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01 **WHAT MEN SHOULD KNOW**

HIV: TRANSMISSION AND TREATMENT

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WHAT MEN SHOULD KNOW



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MEN AND SEX

We are sexual beings and enjoying a satisfying sex life is something many desire and appreciate. Sex is a normal aspect of our lives. Many of us take sex for granted without thinking about its importance or without thinking about the choices we have taken related to sex. Responsible sex is about making the correct choices for ourselves and our partners based on mutual respect, open communication and honesty and looking after our health as well the health of our partners.

WHO MEN HAVE SEX WITH

Some of us are in relationships or married, others are single. Some of us have several sexual partners. Many men only have sex with women, while many of us have sex with men and women. Others only have sex with men. A few of us call ourselves gay. Some of us call ourselves bisexual because we are attracted to both women and men. We cannot choose whether we are attracted to women, to men or to both; this is not something we can decide. However, we can choose how many men or women we have sex with. Having sex with fewer people reduces our risk of becoming HIV-positive. Having sex with someone under age is illegal and all sex should be consensual (with agreement).

WHAT SEX MEN HAVE

There are many different kinds of sex. Kissing, oral sex (blow job), anal sex, vaginal sex, thigh sex, group sex and mutual masturbation are all sex acts we can choose to do with our partners. Some of these acts are more risky for getting HIV than others. For example, anal sex without a condom and water-based lubrication poses a very high risk of getting HIV or passing it to others. We can also choose to believe a partner when they tell us they are HIV negative, or to treat all our partners as being able to infect us.

WHEN MEN HAVE SEX

We can have sex when we are feeling in control of ourselves or we can have sex when we have been drinking or taking drugs and might not be able to make responsible choices. If we think we are going to have anal or vaginal sex we should ensure we have access to condoms and water-based lubrication.

HIV SCREENING

HIV screening (testing) is quick, easy and accurate. Only a tiny drop of blood is needed (from a finger-prick) and the result is available within a few minutes.

The screening checks if there are HIV antibodies (produced by your immune system to defend you against the virus) in your blood. These antibodies take about 3 months to develop from the time that you were exposed to the virus. This period, while you wait for possible antibodies to develop, is called the window period. This means you must confirm your result again after 3 months, in order to be sure of your status.

If you are concerned that you may have been exposed to HIV, either through someone else's semen, blood or anal fluid, having a test and receiving a negative result will put your mind at rest. If the result is positive, you can access counselling and the correct medical services, which can ensure that you lead a long, healthy life.

Avoid waiting until you show symptoms or feel sick before you get screened – the sooner you know your status, the sooner you can manage it. All sexually active people should have an HIV screening at least every 6 months.



HIV TRANSMISSION

HIV is transmitted (spread) from a person who is infected with HIV to somebody else through the *body fluids* of the person who is HIV-positive. We need two things for this to happen: a high-risk body fluid and an entry point into the bloodstream.

A HIGH-RISK BODY FLUID	AN ENTRY POINT INTO THE BLOODSTREAM
<p>Not all body fluids contain the same amount (concentration) of the virus. Body fluids that are high risk for HIV transmission* are:</p> <ul style="list-style-type: none"> ▪ Semen (cum) ▪ Blood <p>Body fluids that are a lower risk for HIV transmission are:</p> <ul style="list-style-type: none"> ▪ Pre-ejaculate (pre-cum) ▪ Vaginal fluid <p>Other fluids (urine, sweat, tears, saliva) do not pose a risk for HIV infection.</p> <p><i>* We don't know for sure but it seems that anal fluid (produced in the rectum during anal sex) also poses a high risk of infection.</i></p>	<p>The virus cannot enter your body through your intact (unbroken) skin. Ways in which HIV can get into your bloodstream are through:</p> <ul style="list-style-type: none"> ▪ The lining of your rectum (ass)* ▪ Any broken skin, like a sore or cut ▪ Any cuts or sores in or around your mouth ▪ Your eyes ▪ Sharing a needle with someone else <p><i>* Unprotected (without a condom and water-based lube) anal sex poses the highest risk for HIV infection because the virus can pass directly through the lining of the rectum (ass) into the bloodstream. Anyone who is a bottom (receptive or passive partner) during anal sex is therefore at a very high risk of infection and should always insist that the top (insertive or active partner) always wears a condom.</i></p>
<p>Responsible sex is about preventing two things:</p> <ol style="list-style-type: none"> 1. A high-risk body fluid from someone who may be positive 2. Passing the virus into the bloodstream of someone who is negative. <p>The easiest way to prevent HIV transmission is to always use a condom and water-based lubricant (slippery jelly) every time you have anal sex and not to get someone else's semen (cum) in your mouth or eyes. Before you have sex cover any broken skin (cuts, sores or blisters) properly with a plaster and never share needles. Having sex with fewer people will also help reduce your risk of becoming HIV positive.</p>	

HIV TREATMENT AND ANTI-RETROVIRAL MEDICATIONS (ARVs)

Treatment of HIV relies on the use of a combination of anti-HIV medications (drugs) to keep a person healthy. These drugs are called antiretrovirals (ARVs).

ARVs work by controlling and blocking the virus's ability to replicate (produce more of itself). This allows the immune system to recover and to protect the body from other infections (such as TB).

It is a bad idea to start and then stop ARV treatment repeatedly. In order to work, ARVs need to be taken exactly as prescribed, which also means taking them at the correct time every day, for the rest of your life. Some men are worried about the side effects (negative effects) of ARVs, but modern therapy allows for minimal, predictable and easily-managed side effects.

Deciding when to begin ARV treatment depends on your health and your readiness to take the treatment. Although early treatment (at a CD4 count of approximately 350) is highly recommended, it is never too late to benefit from ARV treatment.

ARVs are widely available for free at government (public) hospitals and clinics.

- ARVs are drugs that stop HIV from reproducing in the body
- ARVs suppress the virus, prevent infections, improve the way people feel and increase their lifespan
- Modern ARVs are convenient, produce minimal side effects and allow a normal quality of life



MANS EN SEKS

Ons is almal seksuele wesens en 'n bevredigende sekslewe is iets wat iedereen begeer en waardeer. Seks is 'n normale aspek van ons almal se lewens. Baie van ons aanvaar seks as vanselfsprekend sonder om te dink aan die belangrikheid daarvan, en die keuses wat ons maak ten opsigte van seks. Verantwoordelike seks berus op die regte keuses vir onself en ons seksmaats, gebaseer op wedersydse respek, oop kommunikasie, eerlikheid en goeie gesondheidsorg vir onself en ons seksmaats.

MET WIE HET ONS SEKS?

Sommige van ons is in verhoudings of getroud en ander enkellopend. Sommige het verskeie seksmaats. Baie mans het net seks met vrouens en baie het seks het met mans en vrouens. Andere het net seks met mans. Sommige van ons noem onself "gay". Sommige noem onself biseksueel omdat ons aangetrokke voel teenoor mans sowel as vrouens. Ons kan nie kies of ons aangetrokke is tot vrouens, tot mans of tot beide nie; dit is iets wat ons nie self kan besluit nie. Desondanks, kan ons kies met hoeveel mans of vrouens ons seks het. Seks met 'n kleiner aantal mense verminder die risiko van HIV-oordrag. Om seks te hê met 'n minderjarige is onwettig en alle seks moet berus op die toestemming van beide partye.

WATTER SOORT SEKS HET MANS?

Daar is verskeie soorte seks. Soen, orale seks (blow jobs), anale seks, vaginale seks, dybeen seks, groepseks en gesamentlike masturbasie is almal variasies wat ons kan besluit om te doen met ons seksmaat. Sommige van hierdie praktyke is meer riskant vir HIV-oordrag as ander. Byvoorbeeld, anale seks sonder 'n kondoom en water-gebaseerde smeermiddel het 'n hoë risiko vir die oordrag van HIV na biede seksmaats. Ons kan ook besluit om seksmaats te glo wat sê dat hulle HIV negatief is, of om alle seksmaats as moontlike HIV-oordraers te beskou.

WANNEER HET MANS SEKS?

Ons kan seks hê wanneer ons in beheer voel, of wanneer ons alkohol of dwelms, wat ons nie in staat stel om verantwoordelike keuses uit te oefen nie, te gebruik. Ons moet altyd toegang hê tot kondome en water-gebaseerde smeermiddel, hetsy ons vaginale of anale seks wil beoefen.

HIV-SIFTING

HIV-sifting (toetsing) is vinnig, maklik en akkuraat. Dit benodig net 'n klein druppel bloed (d.m.v. 'n vingerprik) en die uitslag is binne 'n paar minute beskikbaar.

Die toets bepaal of daar HIV-antiliggame (wat die immuunstelsel vervaardig teen die virus) in die bloed teenwoordig is of nie. Vanaf blootstelling aan die virus, neem dit ongeveer drie maande om die antiliggame te vervaardig. Hierdie tydperk, terwyl die antiliggame ontwikkel, word die "venster-periode" genoem. Om jou status te bevestig, moet die toets dus na drie maande herhaal word.

Indien jy bekommerd is dat jy blootgestel was aan HIV deur kontak met iemand se semen, bloed of anale afskeiding, sal 'n negatiewe siftingsuitslag jou gerusstel. As die uitslag positief is, kan jy toegang kry tot korrekte mediese diens en berading, wat 'n lang en gesonde lewe verseker.

Moenie wag totdat jy simptome ontwikkel of siek voel, voordat jy vir 'n toets gaan nie – hoe gouer jy jou status weet, hoe gouer kan dit hanteer word. Alle seksueel-aktiewe mense moet minstens elke ses maande gaan vir 'n HIV-sifting.



HIV OORDRAG

HIV word oorgedra (versprei) deur die liggaamsvloeistowwe vanaf 'n geïnfecteerde persoon na iemand anders. Twee faktore moet teenwoordig wees om dit te bewerkstellig: 'n hoë-risiko liggaamsvloeistof en 'n toegangsroete na die bloedstroom.

'N HOË-RISIKO LIGGAAMSVLOEISTOF	'N TOEGANGSROETE NA DIE BLOEDSTROOM
<p>Nie al die liggaamsvloeistowwe bevat dieselfde hoeveelheid (konsentrasie) van die virus nie. Liggaamsvloeistowwe wat 'n hoë risiko van HIV-oordrag* inhou is:</p> <ul style="list-style-type: none"> ▪ Semen (kom) ▪ Bloed <p>Liggaamsvloeistowwe wat 'n laer risiko van HIV-oordrag inhou is:</p> <ul style="list-style-type: none"> ▪ Pre-ejakulaat (pre-kom) ▪ Vaginale vloeistof <p>Andere liggaamsvloeistowwe (urine, sweet, transe en speeksel) hou geen risiko in vir HIV-oordrag nie.</p> <p><i>* Ons is nie seker nie, maar dit lyk asof anale vloeistof (wat in die rektum geproduseer word tydens anale seks) 'n hoë risiko inhou vir HIV-oordrag.</i></p>	<p>Die virus kan nie toegang tot die liggaam kry deur intakte (ongebroke) vel nie. Die maniere waarop HIV in die bloedstroom kan beland is:</p> <ul style="list-style-type: none"> ▪ Die rektum/anus-slymvlieswand* ▪ Gebreekte vel, soos 'n seer of snywond ▪ Enige sere of snye in of rondom die mond ▪ Jou oë ▪ Om naalde te deel met iemand anders <p><i>* Onbeskermdede anale seks (sonder kondoom en water-gebaseerde smeermiddel), hou die hoogste risiko in vir HIV-oordrag, omdat die virus direk van die rektum-slymvlies in die bloedstroom beland. Die hoogste risiko is dus vir die passiewe persoon ("bottom") tydens anale seks en hy moet altyd daarop aandring dat die aktiewe persoon ("top") 'n kondoom gebruik.</i></p>

Verantwoordelike seks berus dus op twee faktore:

1. 'n Hoë-risiko liggaamsvloeistof van iemand wat moontlik HIV-positief is, en
2. Die oordrag van die virus na die bloedstroom van iemand wat HIV-negatief is

Die gebruik van 'n kondoom en water-gebaseerde smeermiddel (lubricant), is dus die maklikste manier om HIV-oordrag te verhoed tydens anale seks en ook om te sorg dat die ander persoon se semen nie in jou oë of mond beland nie. Bedek enige sere, snye of blase deeglik met 'n pleister voor jy seksueel aktief wil wees. Moet nooit naalde deel nie. As jy jou aantal sekssmaats beperk, verminder jy die risiko om HIV-positief te raak.

HIV-BEHANDELING EN ANTI-RETROVIRALE MEDIKASIE (ARVs)

Die behandeling van HIV berus op die kombinasie van anti-HIV medikasie en die omsien na die persoon se algemene gesondheid. Hierdie medikasie word anti-retrovirale middels (ARVs) genoem.

ARVs werk deur die virus se vermoë om te vermeerder (replikasie), te beheer en te blokkeer. Dit gee die immuunstelsel 'n kans om te herstel en die liggaam te beskerm teen ander infeksies (soos TB).

Dit is 'n baie slegte gebruik om herhaaldelik ARV-behandeling te begin en dan weer te staak. Vir die ARVs om te werk moet hulle geneem word presies soos voorgeskryf, wat beteken dat hulle op die regte tyd elke dag geneem moet word vir die res van jou lewe. Sommige mans is bekommerd oor die newe-effekte van ARVs, maar moderne behandeling het minimale, voorspelbare en beheerbare newe-effekte.

Die besluit om ARV-behandeling te begin, berus op jou gesondheid en jou gereedheid om die medikasie te neem. Alhoewel vroeë behandeling (met CD4-telling van ongeveer 350) aan te beveel is, is dit nooit te laat om ARV se voordele te benut nie.

ARVs is gereedelik en gratis beskikbaar by staats hospitale en klinieke.

- ARVs is medikasie wat keer dat HIV vermeerder in die liggaam
- ARVs onderdruk die virus, voorkom infeksies, verbeter algemene welsyn en verleng jou lewensduur
- Moderne ARVs is maklik om te gebruik, het minimale newe-effekte en laat 'n normale lewenskwaliteit toe



BANNA LE THOBALANO

Re dibopiwa tse di ratang thobalano mme bontsi jwa rona re eletsa le go itumedisiwa ke botshelo jwa thobalano jo bo kgotsofatsang. Thobalano ke ponagalo ya tlhago mo botshelong jwa rona. Bontsi jwa rona ga re tsee thobalano tsia jalo ka gobo re sa akanye bothokwa jwa yona kgotsa gone go akanya ditlhopho tse re di dirang malebana le thobalano e. Thobalano e e akaretsang boikarabelo e ka ga go ithophela ka tolamo mmogo le go tlhophela balekane ba rona ka tolamo, ka gale re ikaegile ka tlotlo magareng ga rona, puisano e e mo pepeneneng le boikanyego, re sa lebale go tlhokomela pholo ya rona le ya balekane ba rona.

BANNA BA TSENA THOBALANONG LE BOMANG

Bangwe ba rona ba na le balekane kana ba nyetse, mme ba bangwe ga ba na balekane. Bangwe ba rona ba na le balekane ba thobalano ba le mmalwa. Bontsi jwa banna ba tsena thobalanong le batho ba sesadi, mme go na gape le ba le bantsi ba ba robalanang le basadi mmogo le banna ba bangwe. Bangwe gape ba robalana le banna fela. Palo e nnye ya rona e ipitsa “gay”. Bagwe ba rona re ipitsa diterasi ka gobo re ngokwa ke banna le basadi. Ga re kgone go tlhopho gore a re ngokwa ke basadi, banna kgotsa ditlhopho tsoopedi tsa bong; se ga se sengwe se re ka se ithlophelang. Le gale, se re ka se ithlophelang ke palo ya banna kgotsa basadi ba re robalanang le bona. Go robalana le batho ba se bantsi go fokotsa kotsi ya go nna le mogare wa HIV. Go robalana le motho wa dingwaga tse di ka fa tlase ga tsa semolao go kgatlhannng le molao ka gobo thobalano e tshwanetse go utlwanelwa.

BANNA BA TSENELA MEFUTA EFE YA THOBALANO

Go na le mefuta e le mentsi ya thobalano. Moatlo, go mokonana mapele, matanyola, go somela mo nnyong (phoneng), go kgotlhokgotsha mo diropeng, thobalano ka mogoso, le go iphoraphora; tsothe tse ke mekgwa ya thobalano e re ka e tlhophang le balekane ba rona. Mengwe ya mekgwa e e boletsweng fano e na le kotsi ya go tsenya mogare wa HIV go gaisa e mengwe. Go neela sekao, matanyola kwa ntle ga tiriso ya mosomelwana (khondomo) le selogetsi sa metsi, a na le kotsi e kgolo ya go tsenya HIV go gaisa mekgwa e mengwe. Re ka nna ra ithlophela go dumela molekane fa a re raya a re ga a na mogare wa HIV, kgotsa ra leba balekane ba rona jaaka batho ba ba ka kgonang go re tshwaetsa.

BANNA BA TSENA THOBALANONG LENG

Re kgona go tsena thobalanong fa re le mo maemong a taolo, kgotsa fa re nole mnotagi kgotsa re dirisitse diritibatsi mme fa re dirisitse jaana, ga re na tshono ya go dira tlhopho ya boikarabelo. Fa re akanya gore re ya go ja matanyola kgotsa go somela mo phoneng re tshwanetse go netefatsa gore re na le mesomelwana (khondomo) le selogetsi sa metsi.

GO TLHATLHOBELWA HIV

Go tlhatlhelwa HIV go bonako, go bonolo e bile go nepagetse. Go tlhokega fela thoti ya madi (go tswa go tlhajwa go le gonnye mo monwanenga) mme o bona dipholo mo nakong ya metsotso e se kae.

Tlhatlho e tlhola gore a mo mading a gago, go na le masole a HIV (a a tlhamiwang ke thulaganyotshouto ya gago, go go sireletsa kgatlhanong le mogare) Go tsaya dikgwedidi le 3 gore masole a, a godisiwe, go tloga fa o tla bong o lebane le mogare. Paka e, a fa o tla bong o letile gore gongwe masole a ka gola, e bidiwa pakaitshubo. Se se raya gore o tshwanetse wa tlhomamisa dipholo tsa gago morago ga dikgwedi di le 3, go netefatsa kemo ya gago.

Fa e le gore o tshwenyegile gore o ka tswa o tshotse HIV, e ka tswa e le ka seedipeo (bore), madi kgotsa seela sa marago, go dira diteko le go amogela dipholo tsa tatolo di tla go ritibatsa maikutlo. Fa dipholo di re o na le mogare, o ka bona thobomaikutlo mmogo le ditirelo tse di maleba tsa sengaka, tse di tla netefatsang gore o tshela botshelo jo bolelele, jwa boitekanelo.

Se lete go fithela o nna le dikai kgotsa o lwala, pele o ka tlhatlhoiwa – go itse kemo ya gago ka pele go tla go kgontsha go e laola. Batho botlhe ba ba tsenelang thobalano ba tshwanetse go tlhatlhelwa HIV bonnye, gangwe mo dikgweding di le 6.

PHETETSO YA HIV

HIV e fetela go tswa go motho yo o nang le mogare o, go ya go yo mongwe, ka diela tsa mmele tsa motho yo o nang le mogare o wa HIV. Gore se se diragale, go tlohega dilo di le pedi: seela sa mmele se se kotsi le nthatseno go tsena mo keelong ya madi.

SEELA SA MMELE SE SE KOTSI	NTLHATSENSO MO KELELONG YA MADI
<p>Go se diela tsothe tsa mmele di tshoseng mothamo o o lekanang wa mogare. Diela tsa mmele tse di leng kotsi go gaisa malebana le phetsetso ya HIV* ke:</p> <ul style="list-style-type: none"> ▪ Seedipeo (dinthere) ▪ Madi <p>Diela tsa mmele tse di seng kotsi jalo mo go fetetseng HIV ke:</p> <ul style="list-style-type: none"> ▪ Seela sa pele ga seedipeo ▪ Seediphona <p>Diela tse dingwe (mothapo, mofufutso, dikeledi, mathe) ga di kotsi malebana le tshwaetso ya HIV.</p> <p><i>* Ga re na bonete jwa se le gale go lebege e kete seela se se tswang mo leragong (se se tswang ka nako ya matanyola) le sona se kotsi mo phetsetso.</i></p>	<p>Mogare o ka se tsene mo mmeleng wa gago ka kamaano ya letlalo le le kompa (le le sa kgobogang). Ditsela tse ka tsona HIV e ka tsenang mo keelong ya madi ke:</p> <ul style="list-style-type: none"> ▪ Furumo ya khuti ya lerago ▪ Letlalo le le kgobogileng (ngapegileng), jaaka seso kgotsa mosego ▪ Mosego kgotsa diso mo leganong kgotsa go dikologa legano ▪ Matlho a gago ▪ Go ananya nnalata le mongwe <p><i>* Thobalano e e sa sireletsegang (kwa ntle le mosomelwana) ya matanyola ke kotsi e e godimo go gaisa ya tshwaetso ya HIV, ka gobo mogare o kgona go fetela ka tlhamalalo ka mosele wa furumo ya khuti ya lerago go tsena mo keelong ya madi.</i></p> <p><i>Motho yo o jewang matanyola ka jalo, o mo kotsing ya go tsenwa ke mogare, ka jalo o tshwanetse ka gale a gapeletse yo o ka fa godimo go dirisa mosomelwana (khondomo)</i></p>

Thobalano ya boikarabelo e ka go tla dilo di le pedi:

1. Seela sa mmele se se kotsi go tswa go motho yo o ka bong a na le mogare
2. Go fetetsa mogare mo keelong ya madi ya motho yo o se nang mogare

Tsela e e bonolo ya go thibela phetsetso ya HIV ke go dirisa mosomelwana ka gale, mmogo le selogetsi sa metsi (jeli e e boreledi), nako nngwe le nngwe fa o robalana matanyola, le go tla go tshelgelwa ke sepeme sa mongwe mo ganong kgotsa mo matlhong. Pele o robalana, tswelela mesego ya letlalo (Diso kgotsa dikaku) ka petšhe mme o se ananye dinnalata. Go fokotsa palo ya batho ba o robalanang nabo le gona go tla fokotsa kgonagalo ya go fetelwa ke HIV.

KALAFUYA HIV LE MELEMO (DIARV)

Kalafu ya HIV e ikaegile mo tirisong ya motswako wa melemo e e lwantshang HIV go tshola motho a itekanetse. Melemo e, e bidiwa diARV.

Tiro ya diARV ke go laola le go kganela mogare go tsala (go ntsifala). Se se letla masole a mmele go kokotlela le go sireletsa mmele kgatlanong le tshwaetso ya malwetse a mangwe (jaaka lohuba/TB).

Go gona le e seng go simolola go nwa diARV o bo o eta o di tlogela. Gore di dire diARV di tshwanetse go nowa go ya ka ditaello tse di tlang natso, mme e bile di nowe ka nako e e beilweng tsatsi le letsatsi, botshelo jwa gago jotlhe. Banna bangwe ba eta ba tshwenyega ka ga ditlamorago (tse di maswe) tsa diARV, le gale kalafi ya sešweng jaana e itemoge le ditlamorago tse di sa reng sepe tota, tse di bileng di ka laolwa bonolo.

Go tsaya tshwetso ya gore o simolola kalafi ya diARV leng go tswa mo maemong a gago a pholo le gore a o ikemiseditse. Le fa go rotloedwa go simolola go sa le gale (ka palelo ya CD4 ya bokana ka 350), ga go nke go nna thari go bona thuso ya kalafi ya diARV.

DiARV di bonwa naga yotlhe, mme ga di duelelwe mo dikokelelong tsa puso mmogo le ditleliniki.

- DiARV ke melemo e e thibelang HIV go ikatasa mo mmeleng
- DiARV di okobatsa mogare, di thibela tshwaetso, di tokafatsa maikutlo a batho mme di bile di oketsa nako ya botshelo
- DiARV tsa matsatsi a, di bonolo godirisega, ga din a ditlamorago tse di matsapa mme di letla motho go tshela botshelo jo bo tswaegeleng, jwa boleng

AMADODA NESONDO

Singabantu besondo kwaye siyabonwabela ubomi besondo; into eyanelisayo yinto abantu abaninzi abayingwenelayo nabayincomayo. Isondo liyinto eqhelekileyo ebomini bethu. Abaninzi bethu bathatha isondo ngokungahoyi, ngaphandle kokucinga ubaluleko okanye ngaphandle kokucinga malunga nezinto zokukhethwa ezihambelana nalo. Ukwenza isondo ngokulunakekela kumalunga nokwenza ukhetho olululo ngobuthina nabalingane ngesiseko esinentlonipho. Ukuncokola ngokuhlukekileyo nangokunyaniseka; kwanokhathalela impilo yethu kwakunye nempilo yabalingane bethu kukunakekela nokuhlonipha isondo.

AMADODA ALALA NABANI

Abanye bethu bakubudlelwane okanye batshatile, abanye abatshatanga. Abanye bethu banabalingane besondo abaninzi. Amadoda amaninzi athanda ukwabelana ngesondo nabantu basethyini ngelixa kwanamanye amaninzi ethanda ukwabelana ngesondo nabantu basethyini kwanabantu abangamadoda amadoda. Babuye babekhona nabathanda ukwabelana ngesondo namadoda kuphela. Abambalwa kuthi bazibiza ngokuba ba-gay. Abanye bethu bazibiza ngokuba ba-bisexual ngenxa yokuba sinomtsalane kumabhinqa namadoda. Elowo nalowo ke akazikhetheli ubuni amakathandane nabo, koko kuyazenzengela ngokwendalo. Noxa kunjalo ke kodwa, elowo nalowo uyakwazi ukuzikhethela inani lamaqabane ache noba ngawesilisa, noba ngawasetyhini okanye uthandana nalo lonke uhlobo lwesini esikhoyo. HIVUkwabelana ngesondo nabona bantu bambalwa kuyanceda ukunciphisa ubungozi bokufumana intsholongwane eyandulela ingculaza (HIV) emzimbeni wakho. Ukulala nomntu omncinci ngokusemthethweni kwakwaphula umthetho. Kwaye kubalulekile ukuba ngalo lonke ixesha kubabelwana ngesondo kube kuvunyelwene.

ISONDO ABANALO AMADODA

Kukho iindidi ezahlukileyo zokunyikilelana ngesondo. Ukuphuza, isondo lomlomo (i-blow job), isondo lasezimpundu, isondo lelungu lobufazi, isondo lasemathangeni, isondo elenziwa ngamaqela kunye nokudlalisa phakathi komnye nomnye ngelungu okanye amalungu obuni (mutual masturbation). Zonke ke ezindidi zingentla zizitlobo esinokuthi sabelane ngazo ngesondo. Ezinye zezi zenzo zinobungozi obukhulu bokufumana intsholongwane eyandulela ingculaza (HIV) kunezinye. Umzekelo, ukusebenzisa impundu xa sisabelana ngesondo ngaphandle kwekhondom kunye nesithambiso esisekwe emanzini zibeka umntu lowo emngciphekweni omkhulu wokufumana intsholongwane eyandulela ingculaza okanye akwazi ukuyidlulisela kwabanye lentsholongwane. Kukuthi ke ukuba sikhethe ukumkholelwa umlingane wethu esithandana naye

xa esithi akanalo egazini lakhe igciwane elandulela ingculaza okanye sizixelele ukuba nabani esithandana naye angakwazi ukususulela ngeligciwane.

XA AMADODA ESENZA ISONDO

Kuyenzeka ke ukuba sabelane nabalingane bethu ngesondo sisezingqondweni kwaye sikwazi nokukulawula isimo sethu, ukanti kuphinde kwenzeke ukuba sibe besingene kakhulu ebhekileni (utywala) okungenani kube besisebenzisa iziyobisi ukuze singakwazi ukulawula yonke into esiyenzayo. Ukuba sicinga ukuba siza kwabelana ngesondo lasezimpundu okanye lelungu lobufazi kufuneka siqinisekise ukuba siyakwazi ukufikelela okanye sifumane ikhondom kunye nesithambiso esisekelwe emanzini.

UKUHQLOLELWA I-HIV

Ukuhlolelwa i-HIV kuyakhawuleza, kulula kwaye kuchanekile (accurate). Lithontsi nje elincinci legazi elifunwayo (lifumanela ngokuxhola kancinci emnweni) kwaye iziphumo zifumaneka ngemizuzwana nje embalwa.

Xa kuhlolwakujongwa ukuba akhona na amajoni alwana nentsholongwane eyandulela ingculaza egazini lakho (Lamajoni aveliswa ngumzimba wethu ukusikhusele kulentsholongwane). Lamajoni athatha iinyanga ezi-3 ukubonakala egazini lakho kwixesha oyifumene ngalo intsholongwane. Eli xesha, seleuyifumene lentsholongwane kodwa engekabonakali lamajoni egazini lakho libizwa ngokuba, yi-window period. Into ethetha ukuba ke xa ngaba uthe wahlolelwa le ntsholongwane aze akabonakali lamajoni, kufuneka uphinde uyekuqinisekisa emva kwenyanga ezintathu ukuba ngene nangenyano awunaso isandulela ngculaza ngokuba uphinde uhlolelwe lentsholongwane.

Xa uzisola ukuba ungabe uyifumene lentsholongwane kumlingane wakho mhlawumbi kodwa ube ungaqinisekanga, ukuyakuhlolelwa eligciwane ukuze ufumane iziphumo ezibonakalisa ukuba akunayo lentsholongwane kungayi phumza kakhulu ingqondo yakho. Ukanti ukuba iziphumo zoluvavanyo zibonakalisa ukuba unayo lentsholongwane, uyakwazi ukufumana ingcebiso namachiza anokukunceda ukuba uphile ubomi obude nobonelisayo unayo lentsholongwane.

Kulutho ke ukuba ungalindi ube ugule okanye kubonakale ukuba unazo impawu zesisifo phambi kokuba uye kuvavanywa kuba xa uthe wakhawuleza wasazi isimo sakho uyakwazi ukusiqulela esisifo kwangexesha. Wonke umntu owonwabela isondo kufanele ayekuvavanyelwa lentsholongwane njalo emva kwenyanga ezintandathu.

UKOSULELEKA YI-HIV

I-HIV igqithiselwa (isasazwa) isuka kumntu onentsholongwane ye-HIV ukuya komnye umntu ngencindi zomzimba zomntu one-HIV. Sidinga izinto ezimbini ukuze okokosuleleka kwenzekwe nazi: incindi yomzimba womntu onayo lentsholongwane kunye nenxeba elivumela ukungena kumjelo wegazi lomnye umntu.

INCINDI YOMZIMBA EKUMNGCIPHEKO OPHEZULU	INDAWO YOKUGENA KUMJELO WEGAZI
<p>Asizizo zonke iifluidi zomzimba ezinenani elifanayo (ukuhlangana) lentsholongwane. Iifluidi zomzimba ezinomngcipheko ophezulu ekugqithiselweni zezi:</p> <ul style="list-style-type: none"> ▪ Idlozi (i-cum) ▪ Igazi <p>Iifluidi zomzimba ezinomngcipheko ophantsi ekugqithiselweni i-HIV zezi:</p> <ul style="list-style-type: none"> ▪ Ukukhupha idlozi kwangaphambili (i-pre-cum) ▪ Iifluidi yelungu lobufazi <p>Ezinye iifluidi (umchamo, umbilo, iinyembezi, amathe) azinamngcipheko bokosulela nge-HIV.</p> <p><i>* Asazi ngokuqinisekileyo, kodwa kubonakala ngathi iifluidi yasezimpundu (eyenziwe kundoci ngexesha lesondo lasezimpundu) nazo zingenza umngcipheko ophezulu wokosulela.</i></p>	<p>Intsholongwane ayikwazi ukungena umzimba ngokungachukunyiswa (ngokungavuleki) kwesikhumba. Iindlela i-HIV engangena ngazo egazini lakho:</p> <ul style="list-style-type: none"> ▪ Kumaleko kandonci wakho (impundu)* ▪ Nasiphi na isikhumba esivulekileyo, njengenxeba okanye umsiko ▪ Nayiphi na imisiko okanye amanxeba asemfonyeni okanye angqonge umlomo wakho. ▪ Amehlo wakho ▪ Ukwabelana ngeenalithi nomnye umntu <p><i>* Isondo lasezimpundu elingakhuselekanga (ngaphandle kwekhondom kunye nesithambiso esisekwe emanzini) linikeza umngcipheko ophezulu wokosuleleka yi-HIV ngenxa yokuba intsholongwane inokugqithisa ngokuthe ngqo ngomaleko kandonci (impundu) ukuya kumjelo wegazi. Nabani na ongaphantsi (owamkelayo okanye umlingane ongenzinto) ngexesha lesondo usemngciphekweni ophezulu wokosuleleka kwaye kumele asoloko egxininise ukuba ongaphazulu (ofakayo okanye owenzayo) ayinxibe rhoqo ikhondom.</i></p>
<p>Isondo elinoxanduva lingokuthintela izinto ezimbini:</p> <ol style="list-style-type: none"> 1. Iifluidi zomzimba zomngcipheko ophezulu ezisuku kumntu osenokuba uphazithivu. 2. Ukugqithisela intsholongwane emjelweni wegazi lomntu onegethivu. 	

Eyona indlela elula yokuthintela ukugqithiselwa kwe-HIV kukusoloko usebenzisa ikhondom kunye nesithambiso esisekwe emanzini (ijeli etshebelezeayo) ngalo lonke ixesha usenza isondo lasezimpundu kwanokuba ungafumani idlozi lomnye umntu (i-cum) emlonyeni okanye emehlwini wakho. Phambi kokwenza isondo gqumathela nasiphi na isikhumba esisekileyo (imisiko, amanxeba amadyumdyum) ngokufanelekileyo ngeplasta kwaye ungaze wabelane ngeenalithi. Ukwenza isondo nabantu abambalwa nako kuya kunceda ekunciphiseni umngcipheko wakho wokuba phozithivu kwi-HIV.

AMAYEZA E-HIV KUNYE NE-ANTI-RETROVIRAL MEDICATIONS (II-ARVS)

Unyango lwe-HIV luthembele ekusetyenzisweni komdibaniso wamayeza alwa ne-HIV (iziyobisi) ukugcina umntu abesempilweni. La mayeza abizwa ngokuba zii-antiretrovirals (ii-ARVs). Ii-ARVs zisebenza ngokulawula nokuthintela amandla entsholongwane okuphinda-phinda (ukuvulisa okuninzi gayo). Oku kuvumela ukuba amajoni wakho aphile aze akhusele umzimba kwezinye izifo (enjenge-TB).

Kuyingcinga embi ukuqalisa kwanokuyeka i-ARV ngokuphinda-phindayo. Ukuze zisebenze, ii-ARVs kufuneka zithathwe njengoko kucetyiswe njalo, into ekwathetha ukuba kufuneka zithathwe ngexesha elichanekileyo yonke imihla, ubomi bakho bonke. Amanye amadoda ayizikhathaza ngeziphumo ezibi (iziphumo ezinegethivu) ze-ARVs, kodwa itheraphi yala maxesha ivumela iziphumo ezibi ezincinci, ezinokuxelwa kwangaphambili nezilawulekayo.

Ukwenza isigqibo sokuba uziqalise nini na ii-ARV kuxhomekeke empilweni yakho kwanokuba ukulungele na ukuluthatha unyango. Nangoku kunjalo, ukuthatha unyango kusekwangoko (kwi-CD4 engama-350 ngokusondelelo) kucetyiswa kakhulu, akukho semva ukuxhamla kunyango lwe-ARV. Ii-ARVs zikhona jikelele mahala konke kwizibhedlele neekliniki (zoluntu) zikarhulumente.

- Ii-ARVs zingamachiza amisa i-HIV ekukhuleni ngokutsha emzimbeni
- Ii-ARVs zicinezela intsholongwane, zithintela izifo, ziphucula indlela abaziva ngayo abantu kwaye zinyusa ubude bobomi bomntu
- Ii-ARVs zala maxesha ziluncedo, zivelisa iziphumo ezibi ezincinci kwaye zivumela ubomi bodidi obuqhelekileyo