
EUROSUPPORT

“Improving sexual and reproductive health of people living with HIV”



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Why was the project done?

- Research on sexual behaviour of people living with HIV (PLHIV), 'positive prevention' has focused on epidemiology, biomedical studies, ...
- Little focus on psychosocial research
- HIV care settings are key to providing these services, but are often lacking effective tools



Key-concept sexual and reproductive health

Comprehensive definition of **SRH** as specified at the Cairo Conference Programme of Action (1994); integrated WHO's working definition (2004):

*“Sexual health is a state of **physical, emotional, mental and social well-being** in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a **positive and respectful approach to sexuality and sexual relationships**, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”*



How was the study done?

Elicitation phase (1)
Assessment of factors theorized to influence risk and preventive behavior (focus groups)



Compiling the evidence (2)
Assessment of selected and prioritized factors influencing risk and preventive behavior (questionnaire for PLWH)



Assessing integrated services (3)
Developing criteria and collecting best practices in the field of SRH and HIV

Eurosupport 5 research design:

3 three steps of data
assessment

(2006-2008)



Who participated?

- Research was carried out by 16 European partners in 13 European countries (4 from CCEE) + CH
- Qualitative study: Focus group research to explore the SRH issues in-depth (37 FGDs)
- Quantitative study: all consecutive patients (PLHIV) were approached with an anonymous, self-administered questionnaire (N=1.243)
- Service providers: online questionnaire
- Ethical approval was obtained at the participating research centres



Main findings



Stratified analysis: women (24%), hetero-men (18%) and men having sex with men (58%) of overall N=1.243



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Sexual and reproductive choices



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Reproductive health

58% of the participants were in a relationship

17% had children

24% had child-desire (and 14% concrete plans)

34% of the heterosexual PLHIV used contraception

Women living with HIV:

41% desired to have (more) children

25% had a baby since HIV diagnosis

14% had a pregnancy termination

10% had a miscarriage



Sexual health and prevention (1)

15% were not sexually active in the past 6 months

66% had sex with a main partner (MSM: 59%)

52% had sex with a casual partner (MSM: 71%)

MSM least satisfied with sexual functioning (mean rating: 6 on a scale 0-10)

16% had experienced some form of sexual coercion (women most often)

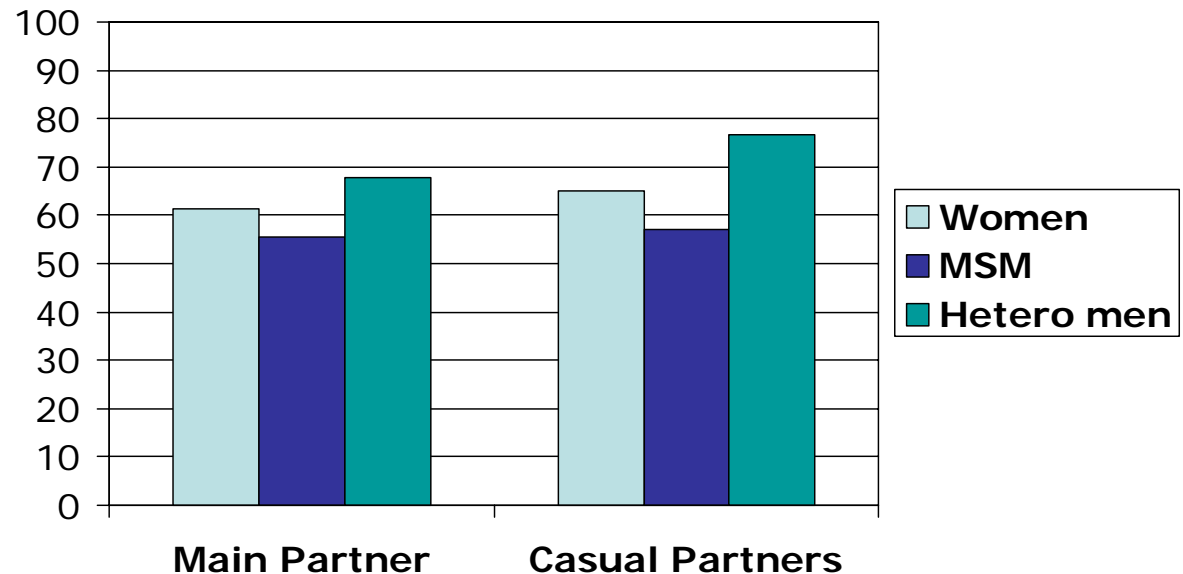


Sexual health and prevention (2)

14% were treated for any STI past 6 months (MSM: 15%)

33% had at least one unprotected sexual intercourse (past 6 month)
(MSM: 41%)

**Consistent
condom use:**



Sexual health and prevention (3)

HIV-status of the main partner matters:

- 53% did not use a condom with an HIV+ partner
- 24% did not use a condom with an HIV-negative partner
- 38% did not use a condom with a partner with unknown HIV-status

Factors that explain condom use (multi-variate analysis):

- Partner's HIV-status
- Psychosocial mediators, such as mental health (e.g. less depression), motivation (e.g. subjective norms) and self-efficacy to use condoms
- Additional target group specific factors: higher social support and HIV disclosure for women; less HIV-related discrimination for men...



Disclosure and discrimination



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- 90% had disclosed their HIV status to their main partner
 - 11% had disclosed their HIV status to all of their casual partners (women: 23%, MSM: 9%, heterosexual men: 20%)
 - 32% reported some form of HIV-related discrimination (the highest in CCEE: 40%), however, mostly NOT related to HIV-care



Integrated service provision and support



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SRH topics discussed:

- 74% with HIV care provider (medical approach)
- 19% with general practitioner
- 23% with sexual health counselor/psychologist

- 25% complain that SRH is not addressed pro-actively by service providers
 - 20% say that there is not enough time during service provision

Topics on which more support is needed:

Treatment side effects (43%), prevention of HIV to partners (24%), sexual problems (23%) communication about sexuality (17%).



Conclusions and recommendations (1)

(1) **SRH and 'positive prevention'** needs to be put on the agenda of HIV service provision

(2) **Evidence-based programmes:** Paying attention to SRH issues in a comprehensive manner (partners with different HIV-status, safe conception, same-sex relationships...individual vs. couple support) → **targeted approach** is needed!



Conclusions and recommendations (2)

(3) Develop **policies and programmes** for delivering services in a **supportive and non-stigmatizing environment**: service provision (involving PLHIV) and a non-discriminatory legal environment

(4) **Most at risk groups**: need for better understanding on how experience of double stigma, i.e. related to HIV and social group status (MSM, migrants, IDUs) influences SRH



The way forward: Eurosupport 6 (follow-up project: 2009-2012)

- ES 6 is currently developing interventions for HIV service providers to improve their clients' SRH
- Evaluation in clinical care settings ('real life settings')
- Testing brief counselling interventions using computer-assisted tools
- Developing a training and resource package for service providers



The Eurosupport partners

Country	Partner organization
Belgium	ITM
	SENSOA
Austria	European Centre
	University of Innsbruck
Germany	Ludwig Maximilian University
Greece	SYNTHESIS
Italy	CARAP
	San Raffaele Scientific Institute
Portugal	Hospital Santa Maria
Spain	Universidad Complutense
UK	Pennine Acute Hospitals
Slovak Republic	National Reference Centre for HIV/Aids Prevention
Czech Republic	University of Prague, Institute of Sexology
Hungary	Semmelweis Clinic, Institute of Public Health
Poland	University of Zielona Gora
Latvia	Association for Family Planning and Sexual Health
(Switzerland)	(University of Applied Sciences, School of Social Work)



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