EUROPEAN HIV NURSING CONFERENCE

19-20 October 2014 • Barcelona, Spain
Sexual and reproductive health and HIV

• This session will include
  – Issues around sexual and reproductive health and HIV and the need for integration
  – Examples of challenges, and interventions
  – Case studies illustrating a selection of key issues
  – Discussion
Sexual and reproductive health

• Sexual and reproductive health rights (SRHR) are defined as: the ability to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so

• Integrating with HIV services ensures access to ‘joined up’ support and care
Examples of SRHR/HIV Integration (bi-directional)

**SRHR → HIV**
- Screening for unintended pregnancy and unmet family planning among people living with HIV (ex: preventing mother to child transmission)
- Family planning counseling and commodities in home-based care
- Offer testing and prevention for sexually transmitted infections

**HIV → SRHR**
- Voluntary Counseling and Testing (VCT) for clients at risk for HIV who visit sexual and reproductive health or family planning services
- Dual protection and promotion of condom use
- Post-exposure prophylaxis and emergency contraceptives provided to survivors of sexual violence/rape
A framework for priority linkages

SRH
- Family planning
- Maternal, newborn and child health (MNCH) care
- Management of STIs
- Management of other SRH issues
- Safe abortion

HIV
- Prevention
- Treatment
- Care
- Support

KEY LINKAGES
- Learn HIV status
- Promote safer sex
- Optimise connection between HIV and STI services
- Integrate HIV with MNCH
- Promote dual protection

Specific focus – YKP

• Young key populations include sex workers, MSM, drug users, people living with HIV; they face a number of challenges around sexual and reproductive health

• ...in addition, adolescents (especially girls) living with HIV face jeopardy to their SRHR in many countries, because:
  – Critical time in life when behaviours and identity form
  – Multiple layers and cycles of discrimination
  – Poor provision of information
Young women and girls

• The needs of young women in terms of HIV treatment, care and support, as well as SRH services and information, is lacking

• According to the ICW (2004): Many young women living with HIV are aggressively discouraged from having children, seeking a fulfilling sex life or accessing safe abortion care
Example: Zambia

• Lack of basic information about sexuality and sexual/reproductive health causes confusion for young people:
  – I want to know if I can have a boy friend, because every time I ask my mum she tells me not to; I would also love to learn about safe sex and motherhood.” (PLHIV, 15 years old)
Recommendations

• Prevention strategies must address the **specific needs** of key populations

• **Integrated HIV and SRH services** are vital to maximise care and support

• **Interventions for people living with HIV around SRHR** should include:
  – Informational support
  – Welcoming and informed health care workers
  – An awareness of the **lives** of people living with HIV
Case Studies
Case study 1: Emma

- 19-year old, elite controller, vertical transmission
- Low self esteem and poor self image
- Presented at clinic 3 months pregnant (? planned)
- Commences on ARVs according to BHIVA pregnancy guidance: viral load 100, CD4 640 (Truvada, Atazanavir, Ritonavir)
- Disclosure support
- Parenting/anxiety management around transmission
- Education around contraception
Case study 2: Joe and Jenny

- Joe, 30-years old, diagnosed with HIV 10 years ago
- Jenny, 28-years old and Joe’s long term partner for 7 years, HIV negative
- Decided would like to have a baby
- Joe commenced on Evilpera 11 months ago (for own health and TasP), VL <40 CD4 560 (24%)
- Asymptomatic STI screen booked for both of them (-ve)
- Evidence base around TasP, PrEP explored (pros/cons)
- Appointment made with HIV consultant
- Telephone call received: Jenny is pregnant
Case study 3: Patience

- 47-years old
- Trying to get pregnant for 2 years
- Advised by friend to try a different partner
- Went back to home country (Uganda)
- Reports a few sexual contacts
- Came back to UK concerned about HIV risk
- HIV test performed
- Education given
- Expectations managed
Case study 4: Ruth

- 40-years old
- Viral load <40, CD4 count 500 (28%), Atripla
- 2 Children; 17 years and 9 months old
- Presented at clinic 11/40 pregnant
- Partner left her 3 weeks ago, very tearful and concerned
- Termination of pregnancy arranged
- Contraception implant inserted
- ARVs changed to Eviplera
- Emotional support provided