Addressing the unmet sexual and reproductive health and rights of PLHIV

Results from a baseline study in four states in India

Comprehensive interventions for PLHIV should include SRH programming along with positive prevention.

Background

With expanded access to antiretroviral treatment (ART) and subsequent increased longevity, people living with HIV (PLHIV) have an opportunity to live longer, lead fulfilling lives and plan their futures, including decisions about sex, sexuality and the possibility of starting or expanding families.

Evidence from India suggests that a comprehensive approach to sexual and reproductive health and rights (SRHR) for PLHIV has been lacking and that current responses have not sufficiently addressed vulnerability or improved sexual and reproductive health among PLHIV. Previous studies with PLHIV have shown high rates of unmet contraceptive needs, untreated STIs and lack of knowledge and skills on safer sex and positive prevention.

With support from the European Commission, India HIV/AIDS Alliance (Alliance India) is implementing the Koshish project that supports the development of advocacy skills in PLHIV networks in four states to promote better SRHR for vulnerable communities living with HIV. As part of this project, Alliance India carried out a study of PLHIV to understand issues related to their SRH and services available at the community level.

Methods

803 PLHIV aged 15–49 (352 men, 401 women, and 50 transgender or hijra individuals) were interviewed in five districts in four Indian states: Andhra Pradesh; Gujarat; Maharashtra; and Tamil Nadu. Lists of PLHIV supported by local CBOs were used as the sampling frame to select respondents. The required number of respondent households was arrived at using systematic random sampling.

Results

• The mean age of the respondents was 34 years.
• 57% were in a marital relationship, and 34% were either widowed/divorced or living separately.
• 78% of respondents were aware of at least one contraceptive method, although the level of awareness varied across states (55% to 98%).
• Awareness of SRH services was high for care on delivery (83.5%), antenatal (82.5%) and postnatal (85%), whereas it was relatively low for treatment of STIs (68%), RTIs (47.6%), and amenorrhea (35%). [See Graph.]
• Unmet contraceptive need varied from 3% to 8% across the four states.
• Comprehensive knowledge on HIV varied from 52% to 83% (low in Maharashtra and high in AP); misconceptions about how HIV spreads persisted and ranged from 7.5% to 31.3% (low in Gujarat and high in Maharashtra).
• Nearly half of the respondents have regular sexual partners, and most of the widows/divorced have sex with either regular or non-regular partners.
• 91% respondents used condoms during their last sexual intercourse with regular partners. With non-regular partner, reported use was 81%.
• Approximately one-quarter (21% to 30%) of all respondents reported STI-related symptoms in the previous three months.
• A minority of women in each state reported seeking maternal health advice during their last pregnancy: 12% in AP; 21% in Gujarat; 44% in Maharashtra; 27% in TN.

Conclusions

The study highlighted unmet SRHR needs of PLHIV in the four states. While most respondents reported frequent condom use, STI-related symptoms indicate unsafe sexual behavior. SRH and HIV-related knowledge levels are low, and respondents also reported SRH-related rights violations. This study confirms the need for interventions for positive prevention along with specific SRH programming for PLHIV as part of India’s HIV response.

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