

ABC Approach and the Sexual and Reproductive Rights of HIV Positive Women and Adolescent Girls



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Joint EngenderHealth/UNFPA Project

- Improve approaches for addressing the SRH needs of HIV positive women and adolescent girls
 - Raise awareness of policy makers about SRH issues of HIV positive women and adolescent girls
 - Increase capacity of policy makers, program managers and providers to plan and implement SRH services for HIV positive women and adolescent girls
 - Guide development of policy and programmatic guidance and programming and training resources



Project Countries



- Brazil
- Ethiopia
- Ukraine

Research Objectives



- To identify HIV positive women's and adolescent girls', male partners', providers', and policy makers', and community leaders' attitudes about and perceptions of the SRH needs of HIV positive women.
- To identify service barriers and facilitating factors to SRH services for HIV positive women and adolescent girls.

Methodology

- **Qualitative research methods**
 - In-depth interviews [IDIs]
 - Focus group discussions [FGGs]
- **Oral informed consent**
- **Snow-ball and purposive sampling**
- **Research teams consisting of project coordinator and peer researchers trained in each country to collect the data**
- **Data was analyzed using Atlas.ti software, modified grounded theory, and a framework for analyzing health vulnerabilities**



Sampling

<i>Country</i> <i>Respondent</i>	<i>Brazil (São Paulo, Brasilia, Rio de Janeiro, Recife)</i>	<i>Ethiopia (Addis Ababa)</i>	<i>Ukraine (Donetsk)</i>	<i>All</i>
Adolescents (15-19)	8 (1 FGD)	Not included	Not included	8
Women (18-24 yrs)	-	13 (2 FDGs)	4 (IDIs)	17
Women (25-45 yrs)	-	15 (2FDGs)	12 (IDIs)	27
Women (22-45 yrs)	32 (3 FGDs)	-	-	32
Total HIV Positive Women	40 (4 FGDs)	28 (4 FGDs)	16 (IDIs)	84
Male Partners	8 (1 FGD)	13 (2 FGDs)	7 (IDIs)	28
Providers	16 (IDIs)	13 (IDIs)	9 (IDIs)	38
Policy Influentials	12 (IDIs)	9 (IDIs)	11 (IDIs)	42
<i>TOTAL RESPONDENTS</i>	<i>76</i>	<i>64</i>	<i>43</i>	<i>192</i>

Emerging Issues

- Policy-maker and provider beliefs and attitudes regarding autonomous SRH decision-making are mixed
- HIV-positive adolescent girls have distinct needs
- Method bias to condoms and abstinence only
- HIV positive women and adolescent girls don't perceive they have SRH rights



Provider and Policymaker Perspectives: Fertility

“There is still much apprehension from our side to encourage those women to get pregnant and perhaps give birth to infected babies. I think that this can become a very serious health problem for the country and the world.”

Provider, São Paulo, Brazil

“It's a pity, there are many people who think, that HIV-infection is an indication, that this woman has no right to have children.”

Policy maker, Ukraine

Needs of Adolescent Girls

“ We've been greatly concerned about the lack of projects aimed at HIV positive adolescents and young women. There aren't any here. There are several ones for HIV negative - men and women - but no one for HIV positive young girls. They have different needs and do not identify themselves to the adults who participate in the NGOs support group, for example. Also, works developed in Brazil today are aimed at HIV positive adolescent boys and girls, without any gender perspective. They are all together as if there were no differences. I think it's very serious cause there have been more and more cases of infection among adolescents and they've been excluded.”

Policy maker, Recife, Brazil

ABC Approach

“Well, of course, I would like to know the state of a husband and it would also depend on her health. We would then search for appropriate methods. If the sexual partner isn't infected then of course condoms must be used.”

Provider, Ukraine

Condoms: dual protection over dual methods?

“Like most women in this community, condom is not their first choice. Either they want contraceptive injection or tablets. But after we explain the multiple advantages of using condom then they decide to use condom.”

Provider, Ethiopia

Family Planning as Prevention

“Perhaps we may even scare patients a little, but since we work on prevention, our greatest apprehension is that they may infect someone else, other people, for many of the women we see have promiscuous behaviors. We have patients here who are prostitutes and aren't concerned with their partners. We try to get it through to them that they have to prevent the epidemic, the contamination. Rather we work on the preventive medicine part, on prevention of infection and gynecological cancer. Family planning is not our priority.”

Provider, Sao Paulo, Brazil

Client Perspectives: Fertility

"Maybe things are changing now but no one encourages or at least supports a person living with the virus giving birth. Even health professionals advise you to stop childbirth if they know that you are HIV positive so I think it will be difficult for a woman living with the virus to access the service. It would be easier for HIV + women if others could understand their needs and leave the decision to them."

*35 year old woman, 3 children, SP,
Brazil*

Client Perspectives: Sexuality

"I have been counseled that sex is the main cause for shortening life of the married couple and I was advised to stop sexual relations. So I have made the decision after receiving the advice. I am glad that I did because it helped me to stay healthy."

32 year old woman, 1 child, Ethiopia

My method, my partner



"I have decided to use condom but my husband is not willing to use it. We have a lot of condoms at home but we never use them. Now he is taking treatment for the HIV virus and I have tried to explain to him that the virus we have may be different and it might create more problem to us but he still refuses to do so. So although I want to practice safer sex using condom I couldn't. I am a housewife who doesn't have any source of income and I am totally dependent on him so I don't have a choice. However I am using contraceptive injection to prevent pregnancy."

30 year old woman, 3 children, Brazil

Limitations



- Interviews mostly conducted with providers and policy makers close to HIV/AIDS issues
- HIV positive women and their partners identified through a PLHIV network.
- Research was conducted only with participants in one or two districts in each country.
- With the exception of Brazil adolescents were not sampled in the research.

Conclusions



- Variable availability, quality.....access to SRH counselling, particularly for adolescent girls
- Limited FP knowledge and awareness of SRH rights among HIV-positive women and adolescent girls and their male partners
- Major provider knowledge gaps and strong method bias towards condoms & abstinence
- Condoms and abstinence rarely used by clients
- Dual protection understood but not applied in counselling HIV-positive women and adolescent girls.

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