

# Voluntary Counseling and Testing

## Introduction

### What are HIV and AIDS?

**HIV** (Human Immunodeficiency Virus) is a very small germ, called a *virus*. HIV attacks the body's immune system, which is the part of the body that fights off germs that cause infection. Over time, HIV slowly kills the cells of the immune system; making it so weak, the body can no longer defend itself against germs. As the immune system weakens, the person will become sick more often and prone to infections that are difficult to heal.

Although some people do experience illness soon after they are infected with HIV, many people feel well for 5 to 10 years after infection. Because so many years can pass before symptoms develop, most people with HIV feel healthy and do not know they are infected with the virus.

**! Important!** Soon after a person is infected with HIV, he or she can pass the virus to others! It is important to remember that even though a person looks and feels healthy, he or she can still be infected with HIV. There is ***no way*** to know if a person is infected with HIV simply by looking at him or her. An HIV test is the only way to confirm HIV infection.

**AIDS** (Acquired Immune Deficiency Syndrome) develops when someone infected with HIV develops Opportunistic Infections (OIs), severe infections that would not ordinarily cause disease in persons with healthy immune systems, and certain cancers. Signs of AIDS vary from person to person and can be different among women than men. Commonly a person who has AIDS will have infections that last a long time along with other common illnesses. Good *nutrition* and some medicines can help strengthen the immune system, helping it fight off infection. However, there is no cure for AIDS. Over time, the disease will progress, and the body will become too weak to survive.

### How is HIV/AIDS Treated?

Drugs to treat HIV are called antiretrovirals. They can control HIV infection and delay the onset to AIDS and death but cannot cure infection. Currently there are over 18 drugs that are used in various combinations for treatment. Not all are available in resource poor countries.

### How is HIV/AIDS Spread?

HIV lives in the body fluids of infected people. Bodily fluids include: *blood, semen, vaginal fluid* and *breast milk*. HIV spreads when body fluid of an infected person enters the body of another person. This means HIV can be spread by:

- ✓ Having unsafe sex with someone who is infected with the virus
- ✓ Using unclean needles, syringes, or any tool that pierces or cuts the skin
- ✓ Receiving a blood transfusion with infected blood
- ✓ Getting infected blood into cuts or open wounds
- ✓ Passing from an HIV infected mother to her baby during birth or by breastfeeding.

### How is HIV Passed from Mother to Child?

- Infants have the greatest chance of becoming infected with HIV during labor and delivery. At this time, the infant is exposed to the mother's blood and vaginal secretions.
- HIV may also be transmitted to infants from breast milk. The risk of HIV transmission increases with:
  - Mixed feeding (giving both breast milk and artificial feeds)
  - Cracked nipples
  - Sores in the baby's mouth
  - Prolonged duration of breast feeding
  - If the mother's health and nutrition are poor
  - If the mother has a large amount of HIV virus in her body (high viral load). The mother is likely to have a high viral load if she was recently infected with HIV (in the last 3 months or if she shows signs of AIDS)

## How is HIV/AIDS NOT Spread?

Outside of the human body, HIV becomes very weak and can only live for a few minutes. It cannot live on its own in the air or in water. This means you **cannot** give or get HIV by touching, hugging, kissing, or sharing food, clothes, towels, toilettes, beds, or bed covers. Insects such as mosquitoes do not transmit HIV.

## Women and HIV/AIDS

- A. Women are more easily infected with HIV than men because, during sex, the man's semen can enter the woman's vagina and remain in her body for a long time. Young girls are more susceptible to HIV infection than older women.
- B. If a man's semen is infected with HIV, the virus can pass into the woman's body through her vagina or cervix. If she has cuts or sores in either area, she is even more likely to become infected.
- C. Men who are circumcised are less likely to acquire HIV. There is no evidence to suggest they are less likely to pass the virus on to their partners than men who are not circumcised.

# Basic Principals of HIV Counseling

(The emphasis in this document is HIV testing of women, but the principles outlined apply equally to men).

## Confidentiality!

All counseling and HIV testing is CONFIDENTIAL. Keep what you know about the patient *completely private* or secret, even if the test is *negative*. Confidentiality means that you MUST NOT tell anyone anything about any patient, including:

- ✓ A patient's HIV status or health status.
- ✓ Anything they share with you about their family, private experiences, or health issues.
- ✓ Their decision to take or not take an HIV test.

Successful counseling depends on a patient's willingness to speak openly without fear. A patient *must* feel confident that you will NOT share their information with any other person. You must NOT share their information with *your* family, neighbors, or friends—nor with *their* family, neighbors, or friends. This will help you establish trust with your patient.

You CAN share their information with another *health-care professional* who is providing care to your patient (including midwives, counselors, a nutritionist, and others who provide health care). Store test

results and other confidential papers in a secure place that only you or other health care workers, caring for the patient, can get to.

## The Goal of Counseling

Voluntary counseling and testing (VCT) serves as an entry point to comprehensive HIV/AIDS prevention, care, and treatment services. It is the key for preventing the spread of HIV infection and for the prevention of mother-to-child transmission (MTCT) of HIV and, if a woman test negative, to provide information on how to prevent HIV infection. The purpose of testing and counseling is to identify pregnant women who are HIV-infected so that they can receive interventions to prevent MTCT of HIV as well as care and treatment for their own HIV infection. Your job as a counselor is to listen to an individual's concerns, to ask questions, provide information and emotional support, to decide what they want to do, and to develop confidence to carry out their decision. In this way, you can promote HIV prevention, encourage disclosure, and promote communication between partners about HIV. *Counseling is not the same as giving advice or telling people what they should do.*

## How Counseling Can Help With HIV/AIDS

- **Prevention:** Counseling provides women and men with knowledge of how the disease is transmitted, so that they can make decisions that will protect themselves and others.
- **Life-Enrichment:** Counseling can provide support, acceptance, and encouragement to those who are affected by HIV/AIDS. This can then reduce the risk of negative outcomes, re-infection, and transmission of infection to others.
- **Life-Extension:** Counselors can assist Persons Living with HIV/AIDS by making them aware of options available to help them stay as healthy as possible (such as eating nutritious foods and taking available medications to treat HIV or prevent other infections).

Because of the stigma (negative ideas) attached to HIV/AIDS, infected people often experience discrimination--they are treated unfairly because they have HIV. Examples of discrimination include the loss of employment, restricted access to school or community services, isolation for family members and community and even physical attack. Health care workers can work together with community services, clinics, and hospitals to reduce stigma and provide guidance to women and men who are discriminated against. Community support is essential to preventing and treating HIV infection.

## What to Say/Do

Counseling skills and techniques include the following:

- **Attention** -- conveying sincere concern and support.
- **Asking questions** -- asking about the client's experiences, their knowledge about HIV, and clarifying their responses.
- **Restating** -- repeating, in the same words, what the client said.
- **Rephrasing** -- repeating, in different words, the idea of what the client said.
- **Identifying emotion** -- acknowledging the way the client seems to feel and checking whether this is correct with them.
- **Giving feedback** -- supporting positive behaviors (like keeping appointments), and expressing nonjudgmental concern.

The goal of counseling is to help the client figure out what they think they should do. Counseling sessions should be interactive with questions and answers. The counselor should never make a decision for the client. Even if the client refuses HIV testing, they should still receive top-quality care and support. Counselors must accept that counseling sessions may not always end with a clear resolution. A person

may have difficulty reaching a decision and may change their mind once a decision is made. It is important that counselors do not try to solve all of their clients' problems nor feel responsible for their clients' decisions and feelings. Persons infected with HIV are subject to many negative reactions, including anger, depression, grief, denial, guilt, anxiety, and suicidal thoughts. No matter how the client's reacts, maintaining your own composure is very important. Counselors have a limited helping role; if the client needs extra assistance counselors should make referrals for additional outside support.

## HIV Test Result Changes: 'Window Period' & After Birth

After the HIV virus enters the body, the body slowly produces proteins called antibodies to help fight the disease. Rapid HIV tests show if someone is HIV-infected by detecting these HIV antibodies in the blood. However, it takes 6 weeks to 3 months for the body to make enough antibodies for the HIV test to find. This period is called the "window period." During the window period, a person is infected with HIV but may have a negative HIV test result. Nevertheless, the infected person can still pass the virus to others. Since the immune system has not yet made enough antibodies to combat the virus, there is a high viral load during the window period. If the client receives a negative test result but was put at risk for HIV in the past 3 months, counselors should caution the client that the result could change to positive and recommend follow-up testing after the window period. In addition, infants born to HIV-infected mothers will test HIV-positive for up to 18 months (even if they are *not* infected with HIV) since they carry maternal antibodies in their blood during this time. Therefore, infants should be tested for HIV after they are 18 months old and 3 months after they have completely stopped breastfeeding (since HIV can be transmitted from breast milk).

# Voluntary Counseling and Testing

## Routine Offering and Opt-Out Testing

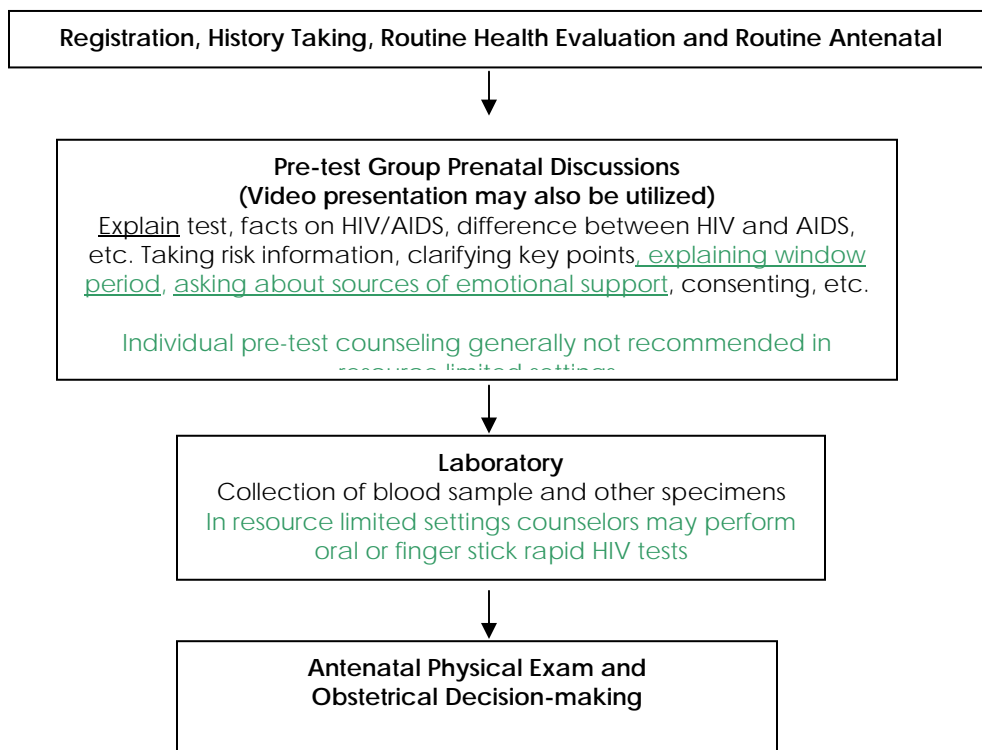
While the emphasis of this document is prenatal HIV counseling and testing it should be emphasized that HIV testing should be offered to all sexually active individual regardless of gender, reason for seeking health care or pregnancy status. Offering HIV testing to all sexually active individuals is called routine testing or universal offering.

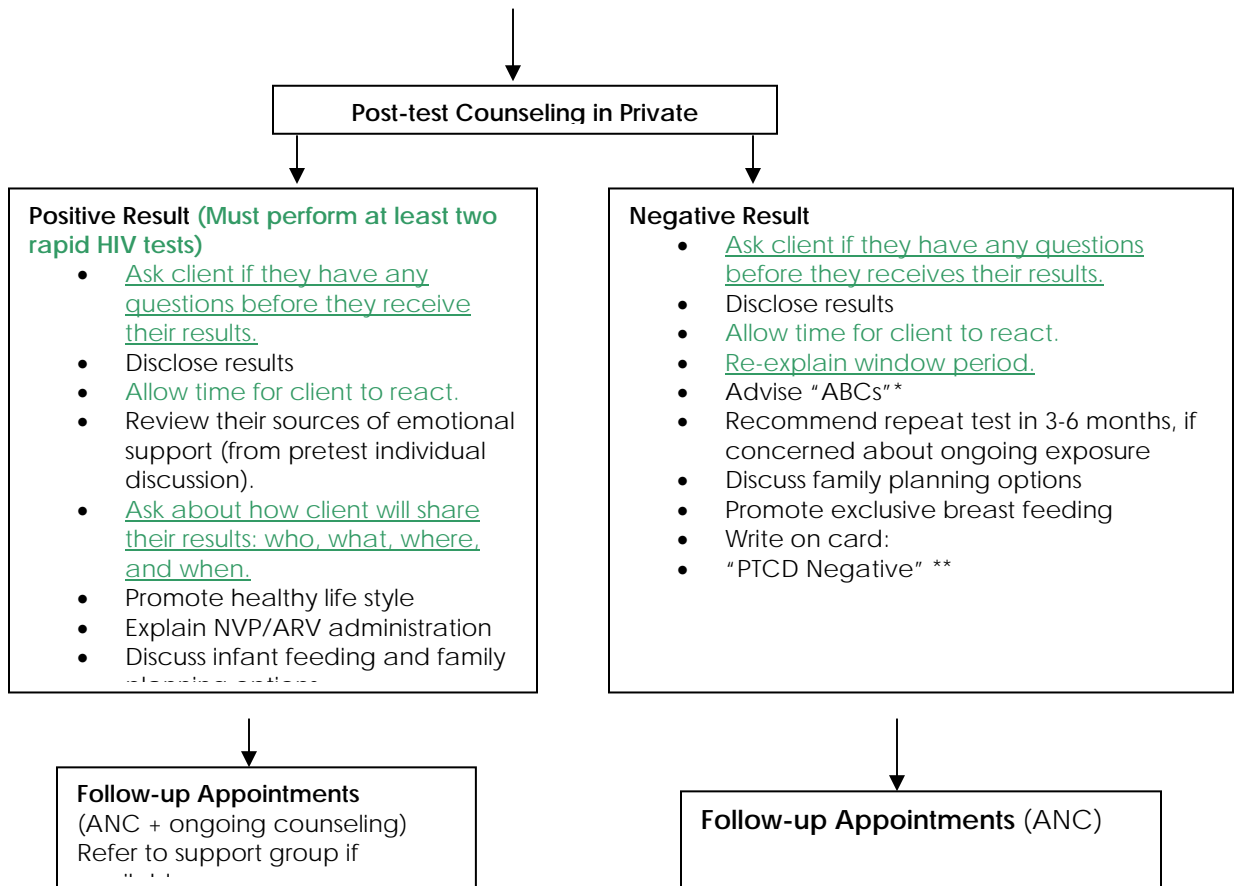
Opt out testing is now recommended by most health care organizations as the most efficient and effective means of testing. Opt-out testing means HIV testing is part of the standard package of care and is offered to all sexually active individuals, whether male or female and under all points of medical care contacts. Clients are told that the HIV test will be performed, along with other testing, and they are informed that they have the right to refuse HIV testing. Individuals are tested unless they explicitly refuse to be tested. If they refuse, they usually are asked to sign a statement saying that they have refused the HIV test. Studies show that opt-out testing results in higher percentages of individuals accepting testing (compared with opt-in, when individuals have to explicitly request an HIV test).

The remainder of the document outlines the principles for routine opt out testing for pregnant women in the context of antenatal care. All principles apply equally to individual or group testing of non-pregnant women or men.

## Routine HIV Testing in Antenatal Care (ANC) for Pregnant Women

**Note:** The outline below may also be adapted for use with all sexually active individuals, males, or females, at all points of entry into health care.





## Prenatal Group Discussions

The purpose of these group discussions is to talk about important facts related to HIV prevention and care and pregnancy and HIV. It is also used to prepare the client for the later events of testing and post-test counseling. This discussion emphasizes the advantages of HIV testing and the opportunity to have testing done.

### Reminders for Counselors:

- Introduce yourself and clarify your role.
- Use simple language that can be understood by your audience.
- Encourage your audience to participate; ask questions during the session and respond to participants' comments.
- Make it lively and humorous.
- Be prepared to answer questions about the benefits of HIV testing, PMTCT services for the mother, how best to motivate partners to come to ANC clinics, and how best to disclose HIV test results to partners.

### What to Say:

- Find out why the clients have come for prenatal care--ask questions.
- Let the clients know that their health and their babies' health are your concern.
- Let the clients know that a variety of laboratory tests are commonly performed to optimize prenatal care. (Mention the specific tests, which may include urinalysis, hemoglobin, syphilis tests, and blood grouping.)
- Explain the tests. Ask the clients if they know of any "new" disease that can affect a mother and her infant. Most often that answer will be HIV/AIDS.
- Affirm that HIV can indeed be transmitted from mother to child.
- Ask them what they know about how HIV affects the body. Affirm the true things they say. Dispel any falsehoods. Go over the facts about how HIV affects the immune system (on page 1).
- Ask them what they know about the ways HIV is spread. Affirm the true things they say. Dispel any falsehoods. Go over the facts about HIV transmission (on pages 1-2). MTCT is not generally a well-known mode of transmission and you need to explain it well. Emphasize that not all infants of HIV-infected mothers acquire the infection.
- Explain the ways counseling and testing can help with HIV/AIDS (summarized on page 3).
- Explain the difference between HIV and AIDS.
- Explain that an HIV test provides the mother and the health care provider with opportunities to reduce the risk of MTCT.
- Mention that Nevirapine and other antiretroviral drugs reduce viral load and reduces chances of infection during labor and delivery by 50% to 70%.
- Mention that the cost of the HIV test and nevirapine is free at this point in time—but it may not be always.
- Inform them that they will have an opportunity for a subsequent discussion with a counselor in private. Emphasize that if they take an HIV test, their results will be kept confidential.
- Mention that, though their results will be kept confidential, it is best for them to share their results with people who can provide care and support. Recommend that they consider telling partners, close friends or family members, and healthcare providers.
- Mention that their results will be given back on the same day.
- Encourage the clients to bring their partners to the clinic, if partners are willing.
- Find out whether the clients remember what tests need to be done.

- Direct clients where to go for their individual session with the counselor.

## What Not to Do

- **Do not** ask who is willing to do the test in a group setting. Consent is given in private individual sessions.
- Avoid judgmental statements.

## Individual Pre-Test Counseling

Individuals pre-test counseling is generally **not** recommended in resource poor settings where shortages of healthcare workers exist. The focus of the individual pre-test counseling session is to assess the man or woman's risk of HIV infection and to determine their coping strategies and support systems. It is important to discuss personal, and not general, risk behaviors in pre-test counseling sessions so that the client can develop a plan to reduce their risk of HIV infection that is uniquely applicable to them. Interact with the client in a clear, respectful, and nonjudgmental dialogue, with more listening than instructing.

### *What to Say*

- Introduce yourself, and again emphasize the confidential nature of HIV VTC and related services.
- If pregnant, ask about the current pregnancy.
- Ask about sexual partners, the clients health, children and the children's health.
- Find out whether the client can still recall the tests to be done in order to be sure that they are informed. Ask specifically if they recall what was discussed about HIV and HIV testing.
- Ask if there are any of the lab tests, including the HIV test, which they do not want.
- Remind them that their results will be given back on the same day.
- For individuals who refuse an HIV test, accept their decision and assure them that it will not be done without their consent, even though blood is drawn for other tests. Let them know that the test can be done at a future visit, if they change their minds.
- Reassure clients who refuse an HIV test that it will not in any way affect the quality of their future care.
- Inform the client that you are going to ask them a few questions (risk assessment questionnaire) that will help you to understand what needs to be done to prevent HIV. Remind them you will keep their answers private and that they don't have to answer a question if they don't want to.
  - Ask the client to tell you what they remember about how HIV is spread. Remind them if they forget (see pages 1-2 for the facts).
  - Ask them to consider the ways HIV is spread and ask them what they think might have put them at risk for HIV infection. Listen to their response and give supportive feedback. (Remember to attend, ask, rephrase, restate, and identify emotions, as described on page 4).

If the client hasn't already given you the information below, you may ask...

- If they had multiple sex partners and when (to determine if this occurred in the past 3 months, during the 'window period').
- Whether they've had any sexually transmitted infections (discharge of pus or sores on genital organs). Explain that this makes it easier for the virus to enter the body.

- If they've had blood transfusions? Has the client been cut or touched any blood of another person without using protection such as gloves?
- Have they ever used intravenous drugs or shared needles?
- Does the client think their sex partner puts them at risk for HIV?
- What is their experience with birth control and condoms?
- Ask the client what **they** think they can do to reduce their risk of HIV? Listen to their response and give supportive feedback. Remind them of the prevention ABCs (listed on the last page).
- Ask the client about which people give them emotional and spiritual support (family members, friends, etc.). Do they plan to talk to them about her HIV test results? You can encourage them to share their results, but you should not give your opinion about their decision. Only the patient can decide and your role as a counselor is to give the patient information and support.
  - Ask the questions in a simple way so that the client can understand and respond to them.
  - Remember, the questions are sensitive, so do not reveal your reactions to the answers.
  - Neatly record all information in the register, and ensure that the consent form is signed.
  - Circle on the lab slip all the tests to which the patient consents.
  - Make sure the correct ID is written to avoid confusion in the lab.
  - Tell the client where to go after the specimen has been collected.
  - Let them know that they will see you later for post-test counseling.

## HIV Post-test Counseling

Post-test counseling helps patients make decisions and deal with their feelings—regardless of the test's result. It is required for all patients—even if their test result is negative. A negative test offers the opportunity to provide information on how to remain negative.

### What to Say/Do

- When a patient comes for their test results, ask how they feel and tell them it is understandable. Remember that every person fears the unknown.
- If a patient's test is positive, consider how they will cope with the bad news. Will their family, friends, and community support them emotionally and spiritually? Recall what they told you about their support system during the risk assessment.
- Be sensitive to their feelings. Treat them the way you would like to be treated if you were in their shoes.
- Always give the patient time to react to their HIV results.
- Ask them if they understand their results and explain—again—what the results mean.

### If the Results are Negative

- Tell the patient that you have their test results and ask if they are ready for them.
- Speak clearly. Tell the patient "your test result shows that you are HIV negative."
- Give them time to react to their HIV results.
- Explain what an HIV negative test result means.
- Remind them that there is a possibility of a "window period" and, if they were recently at risk for HIV, recommend they return for another test in three to six months. Counsel them on ways that they



**Abstinence  
Being  
faithful**

can avoid exposure to HIV until they can test again. Encourage them to bring their partner for testing (if they are available and willing) when they return for their next test.

- Ask the client how they plan to remain HIV negative. Remind them of their plan to reduce their risk that they talked about during the risk assessment. Explain how not having sex, being faithful to one partner, and using a condom can significantly reduce their chances of becoming infected with HIV (see ABCs on last page). If they told you during the risk assessment that she injected drugs, include 'D'—avoid drug use and needle sharing.
- Give them HIV/AIDS information and ask if they would share the information with their partner and how. Be supportive.
- On their records write, "*Post-test counseling done (PTCD) – HIV negative.*"

## If the Results are Positive

- Consider how the patient will cope with the bad news.
- Before the patient comes for their result, prepare for the time you will spend with them. Ask yourself, "If one of my friends were infected with HIV, how would I speak to them? What would I want to tell them?" Think about the information they are going to need, the people that they told you were emotionally and spiritually supportive, as well as what you can say and do to help them cope now.
- When the patient arrives, tell them that you have their test results, and ask them if they are ready for them or have any questions. Be sure the patient is ready to receive their test results *before* you tell them.
- Remember to speak clearly. Use words that are sensitive and easy for them to understand. Tell the patient "your test result shows that you are HIV positive. This means you are infected with HIV."
- Explain the difference between being *infected* with HIV and *having* AIDS. Often, people infected with HIV stay healthy for many years before their condition develops into AIDS.
- Give them time to react to their HIV results. A newly diagnosed individual may feel many emotions ranging from denial and anger to despair; they may even think about committing suicide. Help them deal with these feelings.
- Once they are ready to talk, the counselor should ask them about sharing their test results -- who will they tell, where, when and what will they say. Remind them of the supportive people they mentioned during the risk assessment. Although disclosing their status may help them receive emotional and physical support, it may also increase their risk of being abandoned or abused by their partner. It is important to be supportive of the individual's decisions of who to tell.
- Consider the patient's emotional state. If they are overcome with emotion, consider waiting until their next visit to have some of the discussions below. Ask where they will go when they leave to make sure they'll have some support.
- Talk with the patient about the importance of staying healthy and improving their health. It is best if they abstain from sex—*especially unprotected sex*; doesn't drink alcohol, and eats a nutritious diet. If they become sick or develop an infection, they will need to seek medical treatment right away. An illness or infection weakens the immune system, making it easier for them to develop other infections and harder for their body to fight them off. It will also be important that they keep their surroundings and their body clean.
- Ask the client what they think they can do to keep from spreading HIV to others. Be supportive and explain that not having sex, being faithful to one partner, and using a condom can significantly lower the risk of spreading the virus. In case they do not have regular access to condoms, or their partner refuses to use them, talk with them about abstaining from sex and ways to have "safer sex."
- Talk with them about different ways they can tell their partner that they are infected with HIV, allowing them to choose the way that is best for their situation. Suggest that their partner should be tested. Offer to counsel the spouse/partner, either together with the patient or privately. If you have printed information on HIV/AIDS (i.e. brochures), give them copies to take home to share.

- If the client is pregnant, talk about how HIV affects pregnancy and childbirth. Now that she knows she is HIV positive, she needs to understand:
  - The effects pregnancy might have on her overall health;
  - The effect HIV infection could have on her pregnancy; and
  - Risks to her baby.
  - Speak to the client about how they can prevent or reduce the chances of future pregnancies, if that is what they want. Explain that using a condom prevents both pregnancy and HIV infection.
  - Speak to her about antiretroviral treatment and how it will be used for both herself and her baby. If nevirapine is used, it is important that she understands that a healthcare worker or herself will give the first dose when her labor begins. All HIV-positive pregnant women should be given a nevirapine 200mg tablet to take when their labor begins. The baby should receive nevirapine suspension by mouth at the instructed time in an amount provided by the healthcare worker.
  - The most effective antiretroviral prophylaxis regimen for women who do not require antiretroviral therapy for their own health is a 2-drug regimen: ZDV, from 28 weeks' gestation, with a single dose of NVP at the onset of labor for the mother, and a single dose NVP for the infant between 48 and 72 hours after birth plus 1 to 4 weeks of ZDV for the mother and infant to reduce drug resistance. If she is between 34-36 weeks pregnant, consider giving her a 200mg. of nevirapine to take home with her. Ask her questions to make sure she understands when to take her first nevirapine dose. Each Prevention of Mother to Child Transmission (PMTCT) Program will need to decide which antiretrovirals to use and when to dispense the nevirapine.
  - Ask her to begin thinking about how she will feed her baby. Give her time to think about it and continue the discussion at her next visit. If her pregnancy is near full term, go ahead and discuss feeding now. Emphasize early weaning (5 to 6 months) and exclusive breast-feeding.
  - Ask the patient for permission to perform follow-up visits at her home. Explain that follow up visits are necessary if the patient (or her baby) does not return for her scheduled prenatal, postpartum, or infant welfare visits. Reassure her that patient confidentiality will be respected in her home.
  - Fill out the PMTCT follow-up register.
- If available, tell them about support groups and activities for people living with HIV.
- On the patient's consultation and ANC card write, "Post-test counseling done or (PTCD). If Pregnant, add - Administer NVP 200mg in labor."
- If you are comfortable, ask the client if they would like to pray together with you, but be mindful to not impose your spiritual views on them. They will need your ongoing support later, in follow-up counseling sessions, after the initial shock is over.

## ABCs of HIV Prevention, Correct Condom Use, and "Safer Sex"

### I. "ABCs" of Preventing HIV Transmission:

- A = Abstinence. If you are a virgin or do not have a current partner, don't have sex until you are married or with a partner you plan to live with for the rest of your life ("primary abstinence"). If you are already married or in a long-term sexual relationship, and if you or your partner is HIV

infected or of unknown HIV status, abstain from sex ("secondary abstinence"). Abstinence is the safest, least expensive way to prevent HIV transmission.

- B = Be Faithful. If you are married (either monogamous or polygamous marriage), have sex only with your spouse(s) and avoid any outside sex partners. This applies to both partners (mutual monogamy). If you think your partner has other sex partners outside of your marriage/partnership, discuss with him/her the fact that this puts not only him/her but also you and your children at risk of acquiring HIV infection. If you are planning to marry, both you and your partner should request premarital HIV counseling and testing, so that you will both know your HIV status and will learn how to either remain negative or cope with being infected. The same applies to married people.
- C = Condom Use, Correctly and Consistently. See Condom Use below. If you or your partner is HIV positive or if you don't know the status of your partner, use a condom every time you have intercourse. Although condoms are not 100% effective in preventing transmission, when used correctly, they are about 85% effective in preventing HIV transmission.

## II. Correct Condom (Male) Use:

**(Note: if female condoms are available, follow package directions)**

- Store condoms in their packaging envelopes in a shaded, dry area and discard any that have exceeded their expiration dates.
- Never reuse a condom. Discard used condoms immediately, in a way that will prevent anyone else from reusing them (e.g., drop them in a pit toilet).
- Never use one that has been opened for more than an hour or two, and never use one from an opened package that someone else has opened.
- Avoid condoms that have been pretreated with spermicides or skin irritants.
- Preplan to use condom by having one or more available at bedside **before** initiating sexual foreplay.
- Never lubricate a condom with oil-based lubricants such as petrolatum (Vaseline). If condom is not prelubricated, use a water-soluble lubricant such as KY jelly.
- Applying the condom: Either partner can roll the condom onto the male's penis, but must roll it correctly, after the penis is erect. Start by placing the rolled condom (as it comes from the package) over the tip of the penis, with the rolled-up edge toward the outside. Hold the tip of the condom with the fingers of one hand, keeping about 1 to 1.5 centimeter of the tip of the condom free (empty) beyond the tip of the penis, to leave room to catch the semen after ejaculation. Using the other hand, gently roll the rest of the condom back over the penis all the way to the base (where the penis is attached to the body). If you see any tears or holes in the condom, or feel you might have torn it during application, discard it and start over with another condom.
- Keep the condom in place until you have completed intercourse. Do not wait until the penis has become limp before withdrawing it from the vagina, because semen may leak out around the condom after the penis becomes smaller. At the end of intercourse, while the penis is still erect, hold the rolled edge of the condom in place at the base of the penis while you withdraw the penis from the vagina.
- After the penis is completely out and away from the vagina, carefully remove the condom by sliding it (without rerolling it) off the penis, keeping your fingers at the open end of the condom. After the condom is completely off, close off the open end with your fingers and tie it shut, to keep the semen from spilling onto bedclothes.
- Never use the same condom for more than one act of penetration. If you repeat intercourse, start over again with a new condom and follow the same steps.

## III. "Safer Sex" for persons infected with HIV:

- Hugging, kissing, and masturbation are safer ways to deal with sexual desire than sexual intercourse.
- Reduce frequency of intercourse.

- Do not have intercourse during menstruation.
- Use condoms consistently and correctly with every act of intercourse (see II above), unless you are trying to become pregnant<sup>1</sup>.
- If you have any symptoms of STIs (e.g., vaginal or penile discharge, burning with urination, genital sores, or ulcers), avoid sex and seek treatment promptly. HIV transmits more readily if there is any genital infection.
- Avoid any sexual practices that might cause bleeding or tearing of skin or mucous membrane.
- Disclose your HIV status to your partner (mutually) and encourage him/her to get tested.
- If both partners are HIV positive, they should use a condom when having intercourse because unprotected intercourse will expose them to reinfection with HIV. If one partner is HIV positive and the other negative (a discordant couple), it is even more important to use a condom correctly with every act of intercourse, to reduce the risk of infecting the uninfected partner