need treatment. People with penises need to use medicines both by mouth and also cream or gel on the penis.

Itching of the genitals



Itching of the genitals can have many causes. Itching around the opening of the vagina could be yeast or trichomonas.

Itching in the hair of the genitals or close to the genitals could be caused by scabies or lice. Scabies or lice can be treated with local remedies, or with medicines found in most pharmacies. For more information, see *Where There Is No Doctor* or another general medical book.

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

Sores and growths on the genitals (genital ulcers)

Most sores and growths on the genitals are caused by sexually transmitted infections. Some are caused by other infections or illnesses, by reactions to medicines, or by physical injury.

Sores on the genitals should be kept clean. Wash them with soap and water. Dry them carefully. Wash any cloth that you dry them with before you use it again.



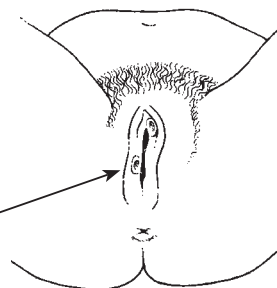
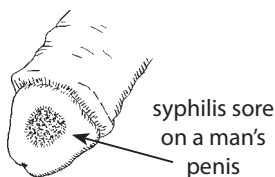
WARNING! Other infections, especially HIV, can easily pass through these sores on the genitals during sex. The best way to prevent passing infections from one person to another is to not have sex until your or your partner's sores have healed.

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 of syphilis

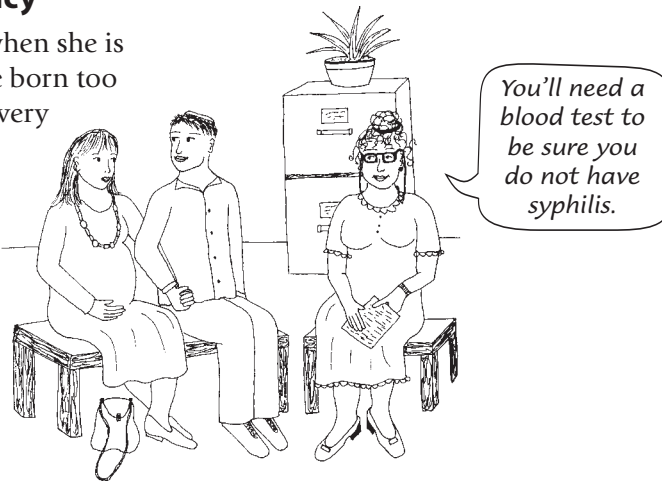
1. The first sign is a sore that may look like a pimple, a blister, or an open sore. It usually appears about 3 weeks after sex with a person who has syphilis, but sores can appear from 1 week to 3 months. This sore is full of germs, which are easily passed on to another person. The sore does not hurt, and if it is in a place where it isn't noticed (inside the vagina, anus, or throat), a person may not know she has it. But she can still infect anyone she has sex with. The sore lasts for only a few days or weeks and then goes away. But the infection is still there and continues to spread throughout the body.



2. Weeks or months later, the infected person may get a sore throat, mild fever, swollen joints, or a rash — especially on their hands, feet, belly, and sides. This rash contains syphilis germs which can be passed to others.
Other signs are white patches or gray warts in the mouth or near the genitals. These contain large amounts of syphilis germs which can be passed to others.
3. All of these signs usually go away by themselves, but the disease continues. If a person with syphilis does not get treatment early, the syphilis germs can cause heart disease, paralysis, mental illness, and death.

Syphilis and pregnancy

If a woman has syphilis when she is pregnant, her baby can be born too early, disabled, or dead. Every pregnant woman should get a blood test to check for syphilis — especially if she has ever had sores on her genitals.



To treat syphilis

If the person has had syphilis less than 2 years

- inject 2.4 million Units benzathine benzylpenicillin.....in the muscle, 1 time only

or

if the person is allergic to penicillin:

- give 500 mg erythromycinby mouth, 4 times a day for 14 days

or

- give 2 g azithromycin.....by mouth, 1 time only

If the person has had syphilis for 2 years or more, or if you don't know how long the person has had syphilis

- inject 2.4 million Units benzathine benzylpenicillinin the muscle, 1 time a week for 3 weeks

or

if the person is allergic to penicillin:

- give 500 mg erythromycinby mouth, 4 times a day for 30 days

Also give the same medicines to the woman's partner.

The erythromycin or azithromycin will treat the pregnant person but will not treat the baby. You will need to treat the newborn baby for syphilis soon after delivery (see page 480).



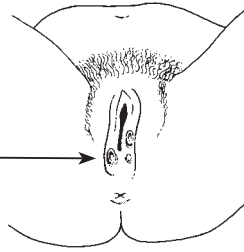
WARNING! It is very hard to tell the difference between syphilis and chancroid (see page 331). If you are not sure whether the woman has syphilis or chancroid or both, treat for both. Also treat for both if both are common in your area.

Chancroid

Chancroid is an STI that causes sores on the genitals. It is easily confused with syphilis.

Signs of chancroid

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



To treat chancroid

- give 1 g azithromycin.....by mouth, 1 time only
- or**
- inject 250 mg ceftriaxonein the muscle, 1 time only
- or**
- give 500 mg erythromycinby mouth, 4 times a day for 7 days



Genital herpes

Genital herpes is caused by a virus that produces painful blisters which burst and turn into sores on the skin (an outbreak). Herpes spreads when skin touches skin, as with vaginal or anal sex. Genital herpes usually affects the genitals or anus. Rarely, the sores may spread to the mouth during oral sex.

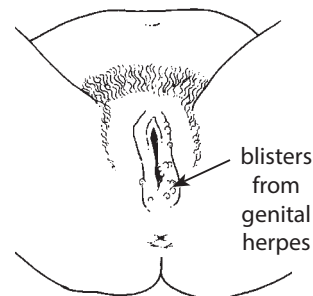
Note: Some sores on the mouth (cold sores) are also caused by herpes. Kissing or sharing something from the mouth can spread oral herpes. Oral herpes can spread to the genitals (genital herpes) during oral sex.

Signs of herpes

- tingling, itching, or pain on the genitals
- small blisters that burst and form painful open sores on the genitals

Once a person has the virus, they can get sores many times. The first time a person has herpes sores, they can last 3 weeks or more. The person may also have fever, headaches, body aches, chills, and swollen lymph nodes near the genitals. Later outbreaks are usually not as bad as the first one.

Herpes is more likely to spread when someone has a sore, but it can also spread when there are no signs. People should not have sex when they have a sore, and should use condoms when they do not have sores. Internal (female) condoms may work better because they cover more of the genitals.

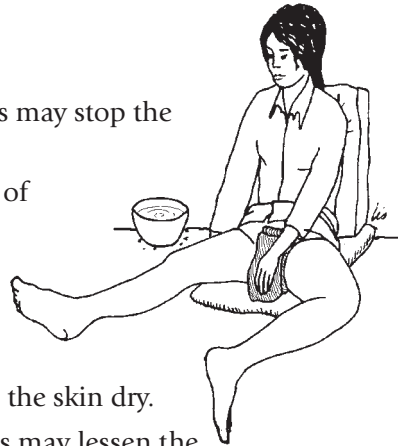


Treatment

To make the sores feel better:

- Put ice on the sore as soon as you feel it. This may stop the sore from getting worse.
- Soak a cloth in cooled black tea or tea made of cloves. Hold the wet cloth on the sores.
- Sit in a pan or bath of clean cool water.
- Mix water and baking soda or cornstarch into a paste and put it on the sore area.
- Apply witch hazel or a local plant that makes the skin dry.

There is no cure for herpes but these medicines may lessen the length and pain of outbreaks.



For a first herpes outbreak

- give 400 mg acyclovirby mouth, 3 times a day for 7 to 10 days

For continuing herpes outbreaks

- give 400 mg acyclovirby mouth, 3 times a day for 5 days

For a woman with more than 6 herpes outbreaks a year

- give 400 mg acyclovirby mouth, 2 times every day for 1 year.
Then stop and see if the medicine is still needed.

For a pregnant woman who has a herpes outbreak during her pregnancy

- give 400 mg acyclovirby mouth, 4 times every day during the last month of pregnancy

To help with pain

- give 500 to 1000 mg paracetamolby mouth, every 4-6 hours, until the pain goes away
(do not take more than 4000 mg in a day)



A person with a lot of stress or other health problems is likely to get sores more often. So if possible, people with herpes should get plenty of rest and eat healthy food.



WARNING! Herpes is very dangerous for the eyes and can cause blindness. After touching a herpes sore, always wash your hands with soap and water.

Herpes and pregnancy

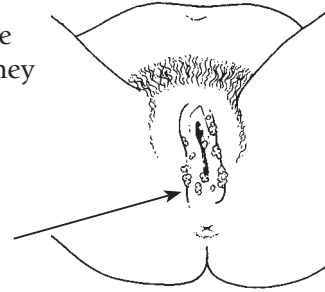
It is possible for herpes to be passed from mother to baby, usually during birth if the mother has vaginal sores at that time. A first-time infection during pregnancy is even more likely to pass to the baby. For this reason, a woman in labor with an active herpes sore should give birth in a hospital, usually by caesarean surgery. Risk can be reduced or prevented by treating a first-time herpes outbreak immediately with acyclovir, whenever during pregnancy it occurs. A woman who already has had herpes and experienced an outbreak during pregnancy can use acyclovir daily during the last month of pregnancy.

Genital warts

Warts on the genitals or anus are caused by a virus (human papillomavirus, HPV). It is possible to have warts and not know it, especially if they are growing inside the vagina or inside the tip of the penis. The warts are not dangerous, but they can be uncomfortable.

Signs of genital warts

- Itching.
- Small, dry bumps on or near the genitals or anus. The bumps do not hurt and may be red, brown, white, or the color of your skin.



To test for HPV: touch the warts with a mixture of plain vinegar and water. The warts will turn a whitish color if they are caused by HPV. See page 380 to learn how to test the cervix for other medical problems caused by HPV.



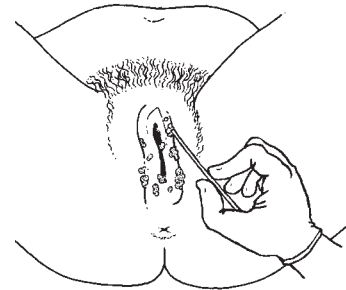
WARNING! Large, flat, wet growths that look like warts are not usually HPV. They may be caused by syphilis. Anyone with these growths should be tested for syphilis and not use the following treatment.

Treatment

1. To protect the healthy skin, put petroleum jelly (*Vaseline*) or another greasy ointment on the skin around each wart.
2. With a small stick, put a little trichloroacetic acid (TCA) 80% to 90% solution or bichloroacetic acid (BCA) on the wart. Leave the acid on until the wart turns white. Be careful not to spill the acid on the healthy skin. Wash the acid off after 30 minutes or if the burning feeling is very painful.

The acid should burn the wart off and leave a painful sore where the wart used to be.

Repeat the treatment once a week for 4-6 weeks for the wart to go away completely. Keep the sore clean and dry until it heals. The woman should not have sex until the sore heals.



Another medicine that treats genital warts is called podofilox. It is easier to use than TCA or BCA. For more information about podofilox, see *Where There Is No Doctor* or *Where Women Have No Doctor*.

There are vaccines that protect against HPV infection. 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 young people against HPV before they become sexually active.

STIs that affect the whole body

HIV infection and AIDS

HIV is a virus that attacks the immune system. This is the part of our bodies that fights disease. HIV infection makes it more difficult for our bodies to fight off illness, which we are usually doing all the time. People with untreated HIV can become sick very easily with infections such as colds, flu, diarrhea, pneumonia, malaria, and tuberculosis. Cancers and malnutrition are also worse when people have HIV. HIV cannot be cured, but it can be controlled with medicines. A person who gets treatment, eats well, and cares for their body, mind, and spirit can live a long and healthy life.

HIV spreads when the infected blood, semen, or fluids from the vagina of someone who has HIV gets into another person's body. This happens mainly through:

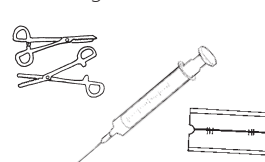
sex without a condom with someone who has HIV.



pregnancy or birth, if the mother has HIV.



unsterile needles, instruments or cutting tools.



In places where blood has not been tested for HIV, people can also get HIV from a blood transfusion. Sometimes when mothers with HIV are not taking ART medicines, their HIV can spread to their babies through breast milk (see page 293).

Signs of HIV and AIDS

People with HIV may not have any signs for a long time, up to 10 years. The only sure way to know if someone has HIV is with an HIV test. This is important because even without signs of illness, people can still spread HIV to others.

AIDS is the last stage of untreated HIV infection. Someone with AIDS can no longer fight infections. They are often ill and unable to get well, and may have illnesses no one usually gets without HIV, such as Kaposi's Sarcoma (a cancer).

To prevent the spread of HIV, people should:

- be tested for HIV, and if HIV positive, start treatment.
- get other infections treated.
- use condoms with any sex partner who has HIV or whose HIV status they do not know, or take PrEP if available (see page 498).
- not use syringes, needles, or other tools that could be dirty. Only cut skin with sterilized tools (see page 59). This includes the tools used for piercings, acupuncture, tattoos, scarring, or circumcision.



Two people who are both HIV negative and completely faithful to each other can have sex without using condoms and not get HIV from sex.

Staying healthy with HIV

When someone's immune system is weakened by HIV, it is very important for them to prevent and treat other infections.

- Most important is taking ART — medicines to control HIV (see page 496).
- If there are any signs of other STIs, like itching, a rash, a strange discharge or sores around the genitals, the person should see a health worker.
- People with HIV need to eat more food than those without HIV, and have a healthy diet (see page 33). Taking a multivitamin pill may also help.
- People with HIV need to protect themselves from tuberculosis (TB), which kills people with HIV more than any other illness. Someone with HIV should stay away from people with active TB, and if signs of TB develop (coughing, night sweats, fever, and weight loss), see a health worker right away.
- Anyone with HIV who does not have safe water should boil or disinfect drinking water to avoid diarrhea and other problems.

People with HIV also need emotional support. Encourage them to seek support from people they trust, and from other people living with HIV.

Someone with HIV can also take a low-cost antibiotic called cotrimoxazole every day, which helps prevent many infections, such as mouth sores, diarrhea, rashes, colds and even malaria. See page 482.



Medicines that control HIV

Medicines called antiretroviral therapy, or ART, make people with HIV much healthier and help them live much longer. These medicines also help prevent HIV transmission to a baby during pregnancy, birth, and breastfeeding, and make HIV less able to spread during sex.

ART must be taken according to instructions, often every day at the same times, to keep working well. If a person stops taking it, or misses many doses, their HIV will grow strong enough to make them ill again. If they later restart taking ART, their HIV may be more difficult to treat.

Various medicine combinations are available for ART. More information on using ART medicines starts on page 495.

Helping people live with HIV

Midwives can encourage people to get tested for HIV, learn how to support people taking ART, organize with others to increase access to these medicines, and educate the community to fight the stigma of HIV. To find ways to stop discrimination against people with HIV while working to stop the spread of HIV, see pages 99 to 101, and page 337.

Hepatitis B and C

Hepatitis is an infection of the liver caused by several viruses. Two kinds, Hepatitis B and C, can be spread during sex or at other times if the blood or other body fluids from an infected person get into the body of a person who is not infected. Body fluids include blood, spit, wetness from the vagina, and semen. It can also spread from a pregnant woman to her baby.

Signs of hepatitis (including hepatitis B and C)

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

Treatment

There are now medicines that can treat hepatitis B and cure hepatitis C. Get tested at a health center and find out what medicines may be available.

People with hepatitis may feel better sooner if they rest, eat vegetable broths, soups and foods that are easy to digest, and do not drink any alcohol. Ginger drinks may help control nausea and vomiting.



Hepatitis and pregnancy

If a woman has signs of hepatitis while she is pregnant, seek medical advice. All babies should get vaccinations after birth to prevent infection with hepatitis B, and especially a baby whose mother has signs of hepatitis.

Teaching women how to prevent STIs

Women should know that any sex partner may have an STI. A man has a much greater chance of having an STI if he has sex with other partners without using condoms.

Testing is the only sure way to know if a person has an STI. Find out if there is affordable STI testing in your area, and see page 379 to learn about testing you can do yourself.



The surest way for a woman to avoid getting an STI is for her to avoid having sex with anyone who might be infected. Or she can use internal (female) or external (male) condoms when she does have sex. Condoms protect very well against most STIs, although there is always some chance of getting an STI even with a condom.

Midwives can help protect women from HIV and hepatitis B by sterilizing any syringes or other tools used during birth or invasive procedures. See page 59.

Midwives can teach a woman these ways to protect herself:

- Use a condom every time she has sex.
- Do not have sex with someone who has signs of an STI (although many STIs spread even when the person has no signs).
- Do not douche or use herbs or powders to dry the vagina. When the vagina is dry or irritated by douches, sex can cause tiny cuts in the skin, making the woman more likely to be infected by HIV or other STIs.

If a man will not use a condom, these methods may give a woman a little protection from getting an STI:

- use an internal (female) condom or a diaphragm
- wash the outside of the genitals after sex
- urinate right after sex

A woman and her partner can also have oral sex or other sexual touch instead of vaginal sex (see page 312).

How to help stop STIs in your community

Here are some ideas to help prevent the spread of STIs in your community:

- Talk about STIs with the people you care for. Some people may feel embarrassed to talk about them, but knowing more may save their lives.
- During prenatal checkups, ask women about unusual discharge or sores on the genitals, or offer to examine them for signs of STIs.
- Organize a group to talk about health topics, including STIs and HIV.
- Support education about sex in your local school. Help parents understand that teaching about STIs, including HIV, helps young people make safer choices later on when they start having sex.
- Talk about condoms with men and help them understand the risks of STIs, including the risks to pregnant women and their babies.
- Find out from your local medical center, hospital, or Ministry of Health what STIs are the most common in your community.
- Find out what medicines to treat STIs work best in your area — and find out what they cost. Learn how to treat STIs, or help women find treatment.
- Start a community pharmacy so that it will be easier for people to get medicines and condoms.

I want my daughters to be safe — but I don't know what to say. My mother never talked to me about this.

I know what you mean. Can we think of ways to explain this to them?

