HIV NURSING 2019

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Association of Nurses in AIDS Care

Sexual Health Counselling for people living with HIV

Shaun Watson
Clinical Nurse Specialist (HIV Community)
Chair of the National HIV Nurses Association

HIV NURSING CONFERENCE | 21-22 September 2019 • Rome, Italy

Disclosures

- **I have undertaken paid advisory work and speaking invitations for:**

  ViiV, MSD, Gilead and Pfizer

What is Sexual Health?

Sexual satisfaction is an important element of sexual health and is associated with overall well-being. According to the World Health Organization's definition, sexual health is

"…not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence"

Annual health review for people living with HIV

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A good practice guide

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British HIV Association

GILEAD
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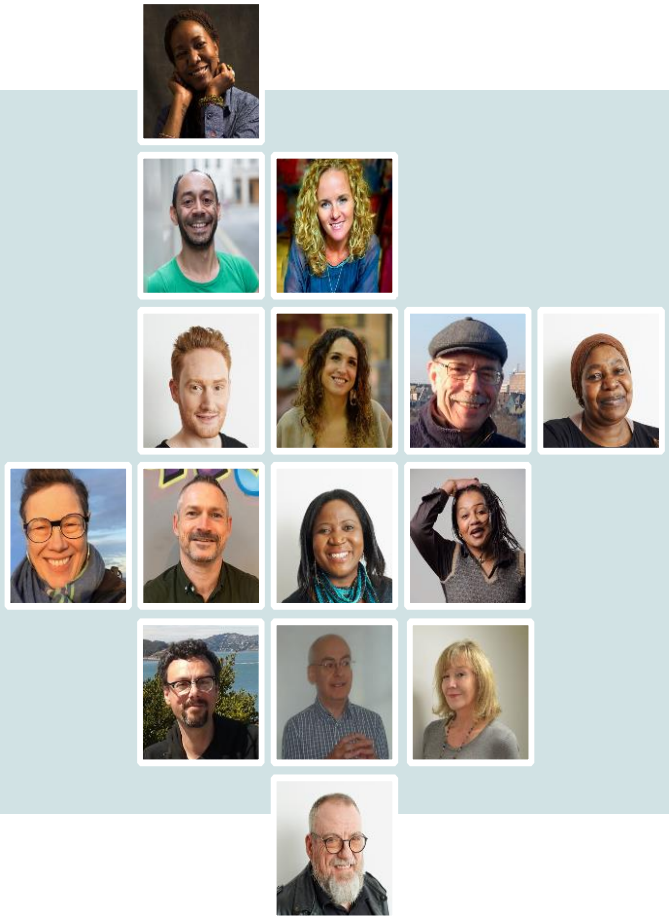
Standards of Care

for People Living with HIV 2018



BHIVA
British HIV Association
STANDARDS OF CARE

EACS
European
AIDS
Clinical
Society

GUIDELINES

Version 9.1
October 2018

English

What Does EACS Say?

European AIDS Clinical Society state that ‘sexual history should be taken on diagnosis and every 6-12 months’. Most of the guidance looks at sexual dysfunction recommending psychosexual counselling around:

1. Desire (lack of sexual desire or libido; desire discrepancy with partner; aversion to sexual activity)

2. Arousal (difficulties with physical and/or subjective sexual arousal; difficulties or inability to achieve or sustain an erection of sufficient rigidity for sexual intercourse i.e. erectile dysfunction; lack or impaired nocturnal erections ; difficulties lubricating; difficulties sustaining arousal)

3. Orgasm (difficulties experiencing orgasm)

4. Pain (pain with sexual activity; difficulties with vaginal/anal penetration–anxiety, muscle tension; lack of sexual satisfaction and pleasure)

What About the BHIVA Standards?

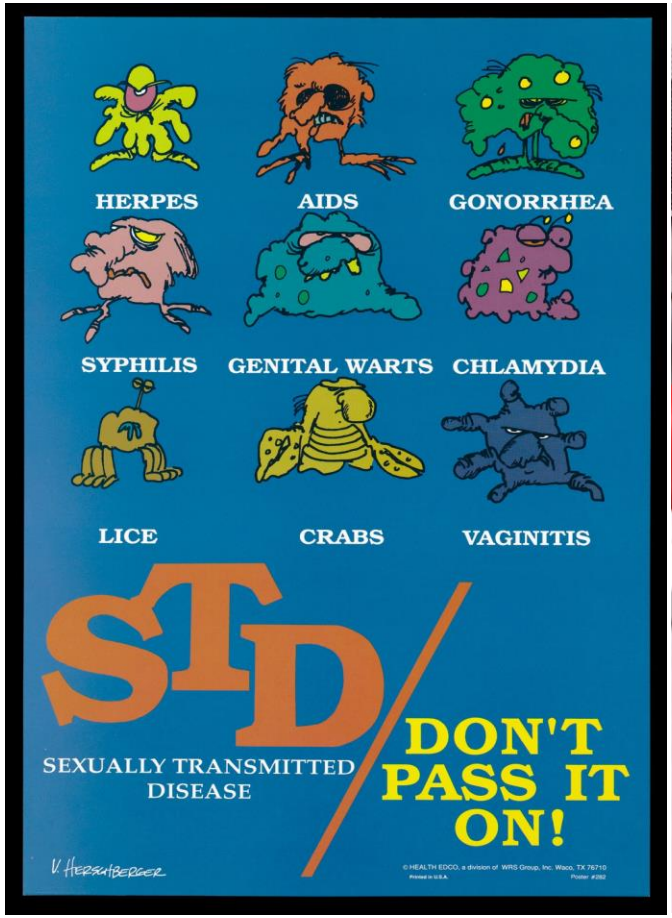
- **Good sexual health is part of good overall health.**
- The impact of living with HIV, a potentially stigmatizing sexually transmissible infection….should not be underestimated, and is **associated with sexual dysfunction and psychosexual morbidity.**
- **People living with HIV and their partners require access to appropriate, culturally sensitive and effective information and support about sexual behaviour and minimizing transmission risks.**
- Practitioners need **knowledge and expertise to be able to sensitively discuss sex and sexuality, safer sexual practices, HIV transmission risk in the context of effective therapy and preventative therapy for contacts, HIV disclosure and fear of criminalization.**

NHIVNA Annual Health Review

Standard 4: Sexual and reproductive health and psychosexual wellbeing

- All people living with HIV should be regularly screened for all sexually transmitted infections and have access to preventative interventions
- All people living with HIV should be supported in establishing and maintaining health and enjoyable sexual lives for themselves and their partners should they want
- All people living with HIV should have access to safe, effective and acceptable methods of contraception

It’s Not Just All About…



Sexual Health & HIV: What are the issues?

- The role of embarrassment, shame and fear - STIGMA
- **Sharing HIV status with others**
- **Fear of Criminalisation in the age of U=U**
- Ageing HIV population
- The moral responsibility – most research looks at safer sex
- **Lack of confidence**
- Change of body Image – weight loss/gain/neuropathy/rashes
- **The condom talk!**
- Lack of pleasure – rarely researched!

Research says…

- **Some HIV-positive people may need more intensive client-centred counselling from professionals to address personality (e.g., sexual compulsiveness, impulsiveness), emotional (anger), and attributional (blaming others for one's HIV infection) dynamics underlying sexual risk behaviour (Crepaz & Marks, 2002)**
- **The prevalence of sexual dissatisfaction is high in both men and women living with HIV. It underscores the importance of a positive response instead of silence in clinical and social work encounters. Staff should initiate a dialogue and offer counselling related to sexual satisfaction (Schönnesson et al, 2018)**

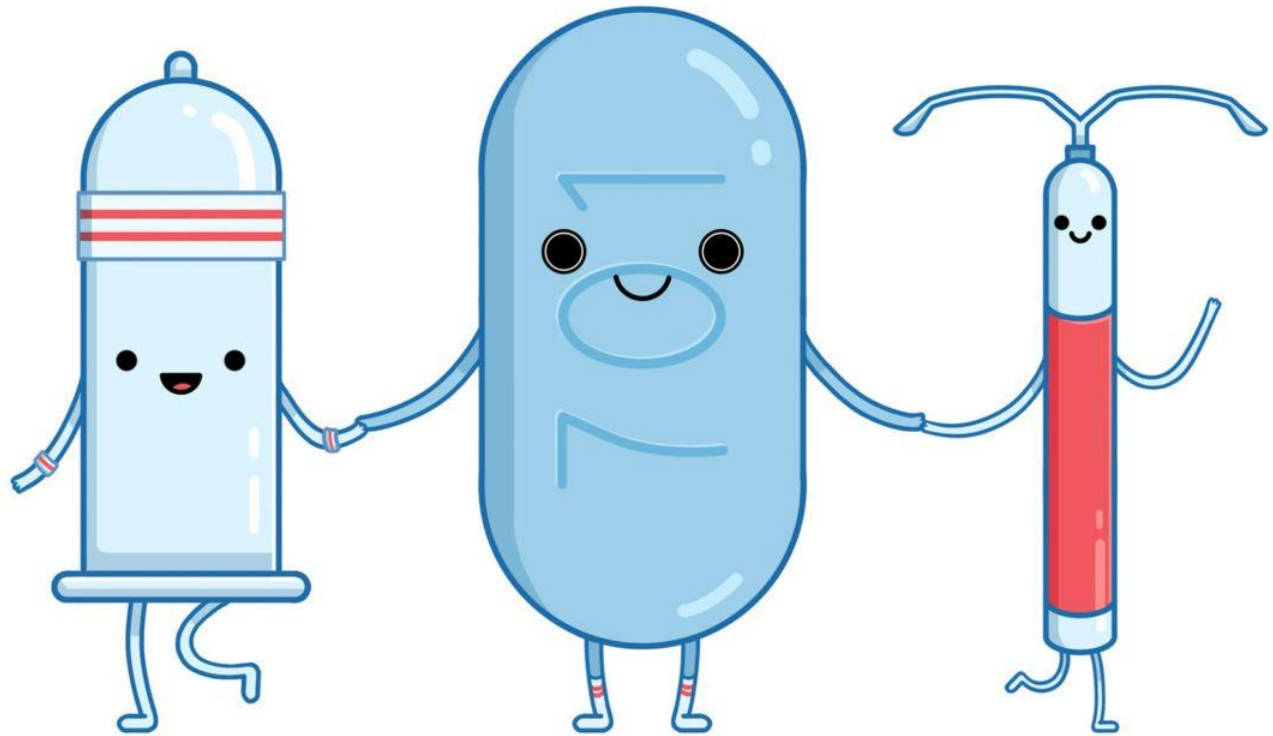
HIV-Stigma

- HIV-stigma can draw upon prejudicial and other negative attitudes to sex and sexuality; where attitudes prevail that identify certain sexual acts as normal, and others as abnormal or perverse, certain sexualities as normal and others as abnormal or perverse, the latter become stigmatised.
- **HIV-stigma might even be related to attitudes about the appropriate amount of sex or number of sexual partners an individual should have, and perhaps this in turn invokes further gendered prejudice (Hutchinson & Dhairyawan, 2017)**
- Patients may delay their presentation because of embarrassment, fear of stigmatisation, or ignorance regarding the seriousness of their symptoms (Spears et al, 1995)

Role of Shame in HIV

- **Shame can prevent an individual from disclosing all the relevant facts about their sexual history.**
- Shame can serve as a barrier to engaging with or being retained in care.
- **Shame can prevent individuals presenting at clinics for STI and HIV testing.**
- Shame can prevent an individual from disclosing their HIV (or STI) status to new sexual partners.
- **Shame makes people want to hide and withdraw from the world and others, it therefore makes the task of living with HIV a far more negative experience than it should, or needs to be (Hutchinson & Dhairyawan, 2017)**

let's talk



about sex

Why Isn't Sexual Health Discussed?

- It's not important
- **Assumption that the person with HIV isn't having sex (age, gender)**
- Presence of a third person in the appointment (partner, interpreter, child)
- **Person living with HIV don't want to discuss it/don't initiate discussion**
- Familiarity – they didn't want to talk about sex previously so it never gets raised again
- **Too embarrassed**
- Not enough time

What my patients say

- “Chance would be a fine thing!”
- “I’ve not had sex in years”
- “I don’t want to have sex since becoming positive”
- “I can’t get an erection and if I do I can’t cum”
- “I’ve got syphilis!”

Older Women and Sexual Health

- **One study among women living with HIV found that fear of stigma, discrimination and disclosure resulted in some self-imposing restrictions on expressions of sexuality and sexual desire (Gurevich et al, 2007)**
- HIV limited older women's ability to experience sexuality and intimacy, resulting in perceptions of "damaged sexuality" and "constrained intimacy" due to stigma and fears of rejection and violence after sharing their HIV status (Nevedal & Sankar, 2015)
- **Being HIV positive is associated with lower sexual function and a higher prevalence of sexual problems,. Almost twice as many women living with HIV reported low sexual function, with two-thirds of women with HIV also reporting at least one sexual problem in the previous year.**
- Postmenopausal status was associated with sexual dysfunction in women with HIV, an association that was not observed in HIV-negative women (Toorabally, 2019)

Older Women and HIV

Taylor et al (2017) highlighted the following characteristics:

1) sexual pleasure increases with age

2) sexual freedom from the fear of pregnancy and traditional gender norms

3) less pleasure due to partner and relationship characteristics

4) changes in sexual abilities - less stamina, flexibility

5) sexual risk behaviors

6) ageist assumptions about their sex lives and serostatus

In My Experience…

- Gay men feel more open to talk about sex to a gay nurse (or maybe it's just me).
- **What are they not telling you?**
- Be honest about boundaries – what are you willing to discuss, what are your limits?
- **Vigilance when visiting someone's home - lube, condoms, poppers, medications, partner(s)**
- Recognize that everyone has sexual needs and wants to discuss it from ages 18 to 88!

What Can We Do?

- **Has U=U been discussed? How has undetectability effected their sex life**
- Be sensitive, non-judgmental, think about body language.
- **Initiate the conversation – get over the embarrassment. If you can't, refer to someone who can. Don't ignore the need to talk about sex.**
- Think about the environment – curtains around a bed offer no privacy
- **Make time or refer to someone who has time (usually a nurse!)**
- Don't focus on what's wrong, talk about what's right, problem solve.
- **Unless it's illegal, talk about it!**

Examples of Questions to Ask

Are you having sex?
Are you having consensual sex?
Is it a good relationship?
Do you have pleasurable sex?
How easy do you find it to talk about HIV with new sexual partners?
Do you understand U=U?
When was the last time you had sex without (drugs/name of drug(s)if discussed)?
Do you have concerns about the kind of sex you have when taking (drugs/name of drug(s) if discussed)

Are you able to sustain an erection? Are you able to ejaculate?

What contraception do you use?
Was your last smear OK?
Do you have any pain/regular bleeding/spotting?

In Conclusion

- While some of the determinants of sexual dissatisfaction are beyond the control of the clinician, other responses such as raising the issue, demonstrating concern, and sex-positive interaction may reduce the client's sense of hopelessness and feelings of sexual isolation.
- The ultimate goal should be to maximize an individual's possibility to recognize herself/himself as a sexual human being who has the right to sexual well-being (Schönnesson et al, 2018)

References

- Crepaz, N. and Marks, G., 2002. Towards an understanding of sexual risk behavior in people living with HIV: a review of social, psychological, and medical findings. *Aids*, *16*(2), pp.135-149.
- European AIDS Clinical Society Guidelines (2018) http://www.eacsociety.org/files/2018_guidelines-9.1-english.pdf
- Hutchinson, P. and Dhairyawan, R., 2017. Shame, stigma, HIV: philosophical reflections. *Medical humanities*, *43*(4), pp.225-230.
- Gurevich M, Mathieson CM, Bower J, Dhayanandhan B. Disciplining bodies, desires and subjectivities: Sexuality and HIV-positive women. Feminism & Psychology. 2007; 17:9–38.
- NHIVNA (2017) https://www.nhivna.org/annual-health-review-for-people-living-with-HIV
- Schönnesson, L.N., Zeluf, G., Garcia-Huidobro, D., Ross, M.W., Eriksson, L.E. and Ekström, A.M., 2018. Sexual (Dis) satisfaction and its contributors among people living with HIV infection in Sweden. *Archives of sexual behavior*, *47*(7), pp.2007-2026.
- Shapiro, K. and Ray, S., 2007. Sexual health for people living with HIV. *Reproductive health matters*, *15*(sup29), pp.67-92.
- Standards of Care for people living with HIV (2018) https://www.bhiva.org/file/KrfaFqLZRlBhg/BHIVA-Standards-of-Care-2018.pdf
- Taylor, T.N., Munoz-Plaza, C.E., Goparaju, L., Martinez, O., Holman, S., Minkoff, H.L., Karpiak, S.E., Gandhi, M., Cohen, M.H., Golub, E.T. and Levine, A.M., 2017. "The pleasure is better as I've gotten older": Sexual health, sexuality, and sexual risk behaviors among older women living with HIV. *Archives of sexual behavior*, *46*(4), pp.1137-1150.
- Toorabally N et al. *Association of HIV status with sexual function in women aged 45-60 in England: results from two national surveys*. AIDS Care, online edition, https://doi.org/10/1080/09540121.2019.1653436.
- World Health Organization. (2016). *Defining sexual health.* Retrieved from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/.

Thank you for inviting me to speak

Shaun.watson@nhs.net