

Love without fear of Aids

How young people can protect themselves from HIV

Now that HIV infection exists, love can be not only beautiful, but also dangerous. Just one sexual contact can cause infection. Nowadays, however, we can protect ourselves effectively against infection with HIV, without having to give up love and sex. That means: love without risk for those who love life.

HIV is continuing to spread

The HIV epidemic is also continuing to spread in industrialised countries; year by year, the number of people infected with HIV is rising. The so-called high-risk groups (homosexuals, drug injectors, people from endemic areas such as the southern regions of Africa) continue to be the most severely affected. But HIV occurs across all social classes.

It is especially alarming that about half of those who are HIV-positive do not even know they are infected, which means they are also unable to inform their sexual partners about it. A recent scientific finding has sounded a warning: an HIV-positive person is at his or her most contagious for sexual partners in the first weeks after becoming infected, thus at a time when he or she is usually not yet aware of the infection.

Despite huge efforts on the part of science, medicine and pharmaceutical companies, plus prevention campaigns costing millions: For individuals, especially for people seeking a partner, risk of infection is becoming ever greater.

How is HIV transmitted?

Infection can take place when the following bodily fluids of an HIV-positive person get into the body of an uninfected person: blood, seminal fluid, vaginal secretions, mother's milk or other bodily fluids which contain blood (saliva, where there is gum bleeding). HIV can get directly into the blood, but also gets into the body via healthy mucous membranes (vagina, glans of the penis, anus, eyes, nose and mouth) and damaged or inflamed skin, e.g. eczema. Intact, healthy skin is an excellent protection against HIV.

What are the routes of infection?

It is only possible to become infected with HIV if your mucous membranes or damaged/inflamed skin come into direct contact with the above bodily fluids of someone who is HIV-positive, e.g. in the following situations:

- Sex: HIV is primarily transmitted during sexual intercourse. The risk of infection is highest in anal intercourse, followed by vaginal intercourse, and there is less risk in oral intercourse. There is much less risk from "French kissing", but it is not impossible, because there may be gum bleeding and minor wounds.
- Mother-child contact: An HIV-positive mother can infect her child during pregnancy, during birth or while nursing (via mother's milk).
- Drug injection: Through shared use of syringes and needles (needle-sharing).
- Blood transfusions, organ transplants: Since autumn 1985, in industrialised countries all blood donations have been tested for HIV. The residual risk of a possible infection not being detected is extremely small.

How and when can an HIV infection be detected?

During the first few years, the infection of a person with HIV is not noticeable, nor does the person notice the infection. He or she does not usually notice anything about it – unless early, flu-like symptoms (primary effect) occur in the first few weeks following infection. An HIV test is necessary to detect an HIV infection. The routine HIV test is an antibody test. Antibodies are produced by the human defence system (immune system) to fight HIV. The HIV antibody test can confirm an HIV infection with a certainty of over 99.9%, except at the start of the HIV infection. This is because it takes several weeks or months until the antibodies are produced (diagnostic window). This happens after 3–4 weeks in the average case, certainly no later than 3 months in 98% of the population. In rare, exceptional cases, however, it can take longer than 6 months.

Ways to protect against HIV infection

Nowadays any new sexual relationship has the potential risk of an HIV infection. This is why it is especially important to select your partners with care. An infection can only be ruled out if the partner is not infected. The fewer sexual partners one has, the less risk there is of becoming infected with HIV. People have different attitudes to safety and vary in how they take care of their health. Below, the various means of protection are shown, which can also sometimes be combined. So everyone can put together a suitable prevention plan, customised to their own personal situation.

No risk of infection

- In everyday life: tram, school, toilets etc.
- Skin contact: shaking hands, stroking, kiss on the cheek
- Sport: swimming, ball games (bleeding injuries must be given immediate appropriate treatment)
- Eating: in a restaurant
- Living with an HIV-infected person; obviously on condition that the general normal rules of hygiene are observed, so that there is no contact of mucous membranes or open wounds with the bodily fluids of an HIV-infected person.
- Sex between two non-infected partners: there is no risk of infection within a faithful loving relationship (if neither of the two partner is exposed to risks of sexual infection).

Careful choice of partner

Careful choice of partner means seeking a partner who is not HIV-infected, and who has a similar philosophy of life. Once a partner has been chosen, fidelity in the relationship forms part of this concept. A careful choice of partner is a reliable method of prevention.

Finding out whether the person you have fallen in love with is not HIV-infected and is right for you is obviously not something you will find out in a single evening. Before starting a sexual relationship with a partner, you have to build up mutual trust. This includes not only talking openly about potential infection risks in the past or present; it is just as important to get to know the other person's personality, strengths and weaknesses, habits and preferences, as well as his or her friends and family. This helps you to judge better whether or not to rely on his or her word and assess whether he or she can rule out any HIV infection in the past. On the other hand,

you need to be sure of your own negative HIV status and be able to assure the future partner about this. If there is any uncertainty, it is worth having an HIV test.

For younger people especially, it is obviously still difficult when getting to know a partner to talk about lack of experience, potential weaknesses and fears, especially on topics such as sex, contraception and sexually transmitted diseases. So the first sexual experiences are often not felt to be particularly great, and sexual dysfunctions often occur (impotence, premature ejaculation, pain and vaginismus). The mere uncertainty of whether a partner could be HIV-infected makes it impossible to enter into a sexual relationship free from anxiety. By carefully building up their relationship and intimacy, a couple can save themselves from such failures, as well as better avoiding sexually transmitted diseases and an unwanted pregnancy. Trust and mutual goodwill do not simply happen by falling in love, but must first be created. Sex becomes a really wonderful experience through a true, open and fair relationship, and is a life-enhancing part of love, partnership and marriage. Careful choice of partner does not mean simply waiting until there is mutual clarity over HIV status, but can be regarded as the first phase in a happy partnership.

Don't give HIV a chance: go for an HIV test

If there is any possibility that one partner could have become infected with HIV in the past, it is worthwhile going for an HIV test in any case. As already mentioned, after infection with HIV it takes a few weeks until antibodies are formed. That is why, during this period, the HIV may still come out as a "false negative". Nevertheless, the HIV test is very useful at the start of a partnership as a way of establishing where one stands. The greater

the risk of HIV infection in the past, the more important it is to repeat the HIV test.

The recommendation for an HIV test following a risk of infection is:

An HIV test should be done 3-4 weeks after a risk situation, and if there is a negative result, it should be repeated after 3 and 6 months. Anyone wanting to diagnose before the fourth week can shorten the diagnostic window by an average of 3 weeks with an additional antigen test.

The condom

The condom effectively reduces the risk of HIV transmission by 5-fold or 10-fold, but does not exclude it altogether. The residual risk is estimated at 10-20%. Young people in particular obviously have as yet little or no experience with condoms, so the risk of making mistakes must not be ignored. Here, too, the principle applies: the deeper your relationship with your partner and the more secure you feel with him or her, the sooner you can talk openly about the correct use of condoms. On the other hand there is also an increased risk of incorrect use under the influence of alcohol and drugs. Only tested condoms should be used, and the instructions for use should be followed precisely.

The condom is ideally suited to risk reduction in sex with people who are HIV-infected or whose HIV-status is unknown. For people who frequently change partners or have sex with prostitutes, or one-night-stands etc., the reliable and correct use of a condom is a must. People in whom the HIV level has been greatly reduced by treatment with medications should likewise always use a condom.

Condoms are also suitable to further reduce risk for those at low risk of HIV: people who cannot yet rule out the risk 100% (e.g. test uncertainty, diagnostic window).

For people who do not wish to run any risk of HIV transmission, the condom is not enough, since careful choice of partner, initial abstinence and later a faithful relationship with one non-infected partner are the preventive methods of choice.

Freedom from drugs

Many young people begin to abuse alcohol and/or drugs as early as puberty, often in connection with personal problems in their lives. Alcohol, cannabis, cocaine, heroin, ecstasy and other designer drugs lead to a high, during which they no longer perceive reality properly.

Persistent consumption of drugs causes dulling of the self respect and of concern for one's own body. To addicts, their own health is often worth so little that, against their own better judgment, they swap needles or enter into ill-considered, transient sexual contacts, thereby exposing themselves to risks of infection. For them, the first protective measure against HIV-infection lies in healing their drug addiction.

Not least because of Aids, this is one good reason never to start on drugs.

Post-exposure prophylaxis (PEP)

In the domain of medicine, antiretroviral treatment is recommended following needle-stick injuries with HIV-infected blood, because these can still sometimes prevent HIV-infection. Similarly, such post-exposure prophylaxis is recommended following injuries with "drug needles" or after rape. PEP is also offered if there is a high

risk of HIV transmission from a sexual contact: following sexual contacts with HIV-positive people or people from at-risk groups (homosexual men, people from endemic areas such as e.g. sub-Saharan regions, intravenous drug addicts). PEP should be started in the first few hours (up to 72 hours) after the risk contact and continued for one month.

Treatment of HIV-infection reduces risk of transmission

HIV-infected people can fight the HIV viruses by treatment with antiretroviral treatment (ART), so that none of the diseases associated with HIV/Aids break out. So what is in principle a fatal disease can be converted into a chronic one. ART reduces the virus count in the blood so much that it can no longer be detected, also greatly reducing the risk of transmission. So treatment of the HIV-infection by ART is important to fight the HIV epidemic. Unfortunately, there are people who cannot tolerate these treatments because of side effects and others who become resistant to these treatments, so that they lose their effectiveness.

However: even an effective ART cannot eliminate the virus from the body, because HI-viruses continue to survive in cells of those infected with HIV and are capable of multiplying again at any time. An HIV-infection is not cured by ART. For the same reason, transmission cannot be 100% ruled out.

Careful choice of partner, HIV test and condoms are the three ways to rule out or reduce the risk of HIV infection – they are all the more effective when combined. Anyone can determine his or her own risk by selection and combination of these proposals.

Frequent, careless changes of partners are the motor of the AIDS epidemic. Alcohol and drugs are the fuel for this motor. They dull consciousness of reality, blur awareness of responsibility and lead to over-hasty, rash and often unprotected sexual contacts that might later be regretted.

Consequently freedom from addiction is an important protection against HIV infection.