



YOUR JOURNEY

Choosing what works
for your sexual and
reproductive health

Your guide on how to prevent
HIV, STIs, pregnancy and more





MOSAIC

MOSAIC is made possible by the generous support of the American people through the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) cooperative agreement 7200AA21CA00011. The contents are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the US Government.

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If you are interested in learning more or adapting this tool for use in your setting, please reach out to info@prepnetwork.org.



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How to use this tool

Yes, HIV is still an epidemic, and many new infections occur every single day all over the world. However, there are now many different HIV-prevention methods available that give each person the opportunity to select the one(s) that fit their preferences, needs, and lifestyle best.

ABOUT THIS MANUAL

- Gives an overview of the HIV-prevention methods currently available or scheduled to be available in the near future.
- Provides information to help people select the most suitable HIV-prevention method(s) based on their unique needs and preferences by answering a series of lifestyle questions.
- Provides information on different HIV-prevention methods, including how they work, how to use them, and how effective they are.
- Encourages people to think about HIV prevention together with other sexual and reproductive health choices, including the prevention of pregnancy and sexually transmitted infections (STIs).
- Gives comprehensive information on other STIs.



NOTE: HIV prevention is interrelated with sexual and reproductive health and rights, and as such, should always be combined with the prevention of pregnancy, STIs, and gender- or sexual-based violence.

INSIDE THIS MANUAL

Everyone has the right to choose the HIV-prevention method(s) that is best for them, and to try new methods as their needs and lives change. This manual contains the following information to assist you with HIV prevention:

An overview of the HIV-prevention methods currently available or soon to be available is presented with a comparison table of the facts in a short, summarised manner. See pages 5 – 6.

On pages 8 – 17, you will find information on how each method can fit into your unique lifestyle. For instance, if you do not want to take a pill every day, prefer a method that prevents HIV in your whole body, or want a method that no one else will know about. The information is mapped out on these pages.

From page 18 onwards, you will find more detailed information on each HIV-prevention method and other STIs. You will learn how well each method works, how it is used, what to expect when using a specific method, and what else to consider. Answers to the most frequently asked questions are also included.



All the pages are colour-coded on the right-hand side, so you can easily go to the pages of particular interest.





Options to prevent HIV


There are many. Because no prevention method is perfect, using more than one is the best way to prevent HIV. Some methods can also prevent STIs and unplanned pregnancies.

PrEP methods to prevent HIV

These are methods that make use of medications called antiretrovirals (ARVs), to be taken by HIV negative people to prevent getting HIV before they are exposed to it. Some PrEP methods are available right now, while some will be available soon.

 **Oral pre-exposure prophylaxis (PrEP)** – A pill taken every day to prevent getting HIV from any kind of exposure. You do not need to take PrEP for the rest of your life, just during periods when you feel vulnerable to HIV infection.








 **Dapivirine ring (PrEP ring)** – A flexible silicone ring worn in the vagina and replaced every 28 days to prevent getting HIV during receptive vaginal sex. (Many countries are in the process of approving this method and the ministries/departments of health will provide information in relation to availability, implementation, and guidelines.)

 **CAB PrEP (long-acting cabotegravir)** – An injection received every two months to prevent getting HIV from any kind of exposure. (Many countries are in the process of approving this method and the ministries/departments of health will provide information in relation to availability, implementation, and guidelines.)

IMPORTANT TO NOTE ABOUT PrEP

METHODS: You need to do an HIV test before using any PrEP method; levels of effectiveness vary depending on the PrEP method; and no PrEP method is 100% effective. That is why a combination approach to HIV prevention, such as using condoms and PrEP, increases HIV prevention effectiveness.

COMPARING HIV-PREVENTION METHODS

	 ORAL PrEP	 PrEP RING	 CAB PrEP	 CONDOMS	 VMMC (Voluntary Medical Male Circumcision)	 TREATMENT (Partner living with HIV)	 PEP
How is it used?	One pill every day	Placed in the vagina for 28 days	One injection every two months	Every time you have sex	Once-off procedure for men	Medication taken daily by your partner	One pill every day for 28 days
How well does it work?	More than 90% effective	About 50% effective or more	More than 90% effective, the most effective method available	Up to 87%, if you use it correctly	About 60% for the circumcised person	Very effective if the partner is virally suppressed	81%
Can I keep it secret?	Yes, you can keep the pills private	Yes, it is placed in your vagina	Yes, you can keep your clinic visits private	No	No	Up to your partner	Yes, you can keep the pills private
Are there blood draws?	Yes	No	Yes	No	No, but there is a surgical procedure	Not for you	No
Can I use it while pregnant or breastfeeding?	Yes	–	–	Yes	Not relevant	Yes	Yes
Where does it prevent HIV?	Your whole body	Only in the vagina	Your whole body	Only in the penis, vagina, and anus	Only in the penis for the circumcised person	Your whole body	Your whole body
Any side effects?	Yes, some	Yes, minimal	Yes, some	None	None	None	Yes
Will this prevent pregnancy and STIs?	No, but you can add condoms/contraception	No, but you can add condoms/contraception	No, but you can add condoms/contraception	Yes	VMMC does not prevent pregnancy, but does partially prevent some other STIs	No, but you can add condoms/contraception	No, but you can add condoms/contraception
Will this prevent infection if my partner is living with HIV?	Yes	Yes, but only up to 50%	Yes	Yes	Yes, but only up to 60% for the circumcised person	Yes, if your partner is virally suppressed	Yes
Will this prevent HIV after I had sex?	No	No	No	No	No	No	Yes

What is important to you in an HIV-prevention method?



START

Your
needs

Want to prevent pregnancy too? Talk to your health care provider about the right contraceptive for you.

Your health is about more than just preventing pregnancy and STIs. You have a choice of HIV-prevention methods that suit your lifestyle.

Important note for men: VMMC is just for men, but benefits women too. It is a small surgical procedure that involves the removal of the foreskin and if done by a medical professional, can prevent HIV by up to 60%, and offers partial prevention of a number of other STIs. VMMC only prevents HIV for the person who is circumcised, and does not prevent HIV from exposures other than sex. Side effects include some pain (that can be managed with medicine and ice packs) for up to a week after the procedure. VMMC does not prevent pregnancy, it is not recommended as the only HIV-prevention method if your partner is living with HIV, and it does not prevent HIV after a possible exposure. Always try to use an additional HIV-prevention method with VMMC.

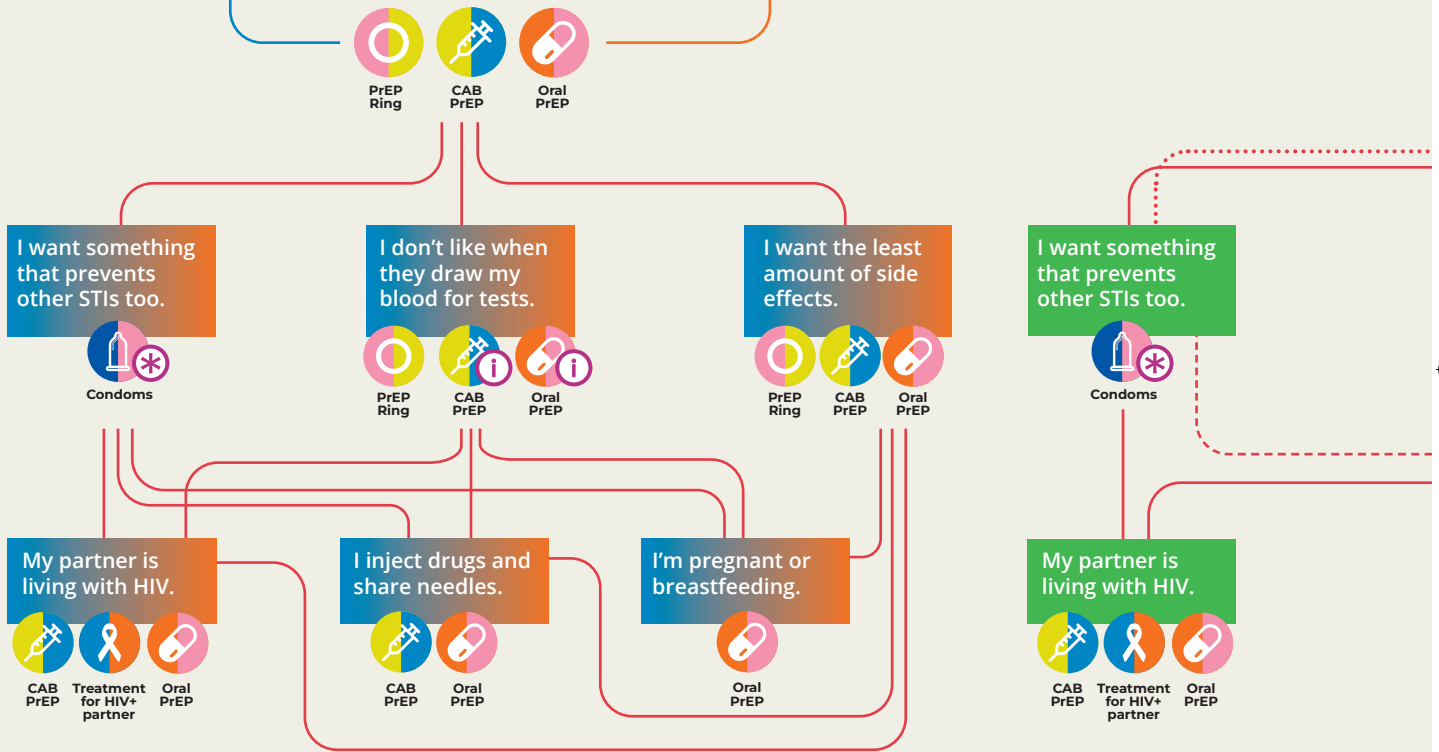


START

What do you need?

Something I control that no one else will know about.

Something I don't have to remember in the heat of the moment.



Least side effects

Most side effects



Condoms



PrEP Ring



CAB PrEP



Oral PrEP



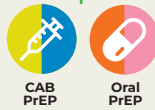
Only condoms prevent other STIs too.



Oral PrEP and CAB PrEP require some blood draws.

What do you need?

Something that prevents HIV all over my body.



I don't like when they draw my blood for tests.



I want the least amount of side effects.



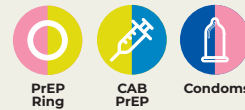
I inject drugs and share needles.



I'm pregnant or breastfeeding.



Something that doesn't require me to take a pill every day.



I want something that prevents other STIs too.



I don't like when they draw my blood for tests.



I want the least amount of side effects.



My partner is living with HIV.



I inject drugs and share needles.



I'm pregnant or breastfeeding.



You can use any of the HIV-prevention methods listed here and combine them with a **contraceptive (family planning) method** that works for you. There are many options available, from pills and injections to implants, condoms and intravaginal devices (a small device placed at the opening of the uterus).



IF YOU NEED TO PREVENT HIV AFTER YOU HAVE HAD SEX... YOU CAN USE PEP TOGETHER WITH EMERGENCY CONTRACEPTION AND STI TESTING.

What do you need?

Something I control that no one else will know about.



The **PrEP injection** (CAB PrEP) is more than 90% effective and is the most effective PrEP method currently available when used as directed. A person can get the PrEP injection without anyone else knowing, so it is private. CAB PrEP is an injection you get in your bum every two months, and it is meant to be used continuously while a person is vulnerable to getting HIV. Remember to return to the clinic every two months for your injection.



The **PrEP ring** is about 50% effective or more when used correctly and consistently, and prevents HIV through vaginal sex only – it does not prevent HIV within the rest of your body. A person can use the PrEP ring without anyone else knowing, and you can keep your clinic appointments a secret. It is very rare that a partner would claim to feel the ring, but in this case you will need to think of how you will explain it. The **PrEP ring** is meant to be used continuously while a person is vulnerable to getting HIV. Remember to keep the ring inserted for a full 28 days, and remove and insert a new ring every month.



Oral PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body. A person can use oral PrEP without anyone else knowing, so it is private – you may have to hide your pills and keep your clinic appointments a secret if you feel the need to do so. **Oral PrEP** is meant to be used continuously while a person is vulnerable to getting HIV. Remember to take your oral PrEP every day and refill your prescription when needed.

I ALSO WANT...

I want something that prevents other STIs too.



Currently, the only method that prevents other STIs too is condoms. If you are worried about other STIs, use a condom and be sure to go for regular STI screenings at your nearest health care facility.

OR

I don't like when they draw my blood for tests.



The PrEP ring requires no blood draws, just HIV testing.



CAB PrEP requires minimal blood draws.



Oral PrEP requires some blood draws but not necessarily at each clinic visit.

OR

I want to prevent pregnancy too.



You can use any of the HIV-prevention methods listed here and combine them with a contraceptive (family planning) method that works for you. There are many options available, from pills and injections to implants, condoms and intravaginal devices (a small device placed at the opening of the uterus).

OR

I want the least amount of side effects.



Side effects from the PrEP ring are uncommon and only some users report very mild side effects that usually go away after a few days.



Side effects from CAB PrEP are usually limited to the injection site (the place on your bum where you get the injection) – it may be a little tender, bruised or swollen for a couple of days.



Some people who use oral PrEP report very mild side effects, like headaches and/or nausea. These usually go away after a couple of days of use.

BUT WHAT IF...

My partner is living with HIV.



If your partner is living with HIV, you can use any of the HIV-prevention methods listed here, and your partner can use treatment in the form of ARVs. If your partner is on treatment and a health care provider confirms that they are virally suppressed, they will not pass the virus on to you, but they should remain on treatment and you should always try to also use an HIV prevention method.

AND/OR

I inject drugs and share needles.



Oral PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body.



CAB PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body.

AND/OR

I'm pregnant or breastfeeding.



Oral PrEP can be used while you are pregnant or breastfeeding.

Important note for men: VMMC is just for men, but benefits women too. It is a small surgical procedure that involves the removal of the foreskin and if done by a medical professional, can prevent HIV by up to 60%, and offers partial prevention of a number of other STIs. VMMC only prevents HIV for the person who is circumcised, and does not prevent HIV from exposures other than sex. Side effects include some pain (that can be managed with medicine and ice packs) for up to a week after the procedure. VMMC does not prevent pregnancy, it is not recommended as the only HIV-prevention method if your partner is living with HIV, and it does not prevent HIV after a possible exposure. Always try to use an additional HIV-prevention method with VMMC.

What do you need?

Something I don't have to remember in the heat of the moment.

NO CONDOMS



Oral PrEP is meant to be used continuously while a person is vulnerable to getting HIV, so it does not need to be remembered in the heat of the moment. **Oral PrEP** is more than 90% effective at preventing HIV through any type of exposure and works within your whole body. Even though you do not need to think about using this method every time you have sex, you still need to remember to take your oral PrEP every day and refill your prescription when needed.



The **PrEP ring** is meant to be used continuously while a person is vulnerable to getting HIV, so it does not need to be remembered in the heat of the moment. The **PrEP ring** is about 50% effective or more when used correctly and consistently, and prevents HIV through vaginal sex only; it does not prevent HIV within the rest of your body. Even though you do not need to think about using this method every time you have sex, you still need to remember to keep the ring inserted for a full 28 days, and remove and insert a new ring every month.



CAB PrEP is an injection you get in your bum every two months. It is meant to be used continuously while a person is vulnerable to getting HIV, so it does not need to be remembered in the heat of the moment. **CAB PrEP** is more than 90% effective and is the most effective PrEP method currently available when used as directed. Even though you do not need to think about using this method every time you have sex, you need to remember to return to the clinic every two months for your injection.

I ALSO WANT...

I want something that prevents other STIs too.



Currently, the only method that prevents other STIs too is condoms. If you are worried about other STIs, use a condom and be sure to go for regular STI screenings at your nearest health care facility.

OR

I don't like when they draw my blood for tests.



The PrEP ring requires no blood draws, just HIV testing.



CAB PrEP requires minimal blood draws.



Oral PrEP requires some blood draws but not necessarily at each clinic visit.

OR

I want to prevent pregnancy too.



You can use any of the HIV-prevention methods listed here and combine them with a contraceptive (family planning) method that works for you. There are many options available, from pills and injections to implants, condoms and intravaginal devices (a small device placed at the opening of the uterus).

OR

I want the least amount of side effects.



Side effects from the PrEP ring are uncommon and only some users report very mild side effects that usually go away after a few days.



Side effects from CAB PrEP are usually limited to the injection site (the place on your bum where you get the injection) – it may be a little tender, bruised or swollen for a couple of days.



Some people who use oral PrEP report very mild side effects, like headaches and/or nausea. These usually go away after a couple of days of use.

BUT WHAT IF...

My partner is living with HIV.



If your partner is living with HIV, you can use any of the HIV-prevention methods listed here, and your partner can use treatment in the form of ARVs. If your partner is on treatment and a health care provider confirms that they are virally suppressed, they will not pass the virus on to you, but they should remain on treatment and you should always try to also use an HIV-prevention method.

AND/OR

I inject drugs and share needles.



Oral PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body.



CAB PrEP is more than 90% effective and is the most effective PrEP method currently available, when used as directed, at preventing HIV through any type of exposure.

AND/OR

I'm pregnant or breastfeeding.



Oral PrEP can be used while you are pregnant or breastfeeding.

Important note for men: VMMC is just for men, but benefits women too. It is a small surgical procedure that involves the removal of the foreskin and if done by a medical professional, can prevent HIV by up to 60%, and offers partial prevention of a number of other STIs. VMMC only prevents HIV for the person who is circumcised and does not prevent HIV from exposures other than sex. Side effects include some pain (that can be managed with medicine and ice packs) for up to a week after the procedure. VMMC does not prevent pregnancy, it is not recommended as the only HIV-prevention method if your partner is living with HIV, and it does not prevent HIV after a possible exposure. Always try to use an additional HIV-prevention method with VMMC.

What do you need?

Something that prevents HIV all over my body.



Oral PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body. **Oral PrEP** is meant to be used continuously while a person is vulnerable to getting HIV. Remember to take your oral PrEP every day and refill your prescription when needed.



CAB PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body. **CAB PrEP** is an injection you get in your bum every two months, and it is meant to be used continuously while a person is vulnerable to getting HIV. Remember to return to the clinic every two months for your injection.

I ALSO WANT...

I want something that prevents other STIs too.



Currently, the only method that prevents other STIs too is condoms. If you are worried about other STIs, use a condom and be sure to go for regular STI screenings at your nearest health care facility.

OR

I don't like when they draw my blood for tests.



CAB PrEP requires minimal blood draws.



Oral PrEP requires some blood draws but not necessarily at each clinic visit.

OR

I want to prevent pregnancy too.



You can use any of the HIV-prevention methods listed here and combine them with a contraceptive (family planning) method that works for you. There are many options available, from pills and injections to implants, condoms and intravaginal devices (a small device placed at the opening of the uterus).

OR

I want the least amount of side effects.



Side effects from CAB PrEP are usually limited to the injection site (the place on your bum where you get the injection) – it may be a little tender, bruised or swollen for a couple of days.



Some people who use oral PrEP report very mild side effects, like headaches and/or nausea. These usually go away after a couple of days of use.

BUT WHAT IF...

My partner is living with HIV.



If your partner is living with HIV, you can use any of the HIV-prevention methods listed here, and your partner can use treatment in the form of ARVs. If your partner is on treatment and a health care provider confirms that they are virally suppressed, they will not pass the virus on to you, but they should remain on treatment and you should always try to also use an HIV-prevention method.

AND/OR

I inject drugs and share needles.



Oral PrEP is more than 90% effective at preventing HIV through any type of exposure and works within your whole body.



CAB PrEP is more than 90% effective and is the most effective PrEP method currently available, when used as directed, at preventing HIV through any type of exposure.

AND/OR

I'm pregnant or breastfeeding.

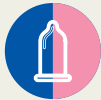


Oral PrEP can be used while you are pregnant or breastfeeding.

Important note for men: VMMC is just for men, but benefits women too. It is a small surgical procedure that involves the removal of the foreskin and if done by a medical professional, can prevent HIV by up to 60%, and offers partial prevention of a number of other STIs. VMMC only prevents HIV for the person who is circumcised, and does not prevent HIV from exposures other than sex. Side effects include some pain (that can be managed with medicine and ice packs) for up to a week after the procedure. VMMC does not prevent pregnancy, it is not recommended as the only HIV-prevention method if your partner is living with HIV, and it does not prevent HIV after a possible exposure. Always try to use an additional HIV-prevention method with VMMC.

What do you need?

Something that doesn't require me to take a pill every day.



Condoms need to be used every time you have any kind of sex. They prevent getting HIV by up to 98% if used correctly and consistently. You do not have to take a pill if you remember to use a condom every time you have sex. Condoms can be used while a person is pregnant and/or breastfeeding, and they prevent pregnancy and other STIs. Condoms do not have any side effects and can be used if your partner is living with HIV. Condoms do not prevent HIV after you have been exposed to HIV. Condoms also come in external (male) and internal (female) options.



The **PrEP ring** is meant to be used continuously while a person is vulnerable to getting HIV. The **PrEP ring** is about 50% effective or more when used correctly and consistently, and prevents HIV through vaginal sex only; it does not prevent HIV within the rest of your body. Even though you do not need to take a pill every day, you still need to remember to keep the ring inserted for a full 28 days, and remove and insert a new ring every month.



CAB PrEP is an injection you get in your bum every two months, and it is meant to be used continuously while a person is vulnerable to getting HIV. **CAB PrEP** is more than 90% effective and is the most effective PrEP method currently available when used as directed. Even though you do not need to take a pill every day, you still need to remember to return to the clinic every two months for your injection.

I ALSO WANT...

I want something that prevents other STIs too.



Condoms prevent other STIs too. If you are worried about other STIs, use a condom and be sure to go for regular STI screenings at your nearest health care facility.

OR

I don't like when they draw my blood for tests.



The PrEP ring requires no blood draws, just HIV testing.



CAB PrEP requires minimal blood draws.



Oral PrEP requires some blood draws but not necessarily at each clinic visit.



Condoms do not require any blood draws.

OR

I want to prevent pregnancy too.



You can use any of the HIV-prevention methods listed here and combine them with a contraceptive (family planning) method that works for you. There are many options available, from pills and injections to implants, condoms and intravaginal devices (a small device placed at the opening of the uterus).

OR

I want the least amount of side effects.



Side effects from the PrEP ring are uncommon and only some users report very mild side effects that usually go away after a few days.



Side effects from CAB PrEP are usually limited to the injection site (the place on your bum where you get the injection) – it may be a little tender, bruised or swollen for a couple of days.

BUT WHAT IF...

My partner is living with HIV.



If your partner is living with HIV, you can use any of the HIV-prevention methods listed here, and your partner can use treatment in the form of ARVs. If your partner is on treatment and a health care provider confirms that they are virally suppressed, they will not pass the virus on to you, but they should remain on treatment and you should always try to also use an HIV-prevention method.

AND/OR

I inject drugs and share needles.



CAB PrEP is more than 90% effective and is the most effective PrEP method currently available, when used as directed, at preventing HIV through any type of exposure.

AND/OR

I'm pregnant or breastfeeding.



Condoms can be used while you are pregnant or breastfeeding.

Important note for men: VMMC is just for men, but benefits women too. It is a small surgical procedure that involves the removal of the foreskin and if done by a medical professional, can prevent HIV by up to 60%, and offers partial prevention of a number of other STIs. VMMC only prevents HIV for the person who is circumcised and does not prevent HIV from exposures other than sex. Side effects include some pain (that can be managed with medicine and ice packs) for up to a week after the procedure. VMMC does not prevent pregnancy, it is not recommended as the only HIV-prevention method if your partner is living with HIV, and it does not prevent HIV after a possible exposure. Always try to use an additional HIV-prevention method with VMMC.

Oral pre-exposure prophylaxis (PrEP)

Oral
PrEP

WHAT IS IT?

Oral PrEP is a pill containing antiretroviral (ARV) medication that you can take if you are HIV negative to prevent getting HIV. Most oral PrEP pills contain a combination of two ARVs. The type of ARV may vary depending on the country and brand of oral PrEP.

HOW DOES IT WORK?

When taken as prescribed, the medication in oral PrEP builds up in the cells of the body and stops HIV from multiplying. If the virus cannot multiply, it dies. Oral PrEP must be taken before coming into contact with the virus, and continued for as long as the user feels the need to prevent against getting HIV. Oral PrEP is not HIV treatment and does not need to be taken for life, but rather for periods when a person has increased likelihood of HIV exposure.



HOW IS IT USED?

Everyone taking oral PrEP will need to do a repeat HIV test one month after initiating on oral PrEP, and then do routine HIV testing every three months. Some countries may require other tests. Oral PrEP needs to be taken every day. Taking the pill at the same time each day can make remembering to take it easier. Daily oral PrEP prevents users from getting HIV from any type of exposure, including all forms of sex (vaginal or anal) and sharing drug injection materials (such as needles and injection equipment).

Most people will be protected after they have been taking oral PrEP every day for seven days (use condoms or abstain during this time). You need to continue taking it daily thereafter to prevent getting HIV.

If you decide to stop taking daily oral PrEP, you must continue taking it for seven days after your last sexual encounter and start using other HIV-prevention methods.

HOW WELL DOES IT WORK?

When taken as prescribed, oral PrEP can reduce the likelihood of getting HIV by more than 90%.



SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

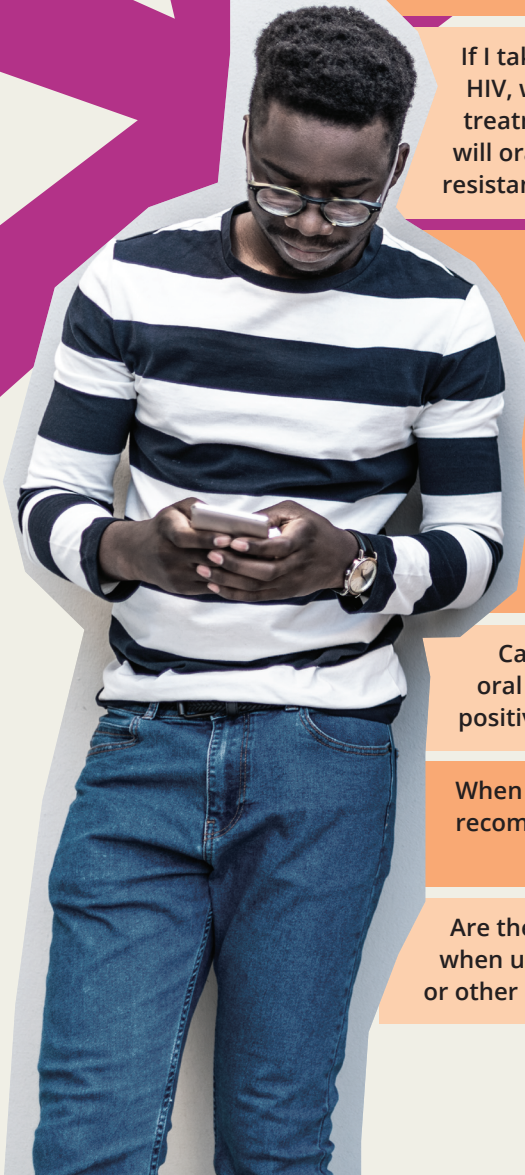
- It can be kept private. If privacy is important to you, think of ways to hide the pills.
- It requires effort. Taking the pill daily or as prescribed is important for oral PrEP to be effective, and regular health care visits are essential.
- You can start and stop using oral PrEP as and when required, as explained by a health care provider.
- It does not prevent other STIs or pregnancy; this requires condoms and contraception used together with oral PrEP.
- It can be used safely during pregnancy and breastfeeding.

WHAT ARE THE SIDE EFFECTS?

During the first two weeks of taking oral PrEP, one in 10 people may experience mild side effects that include nausea, headaches, stomach discomfort, or vomiting. The side effects usually go away after a few weeks. Changing the time of day when the pill is taken may assist with reducing side effects. Oral PrEP users are encouraged to visit their health care provider if they experience severe or prolonged side effects.

FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Will oral PrEP prevent a person from getting pregnant or make them infertile?	No, oral PrEP will not prevent a person from getting pregnant or make them infertile.
If I take oral PrEP and get HIV, will antiretroviral treatment (ART) work or will oral PrEP lead to ARV resistance?	The chances of developing HIV drug resistance with the use of oral PrEP is very small (< 0.1%), especially if you take it every day and get tested for HIV regularly.
Can I share oral PrEP with other people or my partner living with HIV?	No, you cannot share oral PrEP. You do not want to risk running out of oral PrEP because you shared your pills. A person who wants to use oral PrEP needs to have their health checked by a health care provider. Oral PrEP and ARVs have different doses and are often different medications. If a person knows someone who wants to take oral PrEP, they should consider sending them information about where they got theirs.
Can a person take oral PrEP if they are HIV positive?	No, oral PrEP is only effective to prevent HIV. People living with HIV need a different combination of three ARVs for treatment.
When is oral PrEP not recommended?	If a person has kidney problems — a test can be done before oral PrEP initiation to check for this condition.
Are there any concerns when using contraceptives or other medications?	No. Oral PrEP is safe to take with any form of contraception, other medications, recreational drugs, and alcohol.



Dapivirine ring (PrEP ring)

PrEP
ring

WHAT IS IT?

The PrEP ring, made of flexible silicone containing the ARV medication dapivirine, is inserted in the vagina for monthly HIV prevention. The PrEP ring is an option for people who are HIV negative who think they could be exposed to HIV through receptive vaginal sex only.

HOW DOES IT WORK?

The PrEP ring slowly releases dapivirine into the vagina over the course of a month. The medication builds up in the cells of the vagina and, if the user is exposed to HIV through vaginal sex, prevents HIV from multiplying and infecting them.

HOW IS IT USED?

The PrEP ring is inserted in the vagina and left there for a full month before being replaced immediately with a new ring. It is designed so users can easily insert and remove it by themselves, or they can request assistance from a health care provider.



HOW WELL DOES IT WORK?

If kept inserted and removed only to be replaced with a new one every month, the PrEP ring can reduce the likelihood of getting HIV from receptive vaginal sex by about 50% or more. The PrEP ring does not reduce your likelihood of getting HIV during anal sex or while sharing drug injection materials. The PrEP ring must be in place for 24 hours before it is effective and kept in place for a month before being replaced with a new one. Wear the ring continuously each month for as long as you feel the need to prevent getting HIV.

SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

- It can be discreet and worn without a partner knowing.
- It can easily be inserted or removed based on when the user feels the need to prevent against getting HIV, under the guidance of a health care provider.
- The side effects are usually milder than other PrEP methods.
- No need to remember to use daily as with oral PrEP or injections such as CAB PrEP.
- Dapivirine leaves the body quickly upon removal of the ring; it's unlikely to cause resistance to ARVs if users get HIV during use.
- It must be worn at all times to be maximally effective.
- It does not prevent STIs or pregnancy; both require condoms and contraception used together with the ring.

WHAT ARE THE SIDE EFFECTS?

Some users have side effects that are usually minor to moderate and go away after a few days without needing to remove the ring. Although uncommon, possible side effects from the PrEP ring include urinary tract infection, discomfort in the vagina and/or area outside the vagina (vulva), changes in vaginal wetness or odour, increased itching, or pain in the lower part of the belly. If you experience vaginal changes while using the PrEP ring, consult a health care provider who can check to make sure these are not symptoms of an STI.

FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Will the PrEP ring affect sex?	The ring should be kept in during sex. It does not change a person's libido (sex drive). Most women and their male partners say they cannot feel the ring during sex and it did not affect their sexual pleasure. Some women report that the ring increased sexual pleasure.
Will the PrEP ring make women infertile?	No. The PrEP ring has no effect on fertility (a person's ability to get pregnant).
Does the PrEP ring cause cervical cancer?	The PrEP ring does not cause any type of cancer, including cervical cancer.
Will the PrEP ring get lost in the vagina or stretch it out?	The PrEP ring, like a tampon, stays in the vagina and is blocked by the cervix from moving higher up in the body. It will not change the size or shape of the vagina.
Will the PrEP ring get dirty if it is left in all month without cleaning it?	The PrEP ring is designed to stay in the vagina for a whole month without needing to be taken out or cleaned, even after sex or menstruation.
Are there concerns when using contraceptives or other medications?	The PrEP ring can be used with any contraceptive method except a contraceptive vaginal ring. The PrEP ring can also be used with an intrauterine device (IUD), menstrual cup, tampon, and female/internal condom. The PrEP ring has no known interactions with other medications.



CAB PrEP (long-acting cabotegravir)

CAB PrEP

WHAT IS IT?

The long-acting cabotegravir injectable for HIV prevention, referred to here as CAB PrEP, contains the ARV medication cabotegravir. The injection, given in the buttocks, is administered once a month for the first two months, then every two months thereafter for as long as you choose to use this method. CAB PrEP has not yet been approved for use but may be soon.

HOW DOES IT WORK?

When injected, the ARV medication (cabotegravir) is slowly released from the muscle into the body and enters the bloodstream, building up in the cells of the body and preventing HIV from entering the cells or multiplying. If the virus cannot do this, it simply dies. CAB PrEP likely starts preventing HIV in most people within one week of the first injection. It prevents you from getting HIV from any type of exposure, including all forms of sex and sharing drug injection materials.



HOW IS IT USED?

CAB PrEP must be injected into the gluteus muscle of the buttocks by a health care provider. Policies for CAB PrEP and how it should be administered will be developed once it has been approved. When CAB PrEP is available in your region, your health care provider will give you all the information about how to get it.

HOW WELL DOES IT WORK?

CAB PrEP is more than 90% effective and is the most effective PrEP method currently available when used as directed. Once it is approved and you decide to use this method, speak to your health care provider before stopping CAB PrEP as low levels of the ARV medication may stay in your body for up to a year, putting you at risk of ARV resistance if you contract HIV during that time.

SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

- It requires visits with a health care provider every eight weeks that include HIV and possibly other tests, as well as an injection every eight weeks.
- It works for the eight weeks between your injections.
- It is highly effective when injections are administered as prescribed.
- It involves no daily upkeep from you or the possibility of using it incorrectly if injected at a medical facility.
- Requires more commitment than other methods as it will take time for the medication to naturally leave your body.
- You may need to use other methods of HIV prevention for up to a year after your last PrEP injection to prevent ARV-resistant HIV.
- It might be harder to detect HIV infection in the early stages, which could lead to the development of ARV resistance.

WHAT ARE THE SIDE EFFECTS?

The most common side effect thus far is soreness or tenderness at the injection site. More will be known about possible side effects as further studies are conducted.

FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
How long does it take for CAB PrEP to take effect after being injected?	CAB PrEP likely starts preventing HIV in most people within one week of the first injection.
Who is eligible to take CAB PrEP?	CAB PrEP is effective for all populations, and your health care provider will explain if you are eligible based on your government's policies.
Can I switch to CAB PrEP right after I have stopped using oral PrEP?	Yes.
Are there any alternative options to oral PrEP after I have stopped using CAB PrEP?	You must find an option you can commit to for at least a year after stopping CAB PrEP. Your health care provider will be able to discuss your options to help you choose the right HIV-prevention method for you.



Condoms

WHAT IS IT?

A condom is a thin, single-use sheath placed over the penis or in the vagina during sex that prevents HIV, other STIs, and pregnancy. Although condoms already come pre-lubricated, they are best used with water- or silicone-based lubricants to prevent tearing, especially during anal sex.

There are two types of condoms. The external condom, made of latex or polyurethane, that is rolled over an erect penis to cover it before vaginal or anal sex, and the internal condom, made of synthetic latex or latex, that is placed inside the vagina or anus before sex.

HOW DOES IT WORK?

A condom acts as a barrier to HIV and most other STIs by preventing the vagina, penis, or rectum from being exposed to semen, vaginal fluid, or rectal fluid that can contain HIV. Condoms also block semen carrying sperm from the penis from getting into the vagina and reaching an egg, which may cause pregnancy.



HOW IS IT USED?

A condom should be used correctly every time the user has vaginal or anal sex. This will require agreement from your partner because a condom is put in place before penetration. It is important to check the expiry date on the condom package and inspect the condom for tears or rips before use.

HOW WELL DOES IT WORK?

Both types of condoms are highly effective when used correctly. External condoms are slightly more effective at 87%, compared to internal condoms at 79%. Remember that the two types of condoms cannot be used together, as this will make them ineffective. Do not use oil-based products as lubricants (e.g. Vaseline, lotion, or moisturiser) because they can damage the condom; always use water-based lubricants such as K-Y Jelly.

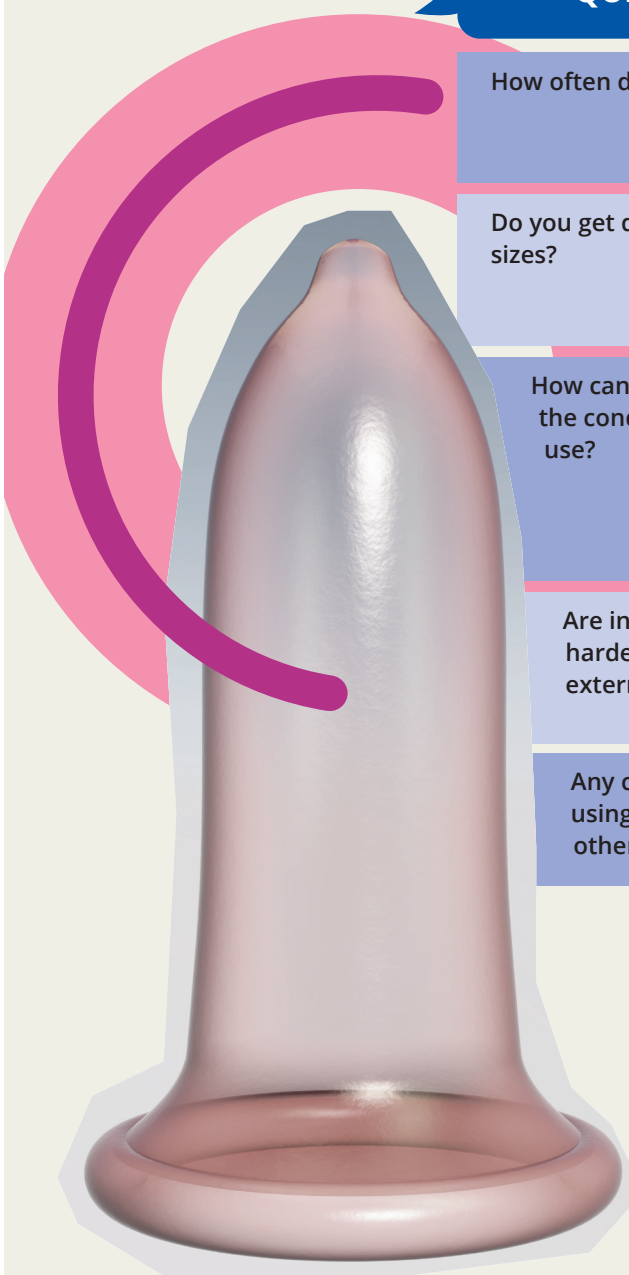
SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

- Requires action in the moment and agreement from your partner to use during sex.
- Can split, slip off, or break during sex if used incorrectly.
- Prevents HIV, most other STIs, and pregnancy.

WHAT ARE THE SIDE EFFECTS?

Using a condom has no side effects unless users are allergic to latex, in which case a non-latex version can be used. Severe swelling, itching, or difficulty breathing are signs of a latex allergy.

FREQUENTLY ASKED QUESTIONS



QUESTION	ANSWER
How often do condoms fail?	About 13% of the time, usually due to incorrect use. It's best to combine condoms with other HIV-prevention methods and contraceptives.
Do you get different condom sizes?	Yes. There are small-, medium-, and large-sized external condoms. If a condom is too small, it could tear or burst. If it is too large, it could slip off.
How can a person tell if the condom is safe to use?	Check that the use-by date has not passed, that it has a standards approval mark by a country's regulatory authority (e.g. FDA, ISO, CE, or the British Standards Kitemark), and that it has been properly stored (e.g. not in the sun or stored in a way that it could tear).
Are internal condoms harder to use than external condoms?	Both can take some practice. Follow the instructions carefully.
Any concerns when using contraceptives or other medications?	Condoms can be used with all other contraceptives and any types of medication.

Post-Exposure Prophylaxis (PEP)

WHAT IS IT?

PEP is an emergency HIV-prevention pill containing ARVs that reduces the likelihood of getting HIV. A person who is confirmed to be HIV negative would take PEP daily for 28 days after possible exposure to HIV.

PEP

HOW DOES IT WORK?

PEP contains ARVs that stop the virus from replicating after a recent exposure. The cells originally infected with HIV die naturally within a short period of time, reducing the chances for HIV to establish itself in the body. This prevents HIV.

HOW IS IT USED?

PEP should be started as soon as possible after exposure to HIV — ideally within 72 hours — and taken at the same time every day for four weeks (28 days). An HIV test is necessary before starting PEP to ensure the person is HIV negative and again after taking a full course of PEP to make sure the treatment was successful. Additional follow-up HIV tests may be required as recommended by a specific country's guidelines.



HOW WELL DOES IT WORK?

PEP can reduce the likelihood of getting HIV by more than 80% when used as prescribed. Users can start PrEP after finishing a course of PEP if they test negative for HIV.



SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

- The full 28-day course of PEP must be completed for it to have a maximum effect.
- If the user misses two or more doses, it can lead to resistance to the ARVs in PEP.
- It does not prevent other STIs or pregnancy.
- Possible exposure to HIV indicates the possibility of pregnancy and other STIs and should be managed according to local guidelines.
- PEP is meant to reduce the likelihood of getting HIV within 72 hours after exposure. If the user has frequent, recurrent exposures to HIV, it is recommended the person consider PrEP and other HIV-prevention methods.

WHAT ARE THE SIDE EFFECTS?

Some people may experience side effects, including nausea, vomiting, diarrhea, tiredness, and generally feeling unwell. If you experience fever, night sweats, and a rash, health care providers will test for HIV as these may be early signs of infection.

PEP

FREQUENTLY ASKED QUESTIONS

QUESTION

ANSWER

Which types of exposure warrant PEP?

PEP should be considered if you are HIV negative and:

- may have been exposed to HIV during sex within the past 72 hours through condomless sex, or due to the condom breaking or coming off;
- have been sexually assaulted within the past 72 hours;
- a person who uses drugs and shared needles or other related items within the past 72 hours; or
- a health care provider who may have been exposed to HIV within the past 72 hours while working.

What should a person do if they forget to take one dose?

If a person remembers they missed a dose less than 24 hours after they were supposed to take it, they can take the next dose as soon as they remember. You are encouraged to consult a health care provider if more than one dose is missed.

Any concerns when using contraceptives or other medications?

- PEP will not interfere with any form of contraceptive. If users are pregnant, trying to get pregnant, or breastfeeding, PEP may still be used to prevent HIV.
- It is recommended that a person exposed to HIV due to condomless sex should also be screened for other STIs and take emergency contraception if not already using a contraceptive method.



Treatment for a partner living with HIV

WHAT IS IT?

HIV treatment is known as antiretroviral therapy or ART, and is used for people living with HIV. ART involves taking a combination of HIV medicines every day. Once the person living with HIV is on a treatment regimen and is taking it as prescribed, their HIV levels, or viral load, should become low enough that they cannot sexually transmit HIV. This is known as undetectable = untransmittable (U=U) or treatment as prevention (TasP).

HOW DOES IT WORK?

Once treatment has begun, a person's viral load should become so low that it cannot be detected, i.e. it is suppressed. This must be confirmed by a health care provider. This means the person cannot transmit HIV through sex, or to a child during pregnancy, birth, and/or breastfeeding.



HOW IS IT USED?

ART suppresses the viral load and is a good HIV-prevention method. The person living with HIV should go for regular HIV tests to ensure their viral load remains undetectable. Their partner should also go for regular HIV tests.

HOW WELL DOES IT WORK?

If HIV is undetectable in the person living with HIV for six months and the person continues to take ART as prescribed, they cannot transmit HIV through sex or to children through pregnancy, birth, and/or breastfeeding.

SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

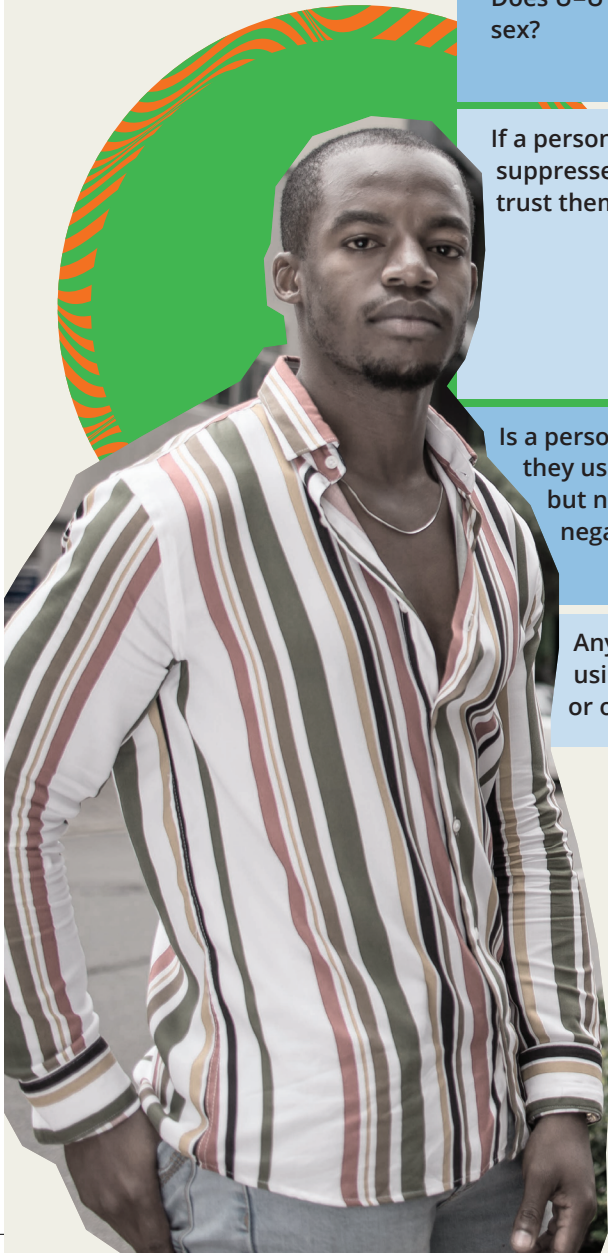
- It helps the person living with HIV to stay healthy.
- Involves trust that the person living with HIV is adhering to ART.
- It is a useful method when serodifferent couples are trying to get pregnant (serodifferent means couples in which one person is living with HIV and the other is not).

WHAT ARE THE SIDE EFFECTS?

There are no side effects to being virally suppressed for the person living with HIV or their partner.

FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Does U=U apply to all kinds of sex?	Yes. If a person is virally suppressed, their sexual fluids cannot transmit HIV through vaginal, anal, or oral sex.
If a person claims to be virally suppressed, can their partner trust them?	If a person does not trust their partner(s) to tell the truth about this, it may be a good idea to use a backup prevention method. A person can also ask if they can accompany their partner to the clinic when they go for their viral load test. PrEP and condoms are a good way to ensure a person has control of their own personal HIV prevention.
Is a person cured from HIV if they used to test positive but now their test is negative?	No. There is no cure for HIV. Even if a person living with HIV is virally suppressed, they still have traces of the virus in their system. If a person stops taking ARVs, the virus will come back.
Any concerns when using contraceptives or other medications?	None. The medications in the person's ARVs cannot be transmitted through sex and will not affect their sexual partner in any way.



Voluntary medical male circumcision (VMMC)

WHAT IS IT?

VMMC is a procedure to remove the foreskin of the penis to reduce the risk of HIV transmission to men from their female partner(s) during vaginal sex.

VMMC

HOW DOES IT WORK?

The foreskin contains cells that make it easier for HIV and STIs to be transmitted, so the removal of the foreskin reduces the likelihood of getting HIV, some other STIs, penile cancer, and cervical cancer in a female partner. The inner foreskin can easily tear and bleed, and it is also an area where ulcerative STIs are common. All of these factors increase the likelihood of getting HIV.



HOW IS IT USED?

VMMC is offered with other sexual health services, including STI screening and treatment, counselling, HIV testing and treatment, and condom promotion at many health care clinics.

HOW WELL DOES IT WORK?

VMMC lowers a man's likelihood of getting HIV from penetrative sex with a female by up to 60% for life. It also reduces the likelihood of getting other STIs and genital cancers.

SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

- Improves hygiene and may increase sensation and sexual pleasure for some.
- It is performed under local anaesthetic, enabling returning to light work within two days, and heavy manual labour within one to two weeks with full healing after six weeks.
- People report different levels of pain. A person will receive pain medication to manage it, but if a person has prolonged pain or bleeding, they need to return to the health facility.
- Continue to use condoms/PrEP to ensure greater prevention against HIV and other STIs.

WHAT ARE THE SIDE EFFECTS?

To limit complications, the person must abstain from all sexual intercourse and masturbation for six weeks after the VMMC procedure.

FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Should a person test for HIV before VMMC?	HIV testing before VMMC is recommended but not required.
Will it make the penis smaller, cause erectile dysfunction, or sterilise a person?	No. VMMC will not affect the size of a penis. It will only change the overall look of a penis due to the foreskin being removed. VMMC does not sterilise a person, so it does not prevent pregnancy. A circumcision has no negative effects on the ability to get and maintain an erection and may lead to increased sexual satisfaction.
What happens if a person gets an erection during the six-week healing time?	Erections might cause pain for a few days/ nights after the circumcision. The pain usually goes away as the erection does. Erections will not harm the wound and may aid in healing. Avoid sexual stimulation during this time.
If a circumcised man has sex with men, is their likelihood of getting HIV still reduced by 60%?	A person's likelihood of getting HIV may be reduced if they are the insertive partner. The receptive partner's likelihood of getting HIV is likely not reduced due to circumcision.
Any concerns when using contraceptives or other medications?	None.



STI management

WHAT IS IT?

Sexually transmitted infection (STI) management is routine screening and treatment to avoid STIs going untreated. STI symptoms, such as infections and open sores, can increase the likelihood of getting HIV if a person is exposed when having sex. Though STI screening and treatment do not prevent HIV, they can help reduce the likelihood of getting HIV.

HOW DOES IT WORK?

If a person has an STI, they could have also been exposed to HIV through the sexual act that gave them the STI. Screening for STIs may alert them to the need to be tested for HIV, to use HIV-prevention methods, and to seek treatment for STIs to make them less likely to get HIV.



HOW IS IT USED?

Preventing STIs may reduce the likelihood of getting HIV. Screening for STIs regularly is recommended; your health care provider will encourage you to be aware of the signs and symptoms. Screening is especially important and should be done routinely if you are having condomless sex. Not all STIs have symptoms, so routine laboratory testing (if available at your health care facility) should be done to diagnose asymptomatic infections. The key to effective STI management is to be screened (and tested where possible) regularly, complete any STI treatment when needed, ensure that your sexual partner(s) is screened and treated, and remember that condoms are the most effective way to prevent STIs.

HOW WELL DOES IT WORK?

STI management is different from most other HIV-prevention methods in that it does not prevent HIV but instead lowers the likelihood of getting HIV. Oral PrEP may also be a good option to consider — together with condoms — to prevent HIV.

SOME CONSIDERATIONS WHEN CHOOSING THIS METHOD

- If a person has an STI and receives treatment, it is important to complete the full course of treatment and to notify their sexual partner(s) to test and potentially receive treatment too, otherwise a person will become re-infected.
- Unfortunately, not all STIs can be cured, but this should not deter the person from getting tested as these STIs can be managed.
- STI testing and treatment lowers the likelihood of getting HIV, but is not an effective prevention method on its own.

WHAT ARE THE SIDE EFFECTS?

Going for an STI screening does not have any side effects, however treatment for an STI may include some medications that may have mild side effects.

FREQUENTLY ASKED QUESTIONS

QUESTION

ANSWER

Can a person get tested for STIs at their nearest clinic?

Not all health care facilities offer STI testing, but are likely to provide STI screening and treatment. A health care provider can inform a person on where to access testing.

What are the ways that a person can get an STI?

A person can get an STI through vaginal, anal, or oral sex, and all require management.

Any concerns when using contraceptives or other medications?

None.



More about STIs

An STI is caused by bacteria, viruses, or parasites. You do not need to have lots of sexual partners to get an infection. They are common; a lot of people have them or have had them in the past.

In 2017, among adults, 6% of women and 4% of men had gonorrhoea, while 15% of women and 6% of men had chlamydia.

STIs are passed through sexual contact. You can become infected if you have unprotected vaginal, anal, or oral sex; through genital contact; or if you share sex toys.

Some STIs are carried in body fluids like semen (cum), vaginal fluids, and blood, while others can be passed through skin-to-skin contact with an infected area on the body.

Without treatment, STIs can lead to serious health problems, including difficulty having children, cervical cancer, or infections that spread to other parts of the body.

There are many types of STIs, but they are not always easy to detect because you may be asymptomatic (not showing any symptoms). You can also have more than one at a time.

Using condoms can help you avoid contact with bodily fluids and some types of skin-to-skin contact during sex. So, when you do not use condoms, your chance of getting an STI increases exponentially. Condoms are the only way to protect against all STIs, including HIV.

WORRIED YOU MIGHT HAVE AN STI?

If you have an STI, it may cause:

- A discharge from your penis or vagina
- Burning, itching, or redness of the skin on and around your genitals
- Sores on your genitals
- Growths on your genitals
- Pain in the bottom half of your stomach

This table lists the symptoms and physical signs caused by different types of STIs and other conditions. It is important to go to a health care facility if you are experiencing any of these symptoms. The health care provider will examine you and provide treatment.

WHAT'S WRONG?	IT COULD BE...
I have a discharge from my penis or vagina.	Chlamydia Gonorrhoea Trichomoniasis Thrush Bacterial vaginosis
I have pain in the lower part of my stomach.	Chlamydia Gonorrhoea
I am experiencing abnormal vaginal bleeding or spotting.	Chlamydia Gonorrhoea
My penis or vagina is burning or itching.	Chlamydia Gonorrhoea Trichomoniasis Thrush Urinary tract infection (UTI)
The skin around my penis, vagina, or anus is irritated or red.	Thrush
I have growths on my penis, vagina, or anus.	Warts
I have ulcers or sores on my penis or vagina.	Herpes Syphilis Other causes which are not STIs
It burns when I pee.	Chlamydia Gonorrhoea Trichomoniasis UTI Thrush

STI TREATMENT

If you have an STI, you will need treatment. The treatment will depend on the type of STI; it might be antibiotics or medicines called antivirals that fight viruses.

Treatment can cure your infection or prevent it from getting worse. It can also reduce the chance of you spreading the infection to others.

Once you start antibiotic treatment, it is important you finish the complete course.

It is also important to abstain from sex until seven days after you have completed antibiotic treatment and any sores have healed. If your symptoms do not get better after the antibiotics, or get better and then worse again, go back to your health care facility – it is possible the antibiotics did not work or you have been re-infected.

IS GENITAL ITCHING OR BURNING ALWAYS AN STI?

Some conditions that are not sexually transmitted can cause genital itching or burning.

These include:

- Urinary tract infection (UTI)
- Thrush

IS A DISCHARGE ALWAYS AN STI?

No. Sometimes a discharge can be caused by something that is not sexually transmitted or related to an STI.

WHAT STIs CAUSE A DISCHARGE?

- Chlamydia
- Gonorrhoea
- Trichomoniasis

STI AND NON-STI CAUSES OF A GENITAL DISCHARGE

A genital discharge is a usual experience for most girls and women, and is normal if it is a clear or white liquid that comes out of your vagina from time to time during your monthly cycle. It may feel a bit wet and sticky, but should not have an unpleasant smell.

If your discharge has recently changed, smells bad, is brown or creamy in colour, or you have itching or sores around your vagina or penis, you may have an infection and need to seek medical attention.

It could be chlamydia

WHAT IS IT?

Chlamydia is the most common STI in South Africa after HIV. It is caused by bacteria.

HOW CAN I GET IT?

This STI spreads through having unprotected sex (vaginal, anal, or oral) with someone who has the infection.

WHAT DOES IT LOOK LIKE?

You may have chlamydia and not know it because you do not have symptoms or are not showing physical signs. This means that you can continue to spread it through unprotected sex.

Signs or symptoms of chlamydia may include:

- A thick, yellow discharge (a creamy liquid which can be like pus) from your penis, vagina, or anus
- Pain or burning when peeing
- Pain or bleeding during sex
- Painful testicles
- Fever
- Stomach pain
- If you have had anal sex, you may experience a discharge, pain, or bleeding from your anus

HOW IS IT TREATED?

Chlamydia is treated with antibiotics. If you have been started on antibiotics, do not have oral, vaginal, or anal sex, or use sex toys, until you and your partner(s) have finished the treatment and all symptoms are gone. This is to help prevent you from being re-infected or passing the infection on to someone else. You and your partner(s) still need to avoid sex for seven days after finishing the treatment as that is how long it takes to work.

If you have chlamydia, you should tell the person you last had sex with and anyone you have had unprotected sex with in the past two to three months. They may also be infected and need treatment.

Note: do not wait too long to get treatment. If you have chlamydia and leave it untreated, it can cause long-term problems for both men and women. In women, it can lead to pelvic inflammatory disease or PID. PID is when the infection spreads into the upper reproductive organs (uterus, ovaries, and fallopian tubes). It can cause pelvic and abdominal pain, make it hard to get pregnant later, or result in ectopic pregnancies – when the fetus develops outside the uterus (womb).

If you are infected when pregnant, you could also pass the infection to your baby during delivery.

HOW DO I TEST FOR IT?

Clinics do not routinely test for chlamydia. Instead, health care providers give antibiotics to treat it (and other potential STIs) if you have symptoms. If your provider does a test, it may be either with a urine sample or a swab of the inside of the vagina or the urethra of the penis, which is sent to a laboratory for testing.

It could be gonorrhoea

WHAT IS IT?

Gonorrhoea is an STI caused by bacteria. The bacteria that cause gonorrhoea like to live in warm, wet places, such as the mouth, eyes, penis, vagina, and anus.

HOW CAN I GET IT?

You can get gonorrhoea if you come into contact with infected semen (cum or pre-cum) or infected discharge from the vagina, throat, or anus during unprotected sex.

WHAT DOES IT LOOK LIKE?

You may have gonorrhoea and not know it because you do not have any symptoms. This means you can continue to spread it to your partner(s) through unprotected sex.

If you do have gonorrhoea, signs or symptoms may include:

- A discharge (creamy liquid which can be like pus) from your penis, vagina, or anus
- Needing to pee more often than usual
- Pain in your penis or vagina, especially during sex or after ejaculation (cumming)
- If you have had anal sex, you may experience a discharge, pain, or bleeding from your anus
- A sore throat
- Fever

WHAT HAPPENS IF IT IS NOT TREATED?

If you leave gonorrhoea untreated, it can cause long-term problems for both men and women. In women, it can lead to pelvic inflammatory disease or PID. PID is when the infection spreads into the upper reproductive organs (uterus, ovaries, and fallopian tubes). It can cause pelvic and abdominal pain, make it hard to get pregnant later, or result in ectopic pregnancies – when the fetus develops outside the uterus (womb). In both men and women, untreated gonorrhoea can spread to the joints and cause arthritis.

If you are infected when pregnant, you could pass the infection to your baby during delivery.

Gonorrhoea can also increase the risk of becoming infected with HIV.

HOW IS IT TREATED?

Gonorrhoea is treated with antibiotics. If you have gonorrhoea, you should tell the person you last had sex with and anyone you had unprotected sex with in the past two to three months. They may also be infected and need treatment. If you are diagnosed with gonorrhoea, then you need to stop having sex until seven days after you have finished treatment.

HOW DO I TEST FOR IT?

Health care providers at clinics do not routinely test for gonorrhoea. Instead, they give antibiotics if you have physical signs and symptoms of an STI. If you go to a private doctor or facility, testing may include a urine sample or a swab of the inside of the vagina or penis, which is then sent to a laboratory for testing.

It could be trichomoniasis

WHAT IS IT?

Trichomoniasis is an STI caused by a parasite.

HOW CAN I GET IT?

You can get infected with trichomoniasis through having unprotected vaginal or anal sex when there is an exchange of body fluids. Anyone who is sexually active can get it and pass it on. You do not need to have a lot of partners to get infected.

WHAT DOES IT LOOK LIKE?

If you have trichomoniasis, you may develop:

- A yellow or green, often pungent, discharge from the vagina
- Pain or burning when urinating
- Pain or bleeding during sex
- Pain in the lower part of your stomach
- Redness or burning of the skin of your penis or vagina

WHAT HAPPENS IF IT IS NOT TREATED?

If you do not get treatment for trichomoniasis, your symptoms can get worse and you will keep spreading the infection to your sexual partner(s).

You might also have a higher chance of getting HIV.

If you become pregnant and have an untreated trichomoniasis infection, it can cause the baby to be born early.

HOW IS IT TREATED?

Trichomoniasis is treated using antibiotics. If you learn that you have trichomoniasis, you should contact all the people you have had sex with recently to let them know. They might have trichomoniasis, too. They will need treatment even if they have no symptoms.

HOW DO I TEST FOR IT?

Health care providers at clinics do not routinely test for trichomoniasis. Instead, they give antibiotics to treat it if you have physical symptoms or signs of infection. If you choose to go to a private doctor or facility for testing, the test may include either a urine sample or a swab of the inside of the vagina, which is sent to a laboratory for testing.

It could be bacterial vaginosis

WHAT IS IT?

Bacterial vaginosis is an infection that affects women and is caused by bacteria that normally live in the vagina. When the amount or types of these bacteria change or increase, it causes an infection. Certain factors such as vaginal douching and having unprotected sex may increase your risk of bacterial vaginosis. Vaginal douching is the use of feminine hygiene products to wash inside the vagina.

* WHAT DOES IT LOOK LIKE?

If you have bacterial vaginosis, it can cause:

- A bad-smelling discharge, often “fishy” smelling
- A watery and grey or off-white discharge
- Burning or itching of the skin around the vagina
- Burning during urination
- Pain during vaginal sex
- Not all infections are sexually transmitted, but it is not always easy to tell the difference. It is important that you and your partner(s) see a health care provider if you experience any symptoms so you can be examined and treated for all infections. Avoid having unprotected sex when you have physical signs or symptoms that might be due to an infection.

HOW IS IT TREATED?

It is usually treated with antibiotics. Seek care as soon as possible if you have any symptoms or if you are concerned.

HOW DO I TEST FOR IT?

It is usually diagnosed through an examination by a health care provider. They may take a sample of the fluid in the vagina and send it to a laboratory for testing, but this is not routinely done in South Africa.

It could be thrush

WHAT IS IT?

Thrush is an infection caused by a fungus called candida. Candida lives in the vagina and gut (which includes the stomach). Medicines (such as antibiotics), stress, high sugar from diabetes, and other factors like vaginal douching or wearing tight underwear can cause the fungus to grow more than it should, which is when thrush can start. Vaginal douching is using feminine hygiene products to wash inside your vagina.



WHAT DOES IT LOOK LIKE?

- Itching and irritation of the lips of the vagina and inside the vagina
- Pain when you pee
- Pain when having sex
- A white/creamish discharge that can be thick and look a bit like cottage cheese

HOW IS IT TREATED?

It is treated with medication that usually comes in the form of a cream you put into the vagina and around the vaginal lips. It can also be treated with a pill, which you swallow.

HOW DO I TEST FOR IT?

A health care provider will usually be able to recognise this infection by examining you. Further tests are not normally necessary.

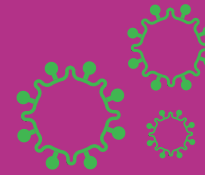
It could be a UTI

WHAT IS IT?

A urinary tract infection (UTI) is caused by bacteria that normally live in the gut (which includes the stomach). The bacteria enter the urethra, the tube that carries pee from the bladder to the outside of the body. The bacteria moves up this tube to infect the bladder.

WHAT DOES IT LOOK LIKE?

- Pain or a burning sensation when you pee
- The need to pee often
- The need to pee suddenly
- Blood in the urine



STI AND NON-STI CAUSES OF GENITAL SORES

There are a few STIs that can cause sores on your vagina, penis, or anus.

- Herpes
- Syphilis

Are all sores on genitals caused by STIs?

Some conditions that are not STIs can cause sores on the genitals. These include infected hair follicles (e.g. after shaving), some cancers, injury to the area and, very rarely, tuberculosis or other bacterial infections that are not sexually transmitted.

Please go to your nearest clinic if you have a sore to have it examined by a health care provider.

HOW IS IT TREATED?

Most urinary tract infections are treated with antibiotics.

HOW DO I TEST FOR IT?

A health care provider will be able to tell if you have a UTI from your physical complaints and an examination. They may also take a urine sample to test for bacteria.

It could be herpes

WHAT IS IT?

Herpes is an infection of the skin around your mouth, penis, vagina, or anus caused by a virus. It is one of the most common STIs and the most common cause of genital ulcers (sores on the penis or vagina) in South Africa.

HOW DOES IT SPREAD?

Once you have herpes, the virus stays in your body, so you can pass it to others through the exchange of body fluids when you have oral, vaginal, or anal sex, especially if you have a sore at the time. Any skin-to-skin contact with infected areas can pass along herpes (if the virus is active on the skin outside of the area covered by a condom), even if the person who has herpes does not have any visible sores or other symptoms.

WHAT DOES IT LOOK LIKE?

If you have herpes, you may not experience any symptoms and you may not know that you have it. But many people who have herpes get painful blisters or sores on the lips, inside the mouth, or on the vagina, penis, or anus. It can also cause fever, headaches, painful joints, and trouble urinating.

HERPES AND PREGNANCY

If you are pregnant or planning to become pregnant and have herpes, consult a health care provider. It is possible for a baby to get herpes from its mother during birth, especially if the mother's first ulcer or infection starts near the time of delivery. Your doctor can tell you how best to avoid this.

HOW IS IT TREATED?

Your local health care provider can prescribe medicine to help reduce symptoms and speed up the healing of an outbreak. The medicine works best taken as soon as the person feels an outbreak is about to start or at first appearance.

CAN IT BE CURED?

Herpes cannot be cured, but the disease usually causes the most problems during the first few years of infection. After that, the virus is still in your body, but it causes few to no symptoms. Even when the virus is active, people with herpes can take medicine to reduce and help prevent symptoms.

HOW DO I TEST FOR IT?

In South Africa, there is no routine test for herpes. It is diagnosed based on your physical complaints or signs and symptoms. If you go to a private doctor or clinic, the health care provider can test you by either taking a sample of fluid from the sore and sending it to a laboratory or by doing a blood test to determine if you were exposed to herpes previously.

It could be syphilis

WHAT IS IT?

Syphilis is an STI caused by bacteria. It has become less common in South Africa over the past 10 years, but in 2011 about 1.6% of pregnant women had syphilis when they were tested at the beginning of their pregnancy.

HOW CAN I GET IT?

You can get infected with syphilis by having unprotected oral, vaginal, or anal sex, or by kissing someone who has a syphilis sore on their mouth. You can pass syphilis on without knowing you have it because symptoms can be mild and you may not notice or recognise them.

WHAT DOES IT LOOK LIKE?

Syphilis usually causes painless sores or rashes on the skin, which can become serious if left too long. If you have syphilis and leave it untreated over months to years, it can also cause serious damage to the heart, skin, brain, and other organs.

SYPHILIS AND PREGNANCY

If you become pregnant and have undiagnosed syphilis, it can cause a miscarriage, premature birth, or stillbirth. It is also possible for an infected pregnant woman to give syphilis to her baby, resulting in many health problems in the baby, including early death in newborns. Due to the health problems syphilis can cause in babies, all pregnant women in South Africa undergo two tests for syphilis during the course of their pregnancy.

HOW IS IT TREATED?

If you are diagnosed with syphilis, you will receive an antibiotic injection of penicillin. If you are allergic to penicillin, you can be treated with an antibiotic called doxycycline for at least two weeks.

HOW DO I TEST FOR IT?

If your health care provider suspects you have syphilis, a simple blood sample will be taken and sent to a laboratory.

HPV and genital warts

Human papillomavirus (HPV) is one of the most common STIs. Up to 70% of sexually active people test positive for HPV in South Africa. There are many different types of HPV; some cause problems such as genital warts and cervical cancer.

HOW DOES HPV SPREAD?

HPV is passed from one person to another through unprotected oral, vaginal, or anal sex. It can live in cells on top of the skin on many body parts, such as the vagina, anus, vulva, cervix, penis, mouth, or throat. If you touch an infected person's skin or body fluids, you are also at risk of infection.

Using condoms can lower your chances of getting HPV, but the virus can sometimes infect areas not covered by a condom — so condoms may not fully protect against getting HPV.



HPV AND GENITAL WARTS

HPV can cause warts. Warts are small, skin-coloured growths that form on the lips of the vagina, inside the vagina, on the penis, and on the anus. They spread from person to person through unprotected sex.

WHAT ABOUT WARTS DURING PREGNANCY?

Pregnancy can sometimes make warts worse. Please go to your clinic if you develop warts while pregnant.

HOW ARE WARTS TREATED?

There are several medicines for treating warts. Your health care provider will usually give you lotions to apply a few times a week. Sometimes, if you have a very big wart or lots of warts, they may need to be removed. Please visit your closest clinic for treatment. Treatment does not always make the warts go away forever or completely cure them. The medicines are used to make the warts smaller and more comfortable for you, but they can often come back again.

HOW DO I TEST FOR WARTS?

A health care provider will be able to tell if you have a wart by examining the growth.

Cervical cancer and HPV vaccines

The type of HPV that causes warts is usually not dangerous, other than causing warts. However, HPV is the leading cause of cervical cancer in the world. An effective HPV vaccine that can help protect girls and women is now given to all girls in primary school. Also, in South Africa there is a free national screening programme involving a pap smear or test for cervical cancer.



Go to your local clinic for a pap smear if you are over the age of 30.

Have pain in the lower part of your stomach?

Do you have pain in the bottom part of your stomach? This can be a sign of something serious and you should go to your clinic to be assessed by a health care provider, especially if:

- The pain started suddenly
- Your last period was more than a month ago
- You are not on any contraception
- You have a fever or discharge



GET TREATED TODAY

For girls and women, leaving STIs untreated can lead to pelvic inflammatory disease or PID. PID is when the infection spreads into the upper reproductive organs (uterus, ovaries, and fallopian tubes). It can cause pain in your stomach and genitals, make it hard to get pregnant later, or result in an ectopic pregnancy, which is when the fetus develops outside your uterus (womb).

If you have an untreated STI and fall pregnant, you could also pass the infection on to your baby during pregnancy or delivery.

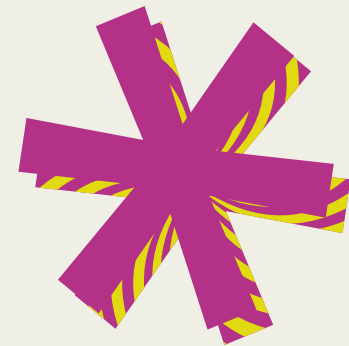
In men and women, leaving some STIs like gonorrhoea untreated can lead to joint infections and arthritis. Many STIs can increase your risk of becoming infected with HIV.

I have an STI. How do I tell my partner?

If you have an STI, then you need to tell the people you could have possibly infected so they can get treatment too. A health care provider can help you figure out which partner(s) you need to tell based on when you last had sex with them.

If you go to a clinic and get treatment for an STI, they will usually give you a note to give to your partner(s). You will usually be asked to take that note home and give it to your partner(s) so that they can go to the clinic and get the same treatment as you. This is very important because if they are not treated, they will probably infect you again with the same STI after you have completed treatment. Their health is also at risk, so they need to know what is going on.

It is natural to feel worried, embarrassed, and even scared. But to protect your partner(s), it is a conversation you need to have.



SOME IDEAS ON HOW TO TELL YOUR PARTNER

Be direct. You could start by saying, "Before we have sex, I want us to talk about STIs and protection because I have an STI". Say what type of STI you have.

Let the conversation continue naturally. Listen rather than doing all the talking. Prepare for your partner to be surprised. Each person reacts differently to the news. Some might have a lot of questions. Try your best to be honest and answer these. Some might just need some time to think. Some might get angry.

If you are worried your partner may become angry or aggressive, you can ask your health care provider if you can bring them to the clinic so that you can tell them together.

My partner told me they have an STI. What now?

Finding out your partner has an STI can leave you feeling uneasy, maybe even angry.

You might have lots of questions you need answered, such as:

- Has my partner been unfaithful?
- Am I at risk of having an STI?
- Is it curable?

Your partner could have an STI because they were with another person and did not use protection. But they could also have had the STI before they got into a relationship with you, and they may or may not have known about it. You could also be the one that gave your partner the STI and did not know you had it because you did not have any symptoms.

Either way, it's better not to play the blame game and rather focus on you both getting treatment.

If you have been using a condom the whole time you have been together, you are probably safe and do not have an STI. But if at some point you had unprotected sex or if a condom broke, you may be at risk of getting an STI.

The first thing you need to do is visit your nearest clinic to get tested for STIs. Just because you have not seen any signs of STIs, does not mean you do not have any. Some STI symptoms are not obvious, and if the infection is not treated it could affect your health.

It is important to visit the clinic and get checked. You can get treatment if you need it, and this will help prevent passing the infection to anyone else.

To help protect yourself from STIs, use a condom every time you have sex. Male/external and female/internal condoms are available free of charge from clinics.

If you are having sex,
the only way to protect yourself
against STIs is to always use a condom.

Acknowledgements

This work was greatly inspired by lessons learned from the family planning and contraception field, and we are very grateful to the below resources (to name but a few) that shaped our thinking.

The incredible people of knowwhatuwant.org and UCHOOSE. This website was developed by the Baltimore City Teen Pregnancy Prevention Initiative, with additional information provided by the Association of Reproductive Health Professionals, Bedsider, The National Campaign to Prevent Teen and Unplanned Pregnancy, and Planned Parenthood.

Another brilliant website is findmymethod.org. Find My Method is a global guide to contraceptive care, and users have access to resources that help them decide on the method that fits their needs.

Planned Parenthood delivers vital reproductive health care, sex education, and information to millions of people worldwide. See more here plannedparenthood.org/learn/birth-control.

Sponsored by Bayer AG, your-life.com is supported by a coalition of international partners with an interest in sexual and reproductive health. The website is intended to provide information to an international audience outside of the US, the UK, and France.

The printed tool, *Asikhulume: Sexual and Reproductive Health and Rights: A Communication Tool for Facilitators and Educators*, also available as a PDF, was written and developed by Melanie Pleaner at Wits RHI for the KwaZulu-Natal Department of Health, UNFPA, and Wits RHI (2014). We specifically enjoyed PART C: Teaching Aids.

The information and data included in this work were extracted from the following resources:

The information on STI management and various STIs, including screening and treatment, were extracted from bwisehealth.com, a website developed by the South African National Department of Health and supported by various partners in South Africa.

Other information and data on methods, combination prevention, and sexual and reproductive health were extracted from the following resources:

- HIV Prevention Ambassador Training Package for Adolescent Girls and Young Women, developed and refined by MOSAIC; have a look on prepwatch.org.
- The South African (National Department of Health) Guidelines for Expanding Combination Prevention and Treatment Options: Oral Pre-Exposure Prophylaxis (PrEP) and Test and Treat (T&T); you can find this great resource on prepwatch.org.
- The World Health Organization (WHO) consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach. Find more information on who.int.
- The World Health Organization (WHO) guidelines on long-acting injectable cabotegravir for HIV prevention.
- The International Partnership for Microbicides for extensive information on the dapivirine ring (DVR), referred to as PrEP ring in this tool.
- Clearinghouse on Male Circumcision for HIV Prevention, available at malecircumcision.org.
- The CDC, B-Wise, and a multitude of partners for the information on condoms.
- Prepwatch.org, for information across topics in this tool.
- The WHO and UNAIDS for information on U=U, also various South African National Department of Health resources.

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