

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

KEY LINKAGES

SRH

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

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

HIV

- Prevention
- Treatment
- Care
- Support

Source: adapted from WHO (2005), 'Sexual and reproductive health and HIV/AIDS: a framework for priority linkages'.



EUROPEAN HIV NURSING CONFERENCE

19-20 October 2014 • Barcelona, Spain

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 ag , very tearful and concerned
- Termination of pregnancy arranged
- Contraception implant inserted
- ARVs changed to Eviplera
- Emotional support provided