HAVING SAFER SEX

YOUNG PEOPLE LIVING WITH HIV HAVE THE RIGHT TO PRACTISE SAFER SEX

As a person living with HIV you may feel like you have all the responsibility for talking about safer sex and keeping your sexual partner(s) free from HIV. For people living with HIV, this means adhering to treatment to keeping your viral load undetectable, or using a condom. But remember it is your sexual partner(s)’s responsibility too. Just because you have HIV does not mean all the responsibility is on you.

Safer sex is something that should be discussed openly with your partner(s). Discussions should involve decisions around types of sexual activities you engage in and agreeing on ways to reduce the risk of HIV, other sexually transmitted infections (STIs), and unintended pregnancies. No one should feel pressure to perform condomless sex to win your partners’ trust or approval.

TIPS FOR HAVING SEX SAFER:

→ **Know the facts:** Understanding how HIV and other STIs are transmitted from one person to another can help you and your partners make decisions about how to make your sex safer. Ask your local sexual health clinic for more information.

→ **Get tested:** Don’t make assumptions about whether someone has HIV or other STIs. The only way to know for sure if you or someone else has HIV or an STI is to get tested. If you’re having sex, it’s a good idea to have a sexual health check-up at least once a year, or more frequently if you change sexual partners. If you have oral or anal sex, ask your health provider to also check your mouth, throat and rectum. Encourage your partner(s) to get checked regularly too. You can even go together! If one or both of you are living with HIV you still need to practice safer sex (such as treatment adherence and viral load monitoring, condoms or PrEP).

→ **Take your antiretroviral medication as prescribed:** Young people living with HIV have different treatment and care needs. Make sure that when you start your treatment you take it according to the prescription. If you have a partner that knows your HIV status and is supportive, it can be a good idea to get them to help remind you to take your HIV treatment. Good adherence helps you to keep your viral load down. People who have an undetectable viral load cannot pass on HIV infection to their partners.

→ **Ask about PrEP:** If your partner is HIV negative, they might want to consider taking pre-exposure prophylaxis (or PrEP). PrEP can stop HIV from taking hold and spreading throughout your body. When taken daily, PrEP is highly effective for preventing HIV – although it does not protect against STIs. If you or your partner are interested in PrEP speak to your local healthcare provider. Talk your health care provider to see if PrEP is available and easily accessible!
Use a condom: Internal (female) and external (male) condoms provide dual protection and are great tools for preventing both the transmission of HIV and other STIs, as well as unintended pregnancies. To be most effective, the condom must be put on before there is contact between your genitals and your partner(s)’s genitals, anus or mouth. You can find out more and even get free condoms at your local sexual health clinic.

Use lubricant: Lube feels great and is lots of fun (and there are so many sensations and flavours to try!). It also reduces the risk of tearing or injury, especially if you’re having anal sex as the anus doesn’t usually produce enough lubrication for comfortable penetration. If using a latex condom, make sure your lube is not oil-based. While oil-based lubes are longer-lasting, they can make condoms tear more easily.

REMEMBER:
If you choose to use a condom and it breaks, your partner can take post-exposure prophylaxis, or PEP. PEP can stop HIV developing, even if someone has been exposed to the virus. However, it doesn’t always work. To be effective PEP must be taken as soon as possible, but no later than 72 hours after having sex. Sometimes it can be hard to get a hold of, especially when sexual health clinics are closed – but is often also available at the emergency room in hospitals. If you are at risk of becoming pregnant, you can also take the emergency contraception pill or have a copper Intrauterine device (IUD) inserted. Emergency contraception is most effective when taken 72 hours after unprotected sex but it can be taken up to 5 days later. Talk to your healthcare provider about both these options.
RISK REDUCTION STRATEGIES

Sometimes people feel unable to speak with their partners and negotiate safer sex – this is especially true for women in countries or communities with significant gender inequalities. If you are not able to talk with your partner(s), consider speaking with a counsellor or some other support.

Some people choose not to have safer sex. If this is something you and your partner agree to, then it is your choice. It is not always possible to talk to your partner(s) about or to practise safer sex. Your partner might get angry or aggressive, or you don’t have access to condoms, or other preventative tools (like PrEP) or you don’t have a safe place to have sex. There are other ways to somewhat reduce the risks of HIV, other STIs, and unintended pregnancies without using condoms:

→ Choose sexual activities that are at lower risk (e.g. kissing, masturbation, touching, oral sex).

→ Use lubricant to reduce the chances of micro-tears in the vagina and anus.

→ Limit the amount of body fluids like semen and vaginal secretions that you and your partner(s) share.

→ Ejaculate (cum) outside, not inside.

→ Get tested regularly for HIV and other STIs.

Some people choose to engage sexually with others with the same HIV status as them. Called “serosorting”, this risk reduction strategy is thought to reduce the risk of acquiring or transmitting HIV as partners share the same HIV status (negative or positive). It offers no protection from other STIs.

Sometimes two people with penises (one HIV-positive and the other HIV-negative) sexually positioning themselves to reduce the risk of passing on HIV when having penetrative sex. This risk reduction strategy is often called “strategic positioning” which involves the HIV-negative partner taking on the insertive position (the “top”) because a penetrative partner is less likely to acquire HIV than a person who is taking the receptive position (the “bottom”). Although this reduces the risk, HIV can still be transmitted and it offers no protection from other STIs.

Some people have sex when they have been drinking alcohol or using drugs. This is your choice. Being drunk or high can affect the decisions you might make about sex and safer sex. If you want to have sex and think you might get drunk or high, plan ahead by bringing condoms and lube or putting them close to where you usually have sex. That way you won’t forget them in the heat of the moment. But make sure your partner is able to engage enthusiastically to ensure consent. It is also not okay for someone to have sex with you if you are staggering, incoherent or have passed out because of alcohol or drugs. This would be considered rape and you could face criminal charges.

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