

Identification of sexual health problems in persons living with HIV

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Introduction

Sexual health (SH) of persons living with HIV (PLWH) is a relatively understudied field of research. EUROSUPPORT V is a European network of HIV treatment centers (supported by the European Commission). 15 study sites in 12 countries participated in a qualitative cross-sectional study. This poster presents informative research for quantitative data collection in the next project phase (i.e. questionnaire development).

Study objectives

- Assessing needs and problems relating to sexual health
- Assessing determinants influencing sexual health
- Assessing barriers with respect to SH service provision

Demographic data

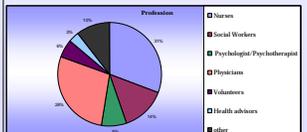
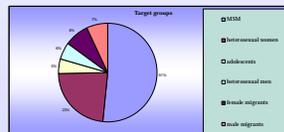
Table 1 and 2 show demographic data of the FG participants.

Table 1: Demographic characteristics PLWH
(missing data: 1 370)

Total number	FG participants	FG focus groups
Gender	104 male (87%)	117 female (13%)
Marital status	194 single (59%)	16 separated (50%)
Partner HIV	177 HIV (+)	14 in relationship (42%)
Partner living with HIV	177 HIV (+) partner of 44 (25%)	2016 HIV (+) partner of 7 (3%)

Table 2: Demographic characteristics HCW

Total number	FG participants	FG focus groups
Gender	96 male (87%)	117 female (13%)
Type of organization		Target group HCW
Medical hospital inpatient	17 (17%)	Infectious and more (88 (82%))
Outpatient clinic	4 (4%)	Infectious and more (100 (100%))
HIV specialized clinic	48 (48%)	GENA (100%)
Anti-HIV organization	17 (17%)	US drug users (18 (100%))
Sexual health, family planning or ST	2 (2%)	not defined (0 (0%))
Drug help organization	2 (2%)	
Doctors practice	2 (2%)	
Church affiliated	2 (2%)	
Others	15 (15%)	
Missing	6 (6%)	



Methods and analysis

- Qualitative data were obtained and analyzed using grounded theory methodology (Strauss and Corbin 1998).
- Thirty-five standardized focus group discussions (FG) plus 20 in-depth interviews were conducted in the study sites to identify PLWH as well as health care workers (HCW) perceptions on SH issues.
- Data were analyzed at country level using a standardized analytical matrix. Determinants influencing SH were described at 4 levels (intra-personal, interpersonal, provider-related, and contextual determinants);
- Synthesis at European level was performed using meta-ethnography (Noblit and Hare 1988), comparing the similarities and differences between the participating countries in the different categories.

Results

SH problems are a common cause of a decreased quality of life (QOL) in patients with HIV. In particular, sexual problems, such as loss of libido and erection problems were perceived to negatively influence QOL. Problems and determinants influencing SH needs are listed below. PLWH felt that there was too little attention for SH problems in health care provision. HCW mentioned the lack of training in this field and to have insufficient time and other resources during consultations. In some countries HCW did not address sexual problems at all.

Problems and needs perceived by PLWH and HCW:

1. Intra-personal: loss of libido and sexual problems attributed to taking ARV, lack of information, misconceptions, fears of contaminating the partner, fear of the future, feelings of guilt and depression, negative attitudes to condom use, lack of assertiveness
2. Inter-personal: difficulties to disclose HIV, need for support by partner and peer-support, difficulties communicating with partner about risk and feeling of pressure from partner, lack of negotiation skills, sero-sorting (partner selection according to HIV status)
3. Provider-related: bio-medical approach versus bio-psycho-social approach lack of appropriate referral options, SH should be addressed by HCW economic disadvantages further exacerbated by HIV, discrimination of PLWH perceived as persistent issue, different life styles shape different SH-needs
4. Context-related:

Differences in the perception between PLWH and HCW:

- Few communication between HCW and patients about inconclusive prevention messages and resulting misconceptions
- Integration of safer sex hindered by lack of negotiation skills (partner pressure to act unsafe) and negative attitudes towards condom-use
- PLWH expect that HCW should take the initiative to address SH
- HCW perceive loss of libido as a minor issue compared to overall health improvement due to treatment

Conclusions

We conclude that sexual problems are an important cause of a decreased QOL of PLWH. Health care teams taking care of PLWH need adequate counseling training and improving SH should be an important aim of every HIV treatment/care program. In some countries the integration of SH care issues into HIV-care needs to be recognized to a larger extent.

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