

Sex & Relationships

Living with HIV may affect the way that you and your partner(s) feel about sex and will have implications about the sex that you have in your relationships – whether this is in a long term or developing relationship or in more casual sexual relationships.

Disclosure to New Partners

Deciding when (and if) to tell new partners that you have HIV can be a really daunting prospect. The fear of rejection or negative reactions is often a real and understandable barrier in talking honestly and openly with new partners.

Counsellors, health advisers, specialist nurses and other HIV support workers can be helpful in talking through feelings about disclosure, helping to formulate a plan for telling people your HIV status and dealing with any issues that arise after disclosure.

HIV services in Sheffield can offer advice and support on issues of disclosure.

Contact either:

- The Health Adviser / Specialist Nursing Team at Sexual Health Sheffield on 0114 226 8888
- The Specialist Nursing Team in E3 Outpatients Service on 0114 271 1882 or 0114 271 1900 (ask for bleep 2096)

Talking to people who are also HIV positive may be useful. Sharing experiences, anxieties, concerns and solutions with other people in a similar situation can really help. You may find the forums and blog pages on this site a useful way of discussing issues around disclosure with other people who are living with HIV.

Who needs to know?

Although you don't have to tell everyone (or anyone) that you are HIV positive, it is advisable to inform current, past and future sexual or injecting partners of the potential of infection. Research tells us that people who are HIV negative (or do not know their HIV status) often expect people to tell them they have HIV before having sex or sharing injecting equipment and that they generally assume that someone is HIV negative unless told otherwise. If you do not feel able to inform partners yourself, a health adviser can help and even do this on your behalf without mentioning your name. More information on disclosure to sexual partners is given later on this page.

It is also advisable to share information about your HIV status with your GP and other health care workers. They can then offer you the best and most appropriate advice and treatment taking into account factors including immune system functioning and any HIV medication you may be taking.

If you are a health care worker, you are obliged to inform Occupational Health of your HIV status. They will not inform your manager or colleagues, but will ensure that you do not undertake exposure-prone procedures. HIV is covered by the Disability Discrimination Act, so your employer is obliged to make reasonable adjustments to your work if it is not appropriate for you to continue in your current work role.

Disclosure to sexual partners

There is no legal obligation to tell sexual partners that you have HIV but people have been prosecuted for reckless transmission when they knew they had HIV, did not tell their partners, had unprotected sex and their partners became infected as a direct result of this. As with any area of law, the law in relation to disclosure to sexual partners can change when new cases are brought before the legal system. What we do know, however, is that the balance of responsibility in terms of disclosure has shifted towards people who are living with HIV even in cases where condoms/ femidoms are used and/or no HIV transmission took place. This can make navigating a path between safer sex and disclosure extremely difficult. Talking this issue through with a specialist HIV Health Adviser can be really helpful in planning for when and how to disclose your HIV status to partners and also how to better negotiate sex that is safer for everyone involved.

Although disclosing your HIV status to sexual partners can be very difficult to do (especially if you are unsure how people may react) there can be some real benefits to doing so. In particular, disclosing your HIV status to current partner(s) – whether that is in a long term or developing relationship or a more casual sexual relationship – can be important for a number of reasons:

- It can help you to talk honestly and openly about making the sex you have safer and, therefore, reduce the risk of HIV transmission to others
- It can then make you more relaxed and at ease about sex. If we are relaxed and at ease then we are more likely to enjoy sex more
- Disclosure to partners can mean not having to live with the stress of keeping HIV a secret

Even though it may be a difficult decision to make, ideally, you should disclose your status to sexual partners even if you are having protected sex with them. This allows your partner to make their own risk assessment and means that your partner can access PEP treatment if you have unprotected sex or a condom breaks/ comes off during sex.

Tips on disclosure (adapted from shetoshe.org website)

Although people can't plan for others reactions, having a disclosure plan and a good support system (this may be a key healthcare worker or close friend etc.) can be really helpful before, during and after disclosure.

When planning to disclose it can be useful to consider the following:

- Think about and ask yourself why you want people to know. Do you want or need a specific kind of support from the person that you have decided to tell?
- What agreement would you like to make about them telling other people? How will you feel if they tell others?
- Plan what you are going to say, rehearse with a friend, a health-care worker or someone else who is HIV positive
- You may want to bring information, leaflets, magazines, websites to show the person you are telling, or to leave for them to read
- Make sure you do it in a safe place so that everyone is comfortable and in an environment where you can have an honest discussion
- Let a friend or support worker know so that they can check that you are okay and give post disclosure support
- Think about how disclosure will affect the person you are telling and think about the support they could also get from HIV healthcare professionals and how they might access this
- Maybe think about disclosing first to a stranger – for instance when visiting a different town. This can be a good way to have a “trial run”
- Talk with other people who are HIV positive (maybe visit a local HIV peer support group) about different ways to disclose to others

Remember that there is absolutely no right or wrong way to do it. The methods of disclosure that you want to use are personal to you and should be what's best for you. The really important thing is that you have control over who you tell, when you tell, how you tell and if you tell.

Whatever the reaction you get from disclosure to another person there is support available to help you plan and prepare for disclosure and to talk through how it went – whether you get a positive and supportive outcome or not quite the response that you had hoped for.

Mixed Status Relationships

A mixed status relationship is one where one partner is living with HIV and the other is not. People in these relationships can face a number of challenges based on the fact that HIV is present in their relationship including worries about infecting their partner/being infected, dealing with health issues and illnesses, fear of rejection or abandonment, family planning and disclosure/privacy issues.

Talking about these challenges with people in similar situations or with your health adviser, specialist nurse, health care worker or other support worker can help couples in dealing with any difficulties and dilemmas that living in a mixed status relationship may present.

In Sheffield, the HIV specialist healthcare team on E-Floor at the Royal Hallamshire Hospital or the Health Advisors at Sexual Health Sheffield can offer you support and the opportunity to talk about any issue you may have about your relationship e.g. disclosure, sex and sexual intimacy, dealing with HIV related stigma, communication and emotional/practical issues.

You can contact The Specialist Nursing Team by calling 0114 271 1882 or by calling 0114 271 1900 and asking for bleep 2096.

You can contact the Health Advisors at Sexual Health Sheffield by calling 0114 226 8888

Sexually Transmitted Infections

Sexually transmitted infections (STIs) such as gonorrhoea, chlamydia, herpes and syphilis can increase the HIV viral load in some of the body fluids of someone who is co-infected with HIV and an STI. The area of the body where the STI is present can act as a 'reservoir' for increased viral load in the bodily fluid within that location. For example, someone with vaginal chlamydia may experience an increase in the viral load within their vaginal fluids or someone with anal gonorrhoea may have increased viral load in their anal mucus.

This can have two possible health implications for people who are HIV positive:

- STI co-infection may increase the risk of a person passing HIV to others through unprotected sex
- Some STIs can have more severe symptoms and be more difficult to treat (particularly for those with a low CD4 count)

As HIV is acquired more easily in the presence of an untreated STI, people who are HIV negative are also at an increased risk of becoming infected with HIV if they have another STI present.

HIV & STIs

If left untreated, some STIs can cause additional complications for people who are HIV positive. Making it even more important that these infections are quickly detected, monitored and appropriate treatments given.

Herpes

People with HIV may be particularly vulnerable to complications as each virus can increase the severity of the other.

Gonorrhoea & Chlamydia

These bacterial infections can increase the viral load in genital secretions.

Genital Warts

People living with HIV may be at an increased risk of being infected with more than one sub-type of the viruses that cause genital warts. Persistent infection of some wart virus types is associated with cervical, anal and penile cancer.

Viral hepatitis

For someone who is HIV positive and also co-infected with Hepatitis, combination therapy to treat both viruses is essential. This is because co-infection can lead to a more rapid progression liver disease and possibly liver cancer or liver failure.

HIV, Pregnancy & Birth

Whether you are thinking about getting pregnant or are already pregnant, there are a number of issues to consider for those living with HIV or for those whose partner has HIV.

Current treatments and support are highly effective at preventing mother to child transmission of HIV and there are also effective methods in helping HIV negative women not get infected from an HIV positive partner during conception.

Planning a pregnancy

If you are HIV positive and are planning a pregnancy, you can request advice about conception and discuss options for your HIV treatment with the consultant who manages your HIV.

For women who have a male partner who is HIV negative, the risks of infection during conception through unprotected intercourse can be prevented if the woman uses a self-insemination kit – for more information on self-insemination procedures, see www.aidsmap.com. Your consultant or other healthcare worker should be able to support you in finding information / resources to carry out this simple procedure.

For women who are HIV negative and are planning a pregnancy with an HIV positive man, there are alternative methods of conception that do not involve unprotected penetrative sex.

These can include:

- **Sperm washing** – The HIV virus is present in the fluid that men ejaculate not in actual sperm.
- **Artificial insemination** – From an anonymous donor or from someone known who is HIV negative (e.g. a friend or partner's family member etc.)

Pregnancy

Most HIV positive women have straight forward pregnancies and, with good HIV treatment, the risk of transmitting the virus to the baby is very low.

Pregnant women with HIV are advised to have anti-retroviral medication during the pregnancy. This is to reduce the chance of the baby acquiring the virus. Women who are not on treatment before they become pregnant may have it stopped after the baby is born.

Some women may worry that taking anti-retroviral whilst pregnant may cause harm to their babies. Although there can never be a guarantee (about anything in life), we know that thousands of women have taken HIV medication during pregnancy which has resulted in many babies being born HIV negative who might otherwise have been infected.

Women who are HIV negative but have a partner who is HIV positive are seen by the specialist midwife and advised to have a series of tests during the pregnancy based on their individual circumstances. Use of condoms is recommended during pregnancy and during breast feeding to reduce the chance of the woman acquiring HIV and passing it to her baby.

Birth

Babies are sometimes delivered by Caesarean section, however this is not always necessary if the mother has a very low viral load by the time of the birth.

Caesarian births may be recommended if the mother:

- Has a viral load greater than 50 copies / ml
- Is taking monotherapy as an alternative to HAART treatments
- Is co-infected with Hepatitis C virus

Your choice regarding the type of birth will be agreed with you around 36 weeks gestation.

Feeding

Bottle feeding is recommended for babies whose mothers have HIV as the virus can be passed on in breast milk. The baby will have anti-retroviral medication for 4 weeks after being born and will have tests for the virus to confirm that they are free of the infection.

Although HIV free donated milk could be given to babies of HIV positive mothers, there is currently no NHS provision for this.

Contraception Choices

There are many different methods of contraception available and different methods suit different people at different times in their lives.

Condoms and Femidoms (the female condom) are the only contraception methods that also reduce the chances of HIV being passed on during sex.

Although all types of contraception can be used by women who are HIV positive, some of the hormonal methods (e.g. the pill, the implant, the patch and vaginal rings) may be less effective if you are taking HIV treatment.

HIV Treatments & Contraception

Because most HIV treatments can interfere with some hormonal contraception methods, it is wise to check out with your HIV consultant/ healthcare worker how the types of medication you are taking may affect some forms of contraception. They can then give you the best and most appropriate advice about your contraception choices.

Generally, the following contraception methods may be affected by HIV treatments:

- The Combined Pill
- The Mini-Pill (Progestogen only Pill)
- Contraceptive Implants
- Vaginal Rings
- Contraceptive Patches

Also, some other medications (e.g. anti-epilepsy drugs) can also impact on the effectiveness of these contraception methods.

The following contraception methods are not affected by HIV treatments:

- Intrauterine Devices (IUD) and Intrauterine Systems (IUS) – these methods do not release hormones into the bloodstream, so there are no HIV medication interactions
- Contraceptive injection
- Diaphragms and caps – not recommended for women with HIV (unless women find it difficult to negotiate condom use with their partners) as the spermicide jelly that is used with these methods can cause vaginal irritation that could facilitate the transmission of HIV
- Natural family planning methods

Remember that condoms and femidoms are the only contraception methods that can reduce the risk of transmission of HIV and other sexually transmitted infections (STIs) as well as providing protection against unwanted pregnancy.

Pregnancy

To avoid a possible unintended or unwanted pregnancy, an 'emergency' contraceptive pill is available. This pill needs to be taken within 5 days of having sex (but the sooner the better).

You can get this pill free from:

- Sexual Health Sheffield at the Royal Hallamshire Hospital
- Youth Clinic and Young People's Outreach Service
- Most GP Practices
- Sheffield Walk-In-Centre
- The Accident & Emergency Department at Northern General Hospital

It is important that you let the doctor / nurse know that you are on HIV treatment, as some anti-HIV drugs interfere with the way the emergency contraceptive pill works.

Condoms & Femidoms

Condoms and Femidoms (the female condom) are the only contraceptive methods that can reduce the risk of HIV transmission during sex and also prevent people who are living with HIV from being exposed to a different strain of HIV that may complicate their health and future HIV treatment.

If used correctly and consistently, condoms and femidoms can be an effective barrier to other sexually transmitted infections (STIs) including chlamydia, gonorrhoea and syphilis.

However, it is important to know how to use them correctly as the majority of condom/ femidom failure is due to user error.

Condoms and Oral Sex

Oral sex involves sucking or licking the vagina, penis or anus. Some men and women (gay and straight) choose to do this as part of their sex life, and others don't.

There's a risk of getting or passing on STIs if you're giving or receiving oral sex. It's thought that the risk of passing on or getting HIV during oral sex is low. The risk is higher if there are any cuts or sores in the mouth, genitals or anus.

You can make oral sex safer by using a condom because it acts as a barrier between the mouth and the genitals. A dam (a square of very thin soft latex) across the anus or female genitals can also protect against infection.

Condoms are available in different flavours, but you can use any kind of condom during oral sex.

Free condoms and femidoms are available in Sheffield from the following places:

- Sexual Health Sheffield at the Royal Hallamshire Hospital
- Youth Clinic and Young People's Outreach Service
- Some GP practices
- Sheffield Walk-In-Centre

When Condoms / Femidoms break during sex

If a condom or femidom breaks, splits or comes off during sex, you may be worried about getting pregnant or passing on the HIV virus to your partner/ becoming infected with HIV.

HIV Transmission

If you are concerned that a condom or femidom failure may have put your partner or yourself at risk of HIV infection, you may want to consider accessing PEP treatment. PEP (post-exposure prophylaxis) treatment is a short course of anti-HIV drugs which may be able to lower the risk of HIV transmission. This treatment needs to be started as soon as possible and definitely within 72 hours of unprotected sex.

However, it is important to know that if someone has an undetectable viral load and they do not have any other sexually transmitted infections, the chances of passing on HIV in these circumstances are low.

Sexual Difficulties

Many people experience some form of sexual difficulty (the inability to experience sexual arousal or to achieve sexual satisfaction or fulfilment) at some time in their lives. This may be experienced as problems with loss of sex drive, libido or desire, problems with orgasm (anorgasmia) or symptoms of pain (dyspareunia) associated with sexual activity in both men and women. In men there may also be loss of erections and premature (rapid) or delayed ejaculation. In women there may also be reduced lubrication during sexual arousal or tightening of the muscles around the entrance to the vagina (vaginismus).

Any of these problems can cause distress and anxiety and thus impact on self-esteem, relationships and overall quality of life.

In relation to HIV, there is evidence to suggest that an HIV positive diagnosis can also specifically contribute to sexual difficulties – both physically and/or psychologically.

Psychological factors such as fear of passing on the virus to sexual partners, anxiety, depression and post-traumatic stress disorder are common in people living with HIV can lead to sexual difficulties. Medication used to treat mental health problems such as depression can also affect the ability to have sex.

People living with HIV may also experience forms of sexual difficulties as a direct result of their HIV infection e.g. through the physical effects of advanced HIV disease or a reduction in testosterone levels in men.

There is also some evidence to suggest that sexual difficulties are common in people living with HIV following the start of certain anti-HIV drug treatments, particularly protease inhibitors. If sexual difficulties arise as a result of your anti-HIV drug treatment your consultant may also be able to modify your drug regime.

Specific issues for men

Advanced HIV infection or chronic ill health in general can lead to a reduction in testosterone levels. This can lead to sexual difficulties but there are treatments available to help increase testosterone levels.

Some men may experience erection problems as a result of HIV related nerve damage or as a result of taking certain anti-HIV drug treatments such as ddI (Videx) and d4T (stavudine, Zerit).

Ageing or other underlying health problems (e.g. diabetes or high blood pressure) can also contribute to the experience of problems with getting and keeping an erection or loss of sex drive.

There are various drug treatments available to help with erection problems e.g. Viagra. These can help increase blood flow to the penis and help men get and keep an erection.

However these drugs may interact with certain anti-HIV drugs such as protease inhibitors, NNRTIs, ketoconazole, itraconazole or erythromycin, and may pose a significant health risk.

Alternative drugs to treat erection problems are increasingly available online or through other non-clinical sources but using these without seeking medical advice can be damaging to your health and wellbeing.

If you are experiencing problems with erections or loss of sex drive and it is impacting on your quality of life then speak to your HIV consultant or to your GP who will be able to refer you to a specialist who will be able to identify the most appropriate treatment and support for you. Specialists can advise on the safe use of drug therapy as well as other treatments available to help with any erection problems e.g. injections, implants or vacuum pumps.

Specific issues for women

For women living with HIV, there is evidence to suggest that the experience of ageing and a lower CD4 count are associated with poorer sexual functioning and less sexual satisfaction.

Some women living with HIV may experience early menopause as a result of hormonal changes. Menopausal symptoms can result in sexual difficulties such as loss of desire resulting from depression or painful sex as a result of vaginal dryness.

Sexual difficulties in women living with HIV may also be caused by thrush, pain or severe pre-menstrual syndrome (PMS). Thrush is a common condition in people whose immune systems are compromised.

Unfortunately less research has been carried out on the value of drug treatments for sexual difficulties in women but there are some which can be helpful for certain conditions.

If you are experiencing issues relating to a decrease in desire or pain or discomfort during sex then talk to your HIV consultant or your GP for appropriate support and referral. Specialists can advise on suitable therapies including drug treatments and behavioural or psychological interventions.

Getting help and support

Having positive and fulfilling sexual experiences is an important aspect of people's lives including people living with HIV and can positively contribute to health and wellbeing and quality of life. If you feel that you have a problem it's important to get help.

There are a range of specialist services available in Sheffield to support people experiencing sexual difficulties. These services will treat sexual difficulties in a number of ways depending on whether the problem is medical or psychological.

Services include:

- Andrology Service at the Royal Hallamshire Hospital – For all aspects of male sexual dysfunction. Referral via your **GP** or **other healthcare professional**.
- Porterbrook Clinic – For all sexual relationship problems or difficulties. Referral via your GP or other healthcare professional.
- Sexual Health Sheffield & HIV Clinical Psychology Services – Psychological support for distress associated with sexual health. Referral via healthcare professionals.
- Psychosexual Clinic, at the Department of Gynaecology, Royal Hallamshire Hospital – For women or couples with sexual or relationship difficulties. Referral via healthcare professionals.

Some of the information on this page has been adapted from www.aidsmap.com which features a wealth of information about issues for people living with or affected by HIV.