THE EFFECT OF HIV/AIDS ON SEXUALITY AMONG HIV POSITIVE FEMALES ATTENDING SPECIALIST CLINIC

HWANDE. T.S[1], NGWAN. S.D[2], BELABO. D.A[3]

[1,2] Department of Obstetrics and Gynaecology, Federal Medical Centre, Makurdi, Benue State, Nigeria.
[3] Department of Community Medicine, Federal Medical Centre, Makurdi, Benue state, Nigeria

ABSTRACT

Introduction: *The impact and stigma associated with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) has led to different sexual behaviours in affected individuals the resultant lack of proper sexual information and various accompanying misconception has led to a high transmission of HIV in Sub Saharan Africa.*

Methodology: *This study was a cross sectional survey of HIV positive women attending the STI/family planning clinics of FMC Makurdi between January to December, 2010.*

Result: *A total of 145 HIV positive women participated in this survey of which 118(81.4%) were sexually active, 60% of whom did not have their status affecting their sexual behaviour.*

Conclusion: *Counseling on safe sexual practice should be stressed in among HIV positive individuals to reduce the spread of the disease.*

INTRODUCTION

Globally, approximately 80% of all HIV infection is transmitted through sexual intercourse.[1] Sexual transmission can occur when infected sexual secretions of one partner come in contact with the genital, oral or rectal mucous membranes of another. The HIV receptors CCX4 and CCR5 are present in the seminal fluid which is passed from the male to his sexual partners.[2] In high income countries the risk of female to male transmission is 0.04% per act and male to female transmission is 0.08% per act. For various reasons these rates are 4 to 10 times higher in low income countries[3]. In Nigeria, for instance, an estimated 3.1% of adults between ages 15-49 are living with HIV and AIDS.[4] The factors contributing to higher heterosexual transmission of HIV include a lack of information about sexual health and HIV. Issues of sexuality are rarely discussed, in conventional settings for teenagers and young people. Baggaley and colleagues[3] showed that only 20% of women and 25% of men between the ages of 15 and 24 years are able to correctly identify misconceptions about HIV transmission.[3] Lack of accurate information about sexual and reproductive health has contributed to the increase in transmission rates.[3] In some parts of the world, stigma and discrimination towards people living with the virus is mainly due to myths and misconceptions.[5] This leads to issues of disclosure which consequently affects safe sexual and appropriate contraceptive practice. Another factor associated with high heterosexual transmission is high level of STI's such as Chlamydia and gonorrhoea which makes it easier for the virus to be transmitted. Condom use is known to reduce STI's and HIV transmission, but there is low level of condom use in Nigeria.[6] The total number of condoms provided by international donor agencies has been relatively low. One report showed that between 2000 and 2005, the average number of condoms distributed in Nigeria by donors was 5.9 per man per year.[6]

The few studies on sexual practices of HIV positive individuals have shown the need for continued intervention in developing countries. Obi and colleagues showed that 56.5% of HIV positive individuals continue to be sexually active and almost half (47.6%) of them do not know the serostatus of their partners.[7] It also showed that the diagnosis of HIV resulted in increased abstinence due to loss of interest in sex/or loss of partner.[7] Almost half of the positive respondents had sexually related problems in the form of lack of desire, erectile dysfunction and ejaculatory problems.[7]

Favourable trends in incidence in several countries are believed to be due to behavioural changes and prevention programmes[8-10]. These must however be based on knowledge of cultural norms, traditions

and sexual reproductive health practices, which are likely to differ between countries. The issues of stigma, discrimination and non disclosure are factors that fuel HIV transmission between partners. HIV discordance creates a serious dilemma for fertility decision making in couples. As more HIV infected women learn of their status, they will be able to make informed choices about their reproductive health. These choices will include whether or not to have children and how to prevent further transmission of the virus. A recent review of how HIV status affects people's reproductive intentions and behaviour found that the fertility desires of HIV infected women are not that different from those of the uninfected ones.[11]

METHODOLOGY

The study was a cross sectional survey conducted between January to December 2010 among randomly selected women receiving care at the Sexually Transmitted Infection and Family Planning Clinics of Federal Medical Centre, Makurdi.

Structured interviewer administered questionnaires were used in which respondents socio demographic characteristics, sexual and contraceptive practices as well as the desire for children was explored.

The data was analyzed using SPSS version 16. Associations were tested using chi-square with statistical significance set at p=0.05.

RESULTS

A total of 145 HIV positive women were successfully recruited into the study. The mean age of these women was 29.7 ± 5.8 years. Majority of them were in the age range of 26 30 years. The predominant level of education by the respondents was secondary education. Fifty-two (35.9%) women had secondary education while 40 (27.6%), 30(20.7%) and 23(15.9%) women had tertiary, primary and no formal education respectively. In the study, the proportion of married women was higher with 95(65.5%) women. Also, there were 22(15.2%) widows, 15(10.3%) divorcees and 13(9.0%) single women. The mean duration of marriage was 2.5 ± 0.75 years. Christianity was the predominant religion with 132(91.0%) women while only 4(2.8%) women were Muslims.

Most of these women, 118(81.4%) were sexually active While 27(18.6%) women were no longer sexually active. Furthermore, 23(15.9%) of these women had = 2 sexual partners.

Majority of the HIV positive women's Serostatus did not affect their act of sexual intercourse. Eighty seven (60%) women were not affected while 58 (40%) women were affected. (Table 2). Of the 58 women affected by their Serostatus, 20 (29%) women had decreased sexual frequency while 24 (16.6%) were abstinent, 5 (3.4%) women had loss of libido.

Table 1: Sexual activity affected by HIV positive status

Sexual Behaviour	Frequency	Percentage
Sexually Active		
Yes	118	81.4
No	27	18.6
Sexual Activity Affected		
Yes		
No	58	40.0
	87	60.0
Current Number of Sexual Partners		
None		
1	24	16.6
	98	67.6
≥2	23	15.8

Table 2: Effect of HIV positive status on sexual activity

Effect of status on Sexual Activity	Frequency	Percentage
Loss of Libido	5	3.4
Abstinent	24	16.6
Decreased	29	20.0
Not Affected	87	60.0

DISCUSSION

Sex is traditionally a very private subject in Nigeria. The discussion of sex with teenagers is often seen as inappropriate. However, this is the most vulnerable group at risk of HIV transmission. Globally, approximately 80% of all HIV infection is transmitted through sexual intercourse.[1] Sexual transmission can occur when infected sexual secretions of one partner come in contact with the genital, oral or rectal mucous membranes of another. Up till recently there was little or no reproductive health education for young people and this has been a major barrier to reducing rates of HIV and other STIs. There is need for continued study and discussions of safer sexual practices with HIV positive individuals during the course of routine clinical consultation. Lack of accurate information about sexual and reproductive health has contributed to the increase in transmission

rates.[3] This becomes imperative at the centre where this study was carried out due to its being located in the state with the highest prevalence in the country. Most of these women, 118(81.4%) were sexually active. The number of sexually active women in this study was higher than that done by Obi and colleagues[7] which showed that 56.5% of HIV positive individuals continue to be sexually active and almost half (47.6%) of them do not know the serostatus of their partners. This difference may be attributed to the young age and low parity in this study.

The sero-status of these women had profound effect on their sexual lives, 40% of these women had sexually related problems. About 16% became abstinent while 20% had decreased sexual frequency. Stewart and colleagues in a study on contraceptive use among women with HIV in USA showed that a significantly higher proportion of women had their sexuality affected.[11] Some of these women who were abstinent may be due to loss of partner and even depression that may result after testing positive to HIV/AIDS. Those women that had decreased sexual frequency may be due to issues of serodiscordance, ill health and loss of libido from emotional and psychological worries.

In this study, 60% of the HIV positive women had their sexuality unaffected by their serostatus. This may be due to adequate counseling, health education and support from family members. Furthermore, 23(15.9%) of these women had = 2 sexual partners even after the diagnosis of HIV had been made. This can increase the risk of HIV transmission as well as other sexually transmitted infections.

Three decades into the global AIDS pandemic, it is abundantly clear that enormous challenges remain, both in containing and reducing HIV infection rates and helping people with HIV live longer, healthier lives. The HIV infection is now a chronic disease rather than an imminent death sentence. Sex and child bearing are central to the lives of almost everyone including those living with HIV. Effective reproductive health programs must fully accept the human rights of HIV positive men and women to decide whether or not and when to have children and as well as pursue a safe and satisfying sex life[12].

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