

Sexuality and reproduction, care and rights of men & women living with HIV in São Paulo, Brazil

Paiva, Vera (Institute of Psychology – University of S. Paulo)

Segurado, Aluisio (School of Medicine – University of S. Paulo)

Franca Jr., Ivan (School Public Health – University of S. Paulo)

Ventura-Felipe, Elvira (State Program of STD/AIDS)

Santos, Naila (State Program of STD/AIDS)

Ayres, Jose Ricardo (School of Medicine – University of S. Paulo)

All authors are affiliated to NEPAIDS-USP

(Aids Prevention Studies Nucleous at University of Sao Paulo)

Achievements in the care of people living with HIV in Brazil

- Universal and free access to ARV drugs
 - 50% reduction in AIDS mortality
 - 75% reduction in hospital admissions
 - Adherence rates similar to industrialized countries
 - Reduction in mother-to-child-transmission (MCT) from 16% (1988) to 8% (2002, preliminary data)
 - Successful experience in assisted reproduction by paid private doctors (without HIV transmission)

Challenges for a *comprehensive care*

- Despite the efforts for human rights promotion, stigma and discrimination still affect people living with HIV/AIDS
- “Plague synergy” (poverty, sexism, etc) exposes Brazilians to HIV infection and go on challenging the enhancement of AIDS care and prevention
- Health professionals lack training in
 - More comprehensive care
 - Human rights related to reproductive and sexual health

Aims of the study

- How to enhance care in the perspective of people living with HIV/AIDS?
 - This presentation focus on sexual and reproductive health
- Conceptual framework:
 - Vulnerability: social, programmatic and individual
 - Gender: cultural construction, identity, power
 - Human rights and citizenship
 - Psychosocial emancipation

Methods

- Two reference centers for HIV/AIDS care:
 - São Paulo State STD/AIDS Program Center (CRTA) & University of São Paulo Center (Casa da Aids)
 - Gold standard: highest adherence rates to HAART, & Brazilian training centers
 - 4500 and 3900 patients respectively
- A consecutive sample was interviewed:
 - 729 women (1999-2000)
 - 250 men who have sex with women (2001-2002)

Interviewees' profile:

about 80% were infected sexually

Women

– *In average:*

- Diagnosis: 4 years
- Schooling: 8 years
- Age: 36 years old
- Income: R 225 /
person at home

Men

– *In average :*

- Diagnosis: 6 years
- Schooling : 9 years
- Age : 39 years old
- Income : R 400 /
person at home

Sexual activity

Women

53% are sexually active

42% have HIV+ partner
11% ignore partner's status

55% use condoms consistently

3 lifetime partners / median

Men

83% are sexually active
38% bisexuals

28% have HIV+ partner
20% ignore partner's status

80% use condoms consistently

30 lifetime partners / median

children

Intention to have children

Women

- **75%** have children
 - 2 children (1.6)
 - 8% with HIV + children
- **15%** want to have (more) children
 - The youngest, childless or those with only one child

Men

- **56%** have children
 - 2 children (1.8)
 - 3% with HIV + children
- **42%** want to have (more) children
 - the youngest, childless or those with only one child
 - No significance difference between bi- and heterosexuals

% of men and women who know about:

	Women	Men
1 Babies can acquire HIV during pregnancy	74%	65%
2 Babies can acquire HIV during labor	71	56
3 Babies can acquire HIV if breastfed by an HIV+ woman	75	52
4 ARV can reduce the risk of mother-to-child-transmission	68	56
5 An HIV+ mother's baby should take ARV from birth	60	50
6 There are contraceptive methods more suitable for HIV+ women	53	27
7 HIV concordantly positive partners should use condoms	85%	89%

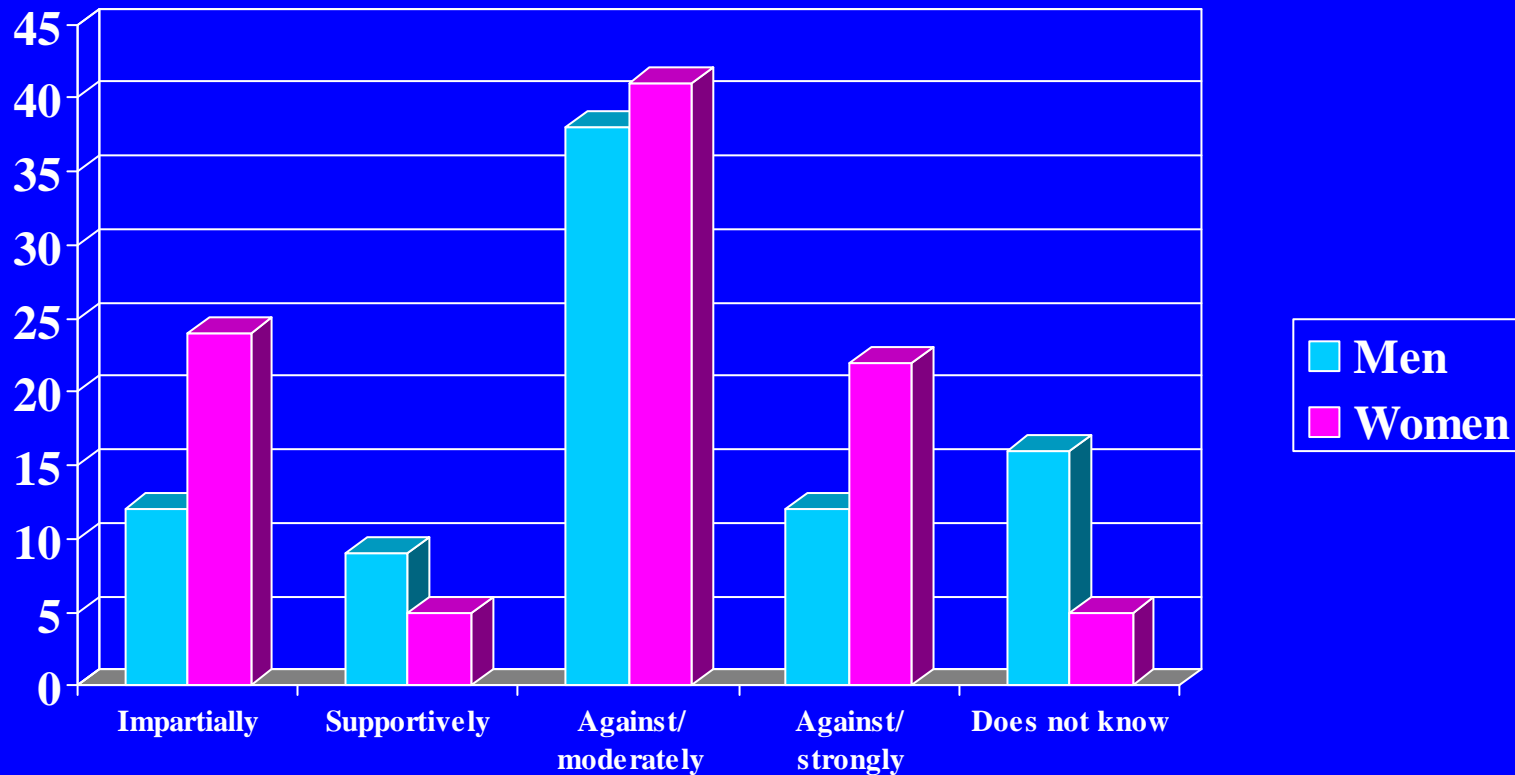
Do you feel comfortable to talk about your sexuality with...?

	Always		Sometimes		Never		Don't talk	
Men Women	M	W	M	W	M	W	M	W
Doctor (Infectious disease)	63	58	16	14	21	25	-	3
Nurse	20	15	5	2	60	23	15	59
Psychologist	23	18	5	5	13	7	59	70
Social worker	25	18	5	5	39	26	31	51

Comfort score for “discussing sexuality”

- Comfort to discuss any other issue is higher (30 –100%) than to discuss sexuality
- The higher the comfort, the better the knowledge about MCT
- Knowledge about MCT is significantly higher among women , though still insufficient

How do you think your doctor would react if you said: “I want to have a child”?



“Care” & “Treatment”

- Condom use is still less than expected
- Main source of information on MCT is not related to HIV/AIDS health care settings
- **Adherence: why only ARVs are being considered?**

Discussion

- Men express more frequently the wish of having more children
- Men have less knowledge about MCT
- Most men and women feel they have little opportunity to talk about their sexuality and reproductive desires in the context of HIV/AIDS care, with care providers
- Other studies focusing health professionals and care sites confirm the “invisibility” & silence on reproductive desires of people living with HIV

Stigma: HIV and sexism

- Anti-family stigma in regard to people living with HIV
 - Ideological barriers to offer HIV testing of women in the public health system
 - “Mothers- to-be are not promiscuous”
 - Ideological barriers to discussing reproductive desires of people living with HIV
 - “Promiscuous people should not have children”.
 - Rights of the child X rights of parents
- Children: still “woman’s issue”

Public policy for assisted reproduction programs for PLWHIV/AIDS

- Providing public & free assisted reproduction services for people living with HIV: a sexual & reproductive right
- It is “cost-effective” and may improve and lever up vertical transmission prevention initiatives and policies
 - F. ex: free and universal provision for ARVs
 - Made testing meaningful
 - Prevention was stimulated by interaction with health care system
 - Breaking the silence was stimulated and meaningful