

Chapter 16

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How to use this chapter:

Many STDs have no signs in men or women. This chapter can help you learn when you are at risk for getting STDs and how to treat them. The chapter will also help you treat some problems of the genitals that are not sexually transmitted.

If you have signs: Look up the sign that is bothering you most. You may have to look in more than one place. For example, if you have a discharge but you also feel itchy, look first in the section called ‘Abnormal Discharge’. If your problem is not there, look in the section called ‘Itching of the Genitals’.

If you do not have signs: Read page 263 to learn when you are at risk for getting an STD.

This chapter suggests many different medicines that treat different STDs. Before you take any medicine, read about how to use medicines safely in the chapter called “Use of Medicines in Women’s Health” (see page 469). There is also information you should know about each medicine listed in the “Green Pages” (see page 485).

Sexually Transmitted Diseases and Other Infections of the Genitals



Sexually Transmitted Diseases, or STDs, are *infections* passed from one person to another during sex. Any type of sex can cause an STD. It can be *penis to vagina* sex, or *penis to anus* sex, or *oral sex* (mouth to penis, mouth to vagina). Sometimes STDs can happen from just rubbing an infected penis or vagina against another person's *genitals*. STDs can be passed from a pregnant woman to her baby before it is born, or during childbirth.

Unless they are treated early, STDs can cause:

- *infertility* in both men and women.
- babies born too early, too small, or blind.
- pregnancy in the tube (outside the womb).
- death from severe infection or *AIDS*.
- lasting pain in the lower *abdomen*.
- *cancer* of the *cervix*.

► Early treatment of STDs in both partners can prevent many serious problems.

► This chapter will also help you treat some problems of the genitals that are not sexually transmitted.

Why STDs Are a Serious Problem for Women

► *More than half of all women who are infected with an STD do not have any signs.*

► *If low-cost, accurate testing for STDs were available, women could avoid taking medicines that they do not need, may not be able to afford, or that cause side effects.*



sexual health



Men and women can both get STDs. But a woman gets infected from a man more easily than a man gets infected from a woman. This is because a man's penis goes into some part of a woman's body—such as her vagina, mouth, or anus—during sex. Without a condom, the man's *semen*, which may carry infection, stays inside her body. This gives her a greater chance of getting an infection in the *womb, tubes, and ovaries*.

Because most STDs are inside a woman's body, the signs of an STD in a woman are harder to see than in a man. So it is often hard to tell if a woman has an infection in her genitals—much less what kind of infection she has.

There are tests that can show if a woman has a particular STD. But these tests are not available in many places, and sometimes they do not give accurate results or do not find all possible STDs. Tests can also be expensive.

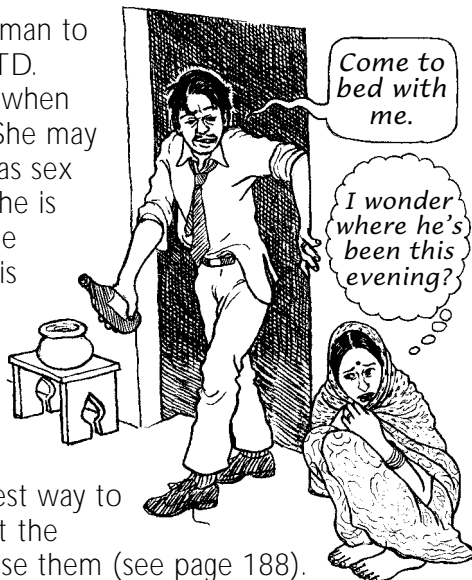
Since many women are not able to be tested accurately for STDs, **if you are at risk for being infected** (see the next page), it is usually better for you to take medicine to treat all the STDs you may have—just in case.

Why so many women get STDs

It can be hard for a woman to protect herself from an STD. Often, she must have sex when her partner demands it. She may not know if her partner has sex with other partners, or if he is infected with an STD. If he has another partner who is infected, he may infect his wife.

A woman may not be able to persuade her partner to use condoms.

Latex condoms are the best way to protect both partners, but the man has to be willing to use them (see page 188).



STDs hurt men, too

When they are not treated, STDs can cause a man to:

- become infertile.
- have lasting pain.
- die of AIDS or other serious infections.

You may have an STD if you have one or more of the following signs:

- unusual *discharge* from the vagina
- pain in your lower abdomen
- a rash, bump, or sore on your genitals



HOW TO KNOW IF YOU ARE AT RISK FOR AN STD

Even if you do not have any signs, you may be at risk (more likely to have an STD) if:

- your partner has signs of an STD. He has probably passed the STD to you, even if you have no signs.
- you have more than one partner. The more partners you have, the greater the chance that one of them has passed an STD to you.
- you have had a new partner in the last 3 months. He may have had another partner just before you who had an STD.
- your partner lives away from home, or you believe your partner has other partners. This means he is more likely to become infected with an STD and infect you.

WHAT TO DO IF YOU HAVE AN STD

If you already have an STD or think you are at risk of getting one:

- **treat it early.** If you have signs described in this chapter, follow the treatments given. Remember that it is very common to have more than one disease at the same time. If you have no signs but are at risk, take the medicines for discharge (page 266).
- **do not wait until you are very ill.** Early treatment will protect you from more serious problems later on, and will prevent the spread of infection to others.
- **help your partner to get treated at the same time you do.** If he does not, he will infect you again if you have sex. Urge him to take the proper medicine, or to see a health worker.
- **make sure you take *all* the medicine, even if your signs start to go away. Do not buy only part of the medicine. You will not be cured until all the required medicine is gone.**
- **practice *safer sex*.** You can always get another STD or HIV/AIDS if you do not protect yourself (see page 186).
- **try to get tested for syphilis.** If you have one STD, you could be infected with another and have no signs. Also consider being tested for *HIV* (see page 288).



Abnormal Discharge

It is normal to have a small amount of discharge, or wetness, that comes from the vagina. This is the way the vagina cleans itself. The amount of discharge changes during the days of your monthly cycle. During your fertile time, your discharge is more wet and slippery, and clear in color. If you are pregnant, you may have more discharge.

A change in the amount, color, or smell of the discharge from your vagina sometimes means you have an infection, but **it can be difficult to tell from your discharge what kind of infection you have.** Infections are often passed during sex (sexually transmitted), but not always. To decide if you are at risk for an STD, see page 263.

If your discharge continues even after taking medicines, see a health worker to have an *exam* and if possible get tested to see what infection you may have. The discharge could also be caused by another problem like *cancer*.

IMPORTANT *If you have discharge from the vagina with pain in the lower abdomen, you could have a serious pelvic infection. Get treatment immediately! See page 272.*

COMMON CAUSES OF ABNORMAL DISCHARGE

Abnormal discharge may be caused by several different types of infections. Below is a list of them and their most common signs.

Yeast (candida, white discharge, thrush)

Yeast is **not sexually transmitted**. It does not cause complications. You are most likely to have a yeast infection when you are pregnant, taking *antibiotics*, or have some other illness like *diabetes* or HIV/AIDS.

Signs:

- white, lumpy discharge, like milk curd or yogurt
- bright red skin outside and inside your vagina that sometimes bleeds
- you feel very itchy inside or outside your vagina
- a burning feeling when you pass urine
- a smell like mold or baking bread

Bacterial vaginosis

Bacterial vaginosis is **not sexually transmitted**. If you are pregnant, it can cause your baby to be born too soon.

Signs:

- more discharge than usual
- a fishy smell, especially after sex
- mild itching



A change in the smell or color of your discharge can mean you have an infection

Trichomonas

Trichomonas is not a dangerous infection, but the itching can make you miserable. A man usually does not have any signs, but he can still carry the disease in his penis and give it to others during sex.

Signs:

- gray or yellow, bubbly discharge
- bad-smelling discharge
- red and itchy genital area and vagina
- pain or burning when you pass *urine*

Gonorrhea (clap, gono, VD) and chlamydia

Gonorrhea and chlamydia are both serious illnesses. But they are easy to cure if they are treated early. If not, they can cause severe infection and infertility in both women and men.

In a man, the signs usually begin 2 to 5 days after he had sex with an infected person. **But a man can have no signs and still be infected.** In a woman, the signs may not begin for weeks or even months. **Even if you do not have any signs, you can still give both gonorrhea and chlamydia to another person.**

Signs in a woman:

- yellow or green discharge from the vagina or *anus*
- pain or burning when passing urine
- *fever*
- pain in the lower belly
- pain or bleeding during sex
- or no signs at all



Signs in a man:

- discharge from his penis
- pain or burning when he passes urine
- pain or swelling of the *testicles*
- or no signs at all



Remember that you can have any of these infections without any signs.



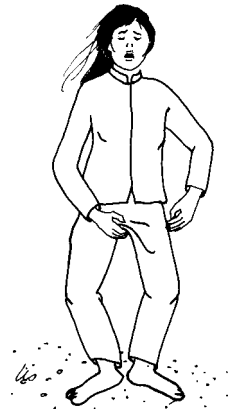
► Gonorrhea and chlamydia have the same signs, so it is best, if possible, to get treated for both.

Itching of the genitals

Itching of the genitals can have many causes. Itching around the opening of the vagina could be yeast or trichomonas.

Itching in the hair of the genitals or close to the genitals could be caused by *scabies* or *lice*. Scabies or lice can be treated with local remedies, or with medicines found in most pharmacies. For more information, see *Where There Is No Doctor*, or another general medical book.

Some itching is caused by soaps or deodorants that have perfume in them. It can also be caused by plants and herbs that are used for douching or washing out the vagina. Wash with plain water to see if the itching goes away.



Treatment:

If you have an abnormal discharge and you **DO NOT** think you have an STD, treat the discharge with these medicines:

Medicines for Discharge if you are NOT at risk for an STD

(These medicines will cure yeast, trichomonas and bacterial vaginosis.)

Take 2 medicines: 1 medicine from Box 1, and also the medicine in Box 2.

Medicine	How much to take	When and how to take
Box 1 (choose 1):		
clotrimazole inserts	500 mg	Put the inserts high into the vagina for 1 night only.
or		
Gentian Violet	1% liquid	Soak clean cotton wool and put high into the vagina each night for 3 nights. Remove the cotton each morning.
Box 2 (also take):		
metronidazole	2 g (2000 mg)	Take all the tablets by mouth at the same time (this will not harm you), unless you are pregnant (see note).
If you are pregnant, do not take all the metronidazole at once. Instead, take 400 mg, 2 times a day for 7 days.		
Important: Do not drink alcohol during the time you are taking metronidazole.		
For other medicines that treat vaginal discharge NOT caused by an STD, see Box 1 on page 277.		

If you have an abnormal discharge and you **DO** think you are at risk for an STD, treat the discharge with these medicines:



Medicines for Discharge if you think you are at risk for an STD

(These medicines will cure gonorrhoea, chlamydia and trichomonas.)

Take all these medicines.

Medicine	How much to take	When and how to take
co-trimoxazole.	480 mg tablets	10 tablets daily, all at once, by mouth, for 3 days (this will not harm you).
and	(80 mg trimethoprim and 400 mg sulfamethoxazole)	
doxycycline	100 mg	By mouth, 2 times a day, for 7 days. Do not take if pregnant or breastfeeding.
and		
metronidazole	2 g (2000 mg)	Take all the tablets by mouth all at the same time (this will not harm you) unless you are pregnant (see above).
Important:		
<i>Co-trimoxazole is cheap and easy to find, but in some countries it no longer works to treat gonorrhoea.</i>		
For other medicines that treat vaginal discharge caused by an STD, see Boxes 2 and 5 on pages 277 and 278.		

Warts are caused by a *virus*. Warts on the genitals look like warts on other parts of the body. It is possible to have genital warts and not know it, especially when they are inside the vagina or inside the tip of the penis. Warts may go away without treatment, but it can take a long time. Usually they continue to get worse and should be treated.

Signs:

- itching
- small, painless, whitish or brownish bumps that have a rough surface.
 - In women, these bumps usually grow on the folds of the *vulva*, inside the vagina, and around the anus.
 - In men, they usually grow on the penis, (or just inside it) and on the *scrotum*, or the anus.

IMPORTANT *Large, flat, wet growths that look like warts may be a sign of syphilis (see the next page). Try to get a test for syphilis, and DO NOT use the following treatment.*

Treatment:

1. Put some petroleum gel or other greasy ointment on the skin around each wart to protect the healthy skin.
2. With a small stick or tooth pick, carefully put on a very small amount of trichloroacetic acid (TCA) until the wart turns white. You can also use bichloroacetic acid (BCA).

OR

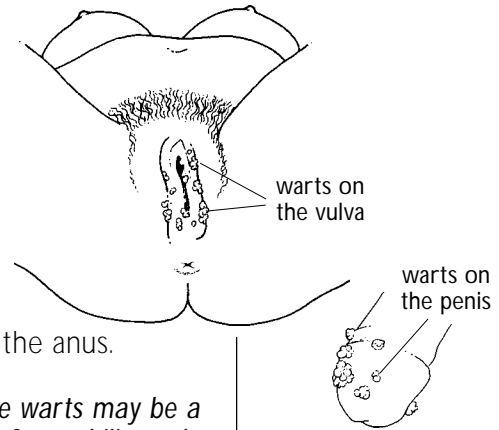
Apply 20% podophyllin solution in the same way until the wart turns brown. **Podophyllin must be washed off 6 hours later.** Do not use podophyllin while you are pregnant.

If the treatment is working, it will cause a painful sore where the wart used to be. Keep the sores clean and dry. Try not to have sex until they are gone, but if you must have sex, your partner should use a condom. The sores should heal within a week or two. Watch them to make sure they do not get infected.

Several treatments are usually necessary to get rid of all the warts (it does not matter which solution you use). You can repeat the treatment after one week. Try not to get acid on a sore where a wart used to be. If there is too much irritation, wait longer before the next treatment.

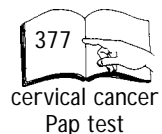
IMPORTANT *Having genital warts can increase your risk of cancer of the opening of the womb (cancer of the cervix). If you have had genital warts, try to have a Pap test done every 1 or 2 years.*

Growth (Warts) on the Genitals



► Your partner should use condoms during sex until you both have no more warts.

► Warts grow faster during pregnancy. If you have a lot of them, this can cause problems with childbirth. Talk with a health worker about this.



Sores on the Genitals (Genital Ulcers)

► If you have ever had an open sore on your genitals that was not treated, try to get a blood test for syphilis. Some countries have free testing programs.

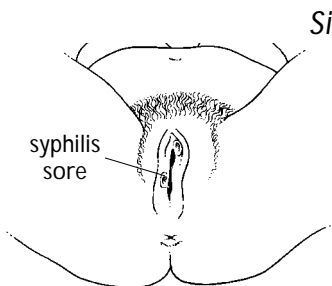
► If you are pregnant, try to get a blood test for syphilis.

COMMON CAUSES OF SORES ON THE GENITALS

Most sores or *ulcers* on the genitals are sexually transmitted. It can be difficult to know which disease is causing the sores because the ones caused by both syphilis and chancroid often look alike. Sores on the genitals are one of the easiest ways that the AIDS virus passes into the body.

Syphilis

Syphilis is a serious STD that has effects throughout the body and can last for many years. It is caused by *bacteria* and can be cured with medicine if treated early.



Signs:

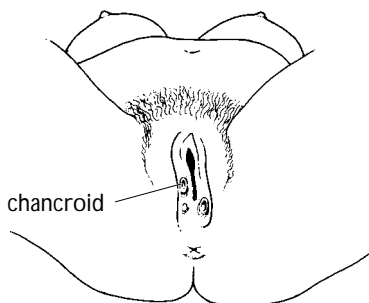
- The first sign is a small, **painless** sore that can look like a *pimple*, blister, a flat, wet wart, or an open sore. The sore lasts for only a few days or weeks and then goes away by itself. But the disease continues to spread throughout the body.
- Weeks or months later, you may have a sore throat, fever, rash (especially on the palms of the hands and soles of the feet), mouth sores, or swollen *joints*. During this time you can infect others.

All of these signs go away by themselves, but the disease continues. Without treatment, syphilis can cause heart disease, *paralysis*, mental illness, and even death.

Pregnancy and syphilis. A pregnant woman can pass syphilis to her unborn baby, which can cause it to be born too early, deformed, or dead. You can prevent this by getting a blood test and treatment during pregnancy. If a pregnant woman and her partner have blood tests that show they have syphilis, they should both be treated with benzathine penicillin, 2.4 million Units, by injection (IM), once a week for 3 weeks.

Chancroid

Chancroid is an STD caused by bacteria. It can be cured with medicine if it is treated early.



Signs:

- one or more soft, **painful** sores on the genitals or anus that bleed easily
- enlarged, painful glands (*lymph nodes, bubos*) may develop in the *groin*
- slight fever

Treatment:**Medicines for Genital Sores***(These medicines will cure both syphilis and chancroid.)*

Medicine	How much to take	When and how to take
benzathine penicillin	2.4 million Units	one injection in the muscle (IM)
and erythromycin	500 mg	by mouth, 3 times a day, for 7 days
Important:		
<ul style="list-style-type: none"> • If you still have a sore after 7 days, continue taking erythromycin for 7 more days. • If you are allergic to penicillin, take only erythromycin, but take 500 mg 3 times a day for 15 days. 		
For other medicines that work to treat genital sores, see Box 3 and Box 5 on page 278.		

Sores on the genitals should be kept clean. Wash them every day with soap and water, and dry carefully. Do not share the cloth you use to dry yourself with anyone else.

IMPORTANT *The AIDS virus can easily pass through a sore on the genitals during sex. To help prevent the spread of HIV/AIDS, do not have sex when you have a sore, or when your partner has one.*

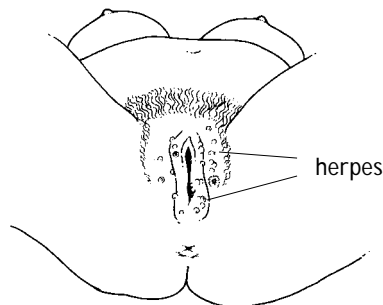
Genital herpes

Genital herpes is an STD caused by a virus. It can happen on the genitals or on the mouth. It produces sores that come and go for months or years. There is no cure for herpes, but there is treatment to make you feel better.

Not all herpes sores on the mouth are spread by sex. Children and adults often get herpes sores on their mouths when they have a cold or fever.

Signs:

- a tingling, itching, or hurting feeling of the skin in the genital area or thighs
- small blisters that burst and form painful, open sores on the genitals



The first time you get herpes sores, they can last for 3 weeks or more. You can have fever, headache, body ache, chills, and swollen lymph nodes in the groin. The next infection will be milder.

► A person with AIDS can get herpes infections all over the body that take much longer to go away.

Treatment for genital herpes:

To help you feel better:

- Put ice directly on the sore as soon as you feel it.
- Make a *compress* by soaking some cloth in clean water that has black tea in it and put it on the sore.



A compress can make genital sores feel better.

- Sit in a pan or bath of clean, cool water.
- Mix water and baking soda or corn starch into a paste and put it on the sore area.



acyclovir

- If your signs return again and again, try the medicine acyclovir. Although it cannot cure herpes, it can help the pain and make your signs go away more quickly.
- You can also try the suggestions on page 275.

IMPORTANT

- *Wash your hands with soap and water after touching the sores.*
- ***Be careful not to touch your eyes or your children's eyes. A herpes infection in the eyes is very serious.***
- *Try not to have sex any time you have herpes sores. You can easily spread herpes to your sex partner.*

Pregnancy and herpes. A pregnant woman who is infected with herpes and has sores at the time of the birth can pass the disease on to her baby. This can cause dangerous problems for the baby. Try to give birth in a hospital. They may be able to do an operation to get the baby out, or give the baby special medicines when it is born.



AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME, HIV, SLIM DISEASE)

AIDS is a sexually transmitted disease caused by a virus called HIV. It is spread when blood, fluid from the vagina, or semen of someone already infected with the HIV virus gets into the body of another person.

Women can get HIV more easily than men during sex. **You can get HIV from someone who looks completely healthy.**

There is no cure for HIV. If possible, do not have sex with someone who may be at risk for having HIV or AIDS. **To protect yourself, use a latex condom every time you have sex.**

HEPATITIS B (YELLOW EYES)

Hepatitis B is a dangerous infection caused by a virus that harms the *liver*. Hepatitis B is spread when the blood, saliva (spit), fluid from the vagina, or semen of someone already infected with the virus gets into the body of another person. It spreads very easily from one person to another, especially during sex.

Signs:

- fever
- no appetite
- tired and weak feeling
- yellow eyes and/or skin
- pain in the belly
- dark urine and whitish stools
- no signs at all



Treatment:

There is no medicine that will help. In fact, taking medicine can hurt your liver even more.

Most people get better from hepatitis B. A small number of people may have liver problems that never go away, including cancer. Rest as much as you can, and eat foods that are easy to digest. **Do not drink any alcohol for at least 6 months.**

Pregnancy and hepatitis. If you have any of these signs when you are pregnant, see a health worker. You may be able to get a vaccination to prevent your baby from getting hepatitis B.

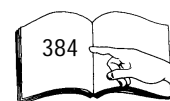
Other STDs

► *STDs can make it easier to get AIDS, because HIV, the virus that causes AIDS, can get into your body through open sores or be carried in discharge.*



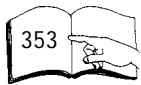
AIDS

► *If your partner has had some of these signs, do not have sex until he is completely well. Ask a health worker if you can get vaccinated.*



cancer

Complications of STDs



other causes of pain in the lower belly

► To prevent PID, always treat STDs correctly. Be sure to:

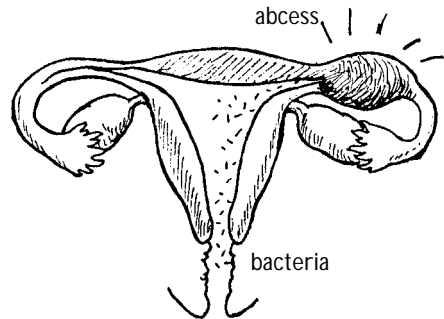
- take all the medicine.
- make sure your partner gets treated.
- stop having sex until you and your partner have finished all the medicine and your signs have gone away.

PELVIC INFLAMMATORY DISEASE (PID)

Pelvic Inflammatory Disease or PID is the name for an infection of any of the reproductive parts in a woman's lower abdomen. It is often called a 'pelvic infection'.

Pelvic infection can happen if you have had an STD that was not cured, especially gonorrhea or chlamydia. It can also happen if you recently gave birth, or had a *miscarriage* or abortion.

The germs that cause pelvic infection travel up from the vagina through the cervix and then into the womb, tubes, and ovaries. If the infection is not treated in time, it can cause *chronic* pain, serious illness, or death. An infection in the tubes can leave *scars* that make you infertile or at risk for a pregnancy outside the womb (tubal or ectopic pregnancy).



Signs (you may have one or more of these):

- pain in the lower belly
- high fever
- you feel very ill and weak
- green or yellow bad-smelling discharge from the vagina
- pain or bleeding during sex



Treat pelvic infection right away.

Treatment:

Start taking the medicines on the next page right away. If you do not feel better after 2 days and 2 nights (48 hours), or if you are very ill with a high fever or vomiting, or if you recently had an abortion or gave birth, **go to a health center or hospital immediately**. You may need strong medicines in the vein (IV).

Medicines for Pelvic Infection (PID)

(This infection is usually caused by a mix of germs, so 3 medicines must be used to cure it.)

Take all these medicines:

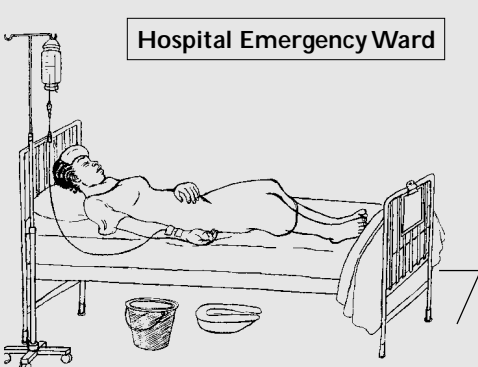
Medicine	How much to take	When and how to take
norfloxacin and	800 mg	by mouth, once only (do not use if pregnant, breastfeeding, or under age 16).
doxycycline and	100 mg	
metronidazole	500 mg	by mouth, 2 times a day, for 10 days (do not use if pregnant or breastfeeding).

For other medicines that work for pelvic infection, see Box 4 on page 278.

My husband taught school in a town far away from our village and returned home to visit me only a few times a year. After one of his visits, I became very ill with fever and a terrible pain in my abdomen. I did not know what was causing my sickness.... I tried remedies from the local healer, but they did not work. I did not want to leave my village to look for help because I did not want to leave my children, and I did not have much money. I got so sick that my neighbors thought I was going to die. So they took me in a truck to the nearest hospital, 90 miles away.

The doctor at the hospital said I had gonorrhea, and that this had caused a bad infection inside my abdomen. He said I would need expensive surgery and many days of medicines to cure me. He also said I would probably not be able to have more children. Now, I only wish I had taken the right medicines when I first became sick.

—Central African Republic



► *Early treatment of STDs can prevent complications.*

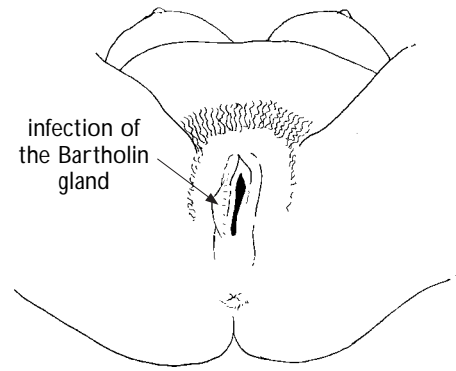
In addition to PID, STDs can cause other problems for a woman. A woman with an STD that is not cured is more likely to have problems with infertility (see page 229) and tubal pregnancies (see page 73). STDs can also cause:

SWOLLEN VAGINA (BARTHOLIN GLAND INFECTION)

Just inside the vagina there are 2 small pockets of skin called 'glands'. They make a liquid that helps to keep the vagina wet. Sometimes germs get inside, and one or both glands become infected.

Signs:

- Swollen, hot, painful vaginal fold that is darker in color. Usually it happens on one side only.
- Sometimes there is swelling with no pain.



Although not always caused by an STD, this infection often happens when a woman has gonorrhea or chlamydia.

Treatment:

1. Soak a cloth in clean, hot water and place it on the swelling. Do not make it so hot that you burn yourself. Do this as often as you can until the swelling opens and pus comes out, or until the swelling goes down.
2. Also, you and your partner both need to take medicines for gonorrhea and chlamydia. See the medicine chart on page 266.
3. If the area is painful and stays swollen, see a trained health worker who can cut it open and drain out the pus.

PROBLEMS IN NEWBORN BABIES

Women who have gonorrhea or chlamydia while they are giving birth can pass these diseases to their newborn babies. The babies' eyes become infected with gonorrhea (neonatal conjunctivitis) which can cause blindness. To prevent neonatal conjunctivitis, put antibiotic ointment in the baby's eyes right after birth. Chlamydia can also cause *pneumonia* in newborn babies.



To cure yourself of an STD, you must take the medicine described in this chapter. To get relief from the discomfort of an STD:

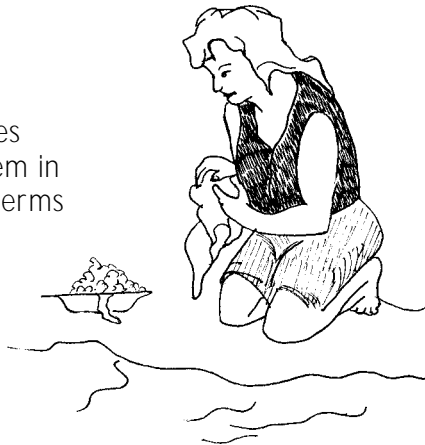
1. Sit in a pan of clean, warm water for 15 minutes, 2 times a day. Do this until you feel better. If you think you have a yeast infection, you can add lemon juice, vinegar, yogurt or sour milk to the pan of warm water.



2. Do not have sex again until you feel better.

3. Try to wear underclothes made of cotton. This lets air in around your genitals which will help you heal.

4. Wash your underclothes once a day and dry them in the sun. This kills the germs that cause infection.



5. Take a mild pain medicine.

6. If you have genital ulcers and it is painful to pass urine, pour clean water over your genital area while you urinate. Or sit in a pan of cool water while you urinate.

How to Feel Better



medicines for pain

Other Medicines to Treat STDs

► *Warnings are given in this chapter if pregnant or breastfeeding women should not take a medicine. If a medicine does not have a warning, it is safe to take.*

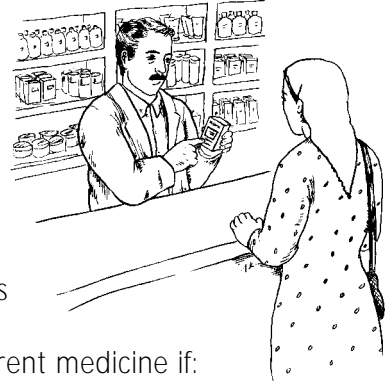
► *Before you take any medicine, you should read about it in the "Green Pages." There may be more information you should know.*

► *If you are not sure which medicine will work best for a problem, try to check with a health worker or pharmacist who will know which medicines are best where you live.*

On several pages of this chapter (266, 269, and 273) we have recommended medicines to treat STDs and other problems. We selected these medicines because they are:

- effective (they work to cure the problem).
- easy to find.
- not too costly.

However, different kinds of medicines are sold in different parts of the world, and the prices may vary. So one of these medicines may not be available where you live, or there may be a different medicine that is both effective and less costly.



You may also need to take a different medicine if:

- you are pregnant or breastfeeding and the medicine is not safe to take during those times.
- the STD you are trying to treat has become resistant to the medicine (see below).
- you have an *allergy* to the medicine. Some people are allergic to medicines like penicillin or sulpha antibiotics. See page 480 for how to substitute antibiotics.

In this section we have listed other medicines that will work for each problem. Remember that most people have more than one STD or problem of the genitals at the same time, so it is often necessary to take more than one medicine. Whichever medicines you choose, be sure to take them correctly (see the next page).

DRUG RESISTANCE AND STD MEDICINES

When using antibiotics for treating STDs and other diseases, it is very important to take all the medicine. If a person does not take enough of the right kind of medicine—or stops taking the medicine before the treatment is finished—the germs causing the infection are not all killed. The strongest germs survive and multiply and create stronger forms of the disease. Then a medicine that once worked against that disease is no longer able to cure it. This is called resistance.

For this reason, in many places gonorrhoea has become resistant to the drugs usually used to treat it. Talk with a health worker to find out if there are drug-resistant STDs where you live, and what are the best, locally-available medicines to treat them.

Box 1 Other Medicines for Vaginal Discharge if you are NOT at risk for an STD

(These medicines are for vaginal infections that are not usually sexually transmitted.)

For yeast infections of the vagina:

- miconazole, 200 mg inserts: put 1 high into the vagina each night for 3 nights.
- nystatin, 100,000 U. inserts: put 1 high into the vagina each night for 7 nights.
- vinegar: mix 3 tablespoons of clear vinegar with 1 liter or quart of boiled, cool water (or 1 tablespoon of vinegar in 1 cup of water). Soak a piece of clean cotton wool in the mixture and put it high into the vagina each night for 3 nights. Remove each morning.

For trichomonas and bacterial vaginosis:

- metronidazole: 2 g (2000 mg) by mouth all at once (this will not harm you). **If you are pregnant**, do not take this medicine all at once. Instead, take 400 mg, 2 times a day for 7 days.
- metronidazole vaginal inserts: put one 500 mg insert high in the vagina, 2 times a day for 10 days.
- tinidazole: use the same dose as for metronidazole (see above).

Box 2 Other Medicines for Vaginal Discharge if you may be at risk for an STD

(This box includes medicines for gonorrhea and chlamydia. Since it is very difficult to tell these infections apart, take medicines for both. These medicines also treat infections in men. Treat for trichomonas by taking metronidazole. See Box 1.)

For gonorrhea:

- norfloxacin: 800 mg by mouth, once only
 - ciprofloxacin: 500 mg by mouth, once only
- } (do not use either of these 2 medicines if you are pregnant or breastfeeding or under age 16)
- ceftriaxone: 250 mg by injection into a muscle (IM), once only
 - kanamycin: 2 grams, by injection into a muscle (IM), once only (do not use if pregnant or breastfeeding)
 - cefixime: 400 mg by mouth, once only

For chlamydia

- tetracycline: 500 mg, by mouth, 4 times a day for 7 days (do not use if pregnant or breastfeeding)
- erythromycin: 500 mg, 4 times a day for 7 days
- amoxicillin: 500 mg, 3 times a day for 7 days

Be sure to take medicines correctly

Remember, when treating STDs, always:

- make sure your partner gets treated too.
- take all the medicine.
- stop having sex until your signs have gone away AND you and your partner have finished all the medicine.
- see a health worker if you do not get better by the end of your treatment.
- start practicing safer sex when you do have sex again.



Box 3**Other Medicines for Genital Sores**

(These medicines treat early syphilis and chancroid. Since it is very hard to tell the cause of genital sores, treat for both syphilis and chancroid.)

For syphilis:

The best medicine for early syphilis is benzathine penicillin, 2.4 Million Units, by injection into a muscle (IM), once only. If you are allergic to penicillin, you can use instead:

- doxycycline: 100 mg, by mouth, 2 times a day for 15 days
(do not use if pregnant or breastfeeding)
- tetracycline: 500 mg, by mouth, 4 times a day for 15 days
(do not use if pregnant or breastfeeding)
- erythromycin: 500 mg, by mouth, 4 times a day for 15 days (erythromycin will also treat chancroid)

For chancroid:

The best medicine for chancroid is erythromycin, 500 mg, by mouth, 3 times a day for 7 days. Other medicines that work for chancroid are:

- ciprofloxacin: 500 mg, by mouth, once only
(do not use if pregnant or breastfeeding or under age 16)
- ceftriaxone: 250 mg, by injection into a muscle (IM), once only
- co-trimoxazole 480 mg (80 mg trimethoprim and 400 mg sulfamethoxazole) tablets:
2 tablets, by mouth, 2 times a day for 7 days

Box 4**Other Medicines for Pelvic Infection (PID)**

(This infection is usually caused by a mix of germs. If possible, 3 medicines should be taken.)

These are the first choice:

- norfloxacin: 800 mg, by mouth, once only (do not use if pregnant, breastfeeding, or under 16)
- doxycycline: 100 mg, by mouth, 2 times a day for 10 days (do not use if pregnant or breastfeeding)
- metronidazole: 500 mg, by mouth, 3 times a day for 10 days

Instead of norfloxacin you can use any one of these medicines:

- ceftriaxone: 250 mg, by injection into a muscle (IM), once only
- cefixime: 400 mg, by mouth, once only
- co-trimoxazole 480 mg (80 mg trimethoprim and 400 mg sulfamethoxazole) tablets:
5 tablets, by mouth, 2 times a day for 3 days
- ciprofloxacin: 500 mg, by mouth, once only (do not use if you are pregnant, breastfeeding, or under age 16)
- kanamycin: 2 grams, by injection into a muscle (IM), once only (do not use if pregnant or breastfeeding)

Instead of doxycycline you can use any one of these medicines:

- tetracycline: 500 mg, by mouth, 4 times a day for 10 days
(do not use if pregnant or breastfeeding)
- erythromycin: 500 mg, by mouth, 4 times a day for 7 days
- amoxicillin: 500 mg, by mouth, 3 times a day for 10 days

Box 5**Medicines for Those at Very Great Risk for STDs**

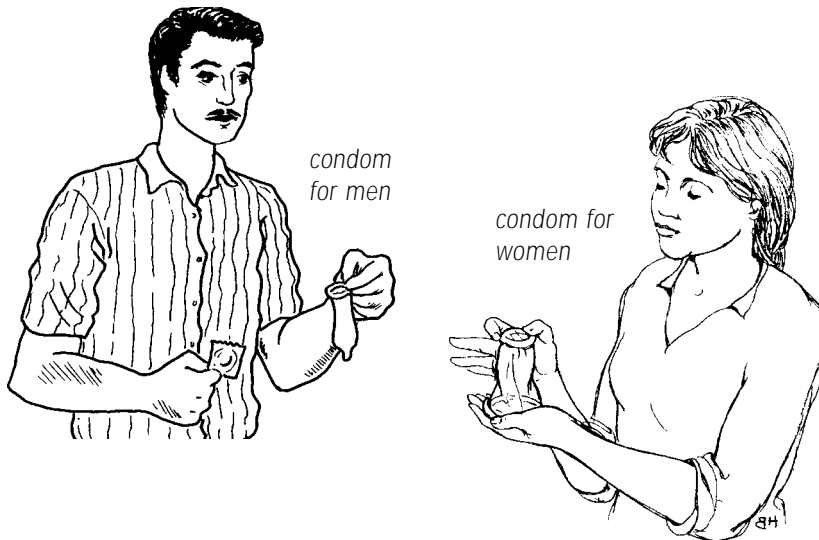
(For women who have a very great risk of getting many different STDs—anyone who has unsafe sex with many different partners—this is a medicine that can be useful. It works to treat drug-resistant gonorrhea, as well as chlamydia and genital ulcers. But it is very expensive and can be hard to find.)

- azithromycin: 1 gram, by mouth, once only

For almost all women, 1 gram is enough medicine. In a very few cases, 2 grams may be necessary for effective treatment, but this amount can cause severe nausea and vomiting.

HOW TO PREVENT STDs

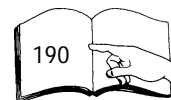
- Practice safer sex (see the chapter on “Sexual Health”).
- Use condoms every time you have sex. To learn how to encourage your partner to use condoms, see page 188.



- If your partner will not use a condom, use spermicide alone or with a diaphragm. This will give you some protection against gonorrhea and chlamydia.
- Wash the outside of your genitals after sex.
- Pass urine after having sex.
- Do not douche, or use herbs or powders to dry out the vagina. Douching (and washing out the vagina with soap) works against the natural wetness the vagina makes to stay healthy. When the vagina is dry, it can become irritated during sex, making it more likely to be infected with AIDS and other STDs.

Working for Change

► Preventing STDs can protect you and your partner from serious illness and infertility.



dry sex

*Use
condoms!*

Latex condoms will:

- protect you from STDs including HIV/AIDS.
- protect the health of your partner.
- prevent unwanted pregnancy.

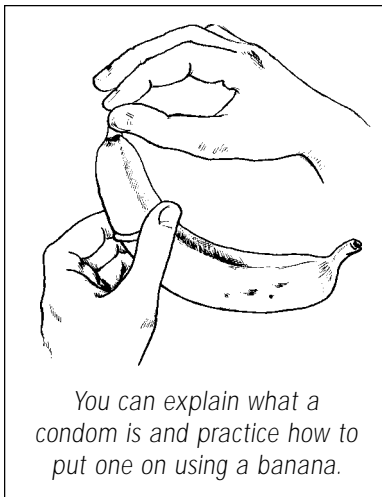
Do not have sex when you or your partner has signs of an STD.



WORKING FOR SAFER SEX IN THE COMMUNITY

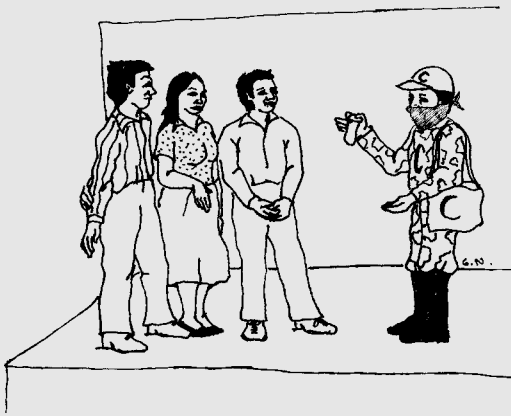
Sexually transmitted diseases are a health problem for the whole community. To help prevent STDs in your community you can:

- teach men and women about the risks to their health and the health of their families from STDs. Find opportunities when women are together in groups, such as at the market or waiting at health centers, to explain how STDs are passed, and how to prevent them.
- work with others to find ways to convince men to wear condoms. Practice in the group what to say to your partner to get him to use a condom.



- make latex condoms available in your community. Work to make sure that free or cheap condoms are available at local shops, bars, and cafes as well as from health workers and at health centers.
- train men to teach other men in the community about using condoms.
- organize a community group to talk about health problems and include STDs, HIV, and AIDS. Explain how preventing STDs will also prevent the spread of HIV infection and AIDS.
- support education about sex in your local schools. Help parents understand that teaching children about STDs, including HIV/AIDS, helps the children make safe choices later on when they start having sex.
- encourage teenagers to teach their friends about STDs, including HIV/AIDS.

After a health worker came to speak with a group of women in our community about STDs and AIDs, we began talking about our lives. Some of the women began by saying they did not have anything to worry about. But the more we talked the more we realized that every woman and every man should worry about STDs and AIDs. We thought about how to get men to use condoms and decided that we needed to educate the entire community about the dangers of STDs and AIDs and how to prevent them.



We organized a play and got people from the community to act in it. We created a special character called "Commander Condom" to come to the rescue with condoms. Everyone came to watch the play. People enjoyed it and they also learned. Now the men make jokes about "Commander Condom," but they are also more willing to use them.

— Oaxaca, Mexico

To the health worker:

- Find out from your local health center, hospital, or Ministry of Health what medicines work best to treat STDs in your community.
- Try to start a community pharmacy so that it will be easier for people to get medicines, latex condoms, and spermicides.
- Talk to the people you see who have an STD. Give them good information on how to cure their STD, how to keep from infecting others, and how to keep from getting an STD again. Make sure their partners also get treatment.
- Include information about preventing STDs and HIV/AIDS in family planning programs.
- Do not judge or blame those who come to you for help with an STD.
- Respect the privacy of those with STDs or other health problems. Never talk about their problems with others.

See the chapter on "Sexual Health," page 181, for information about:

- sex and *gender roles*
- harmful beliefs about women's sexuality
- how to have safer sex
- feeling pleasure from sex