

Abstract

1: Introduction

A diagnosis of HIV could result in changes in sexual and reproductive health (SRH) decisions in people living with HIV (PLHIV). Improved SRH is necessary to prevent partner and mother to child transmission (PMTCT) as well as improve the quality of life of PLHIV.

2: Objective

To describe knowledge, attitudes and practices regarding sexual and reproductive health needs among PLHIV attending central HIV clinic, Colombo, Sri Lanka.

3: Methodology

A descriptive cross sectional study was done among 253 adult attendees to the central HIV clinic, using systematic random sampling technique. Mentally and severely ill patients were excluded. Socio-demographic, clinical and KAP regarding SRH were collected using a pretested interviewer administered questionnaire. Knowledge and attitude scores were given and analyzed using SPSS 17.

4: Results

Out of the total of 697 of PLHIV followed up at central HIV clinic, Colombo, sample of 253 PLHIV attended the central HIV clinic, whose knowledge, attitudes and practices regarding sexual and reproductive health needs were assessed, majority were in 36 to 50 year age groups. Mean age of the sample was 42 years (SD 10.5). Male to female ratio was 2.7: 1. Majority were Sinhalese, residing in western province. Viral suppression with undetectable viral loads of less than 34/copies per ml was seen in 74% and 16% having detectable viral loads. Approximately 39% were having a CD4 more than 500 cells/microliter and 94% were on ART.

All four sexual health knowledge questions were correctly answered by 86% (n=218) while at least one knowledge question was incorrect at 14% (n=35). One point was given to each correct sexual health knowledge response. Overall average sexual health knowledge score of a PLHIV was 3.77 out of a total score of 4. There were 245 (97%) responders who had a knowledge score of 2 or more. There were only 8 (3%) responders who had knowledge scores less than 2. When sexual health knowledge scores were cross tabulated, those who were educated more than GCE O/L or higher had significant association ($p < 0.05$) with better sexual health knowledge scores. Those who were on ART for more than 1 year had significant association ($p < 0.05$) with better sexual health knowledge scores. There was no significant difference of sexual health knowledge scores with age and gender.

Overall average sexual health attitude score was 3.1 out of 4 total scores. There were 238 (94%) responders who had an attitude score of 2 or more. There were only 15 (6%) responders who had a sexual health attitude score less than 2. When sexual health knowledge score was cross tabulated, positive sexual health attitude showed significant association with being male ($p < 0.05$). Those educated up to GCE O/L or higher also showed a significant association ($p < 0.05$) with positive sexual health attitudes. Those on ART more than one year also showed a significant association ($p < 0.05$) with positive sexual health attitudes. There was no significant association between positive sexual health attitude and age of PLHIV.

When evaluating sexual health practices of PLHIV, only 10% (n=25) of PLHIV said that they had multiple partners. Nearly 98% (n=246) were willing to undergo annual STI screening. Out of the 130 PLHIV who had sexual partners, the last sexual encounter was protected with condoms in 90% (N=117). The regular frequency of sexual activity has not changed after diagnosis of HIV in 18% (n=45) the frequency of sexual activity has reduced than before in 30% (n=75) and sexual activity has stopped completely in 51% (n=130).

In the reproductive health knowledge component, more than 50% did not know the correct answer to 3.1.2 and 3.1.3 questions. These were regarding female reproductive components and the majority were male PLHIV. Most females (88%)

answered the question on annual pap screening correctly while most males (97%) were incorrect. Nearly half (54%) didn't give correct answers to the question regarding the fertility period of a woman and its relationship to the menstrual period. However overall average reproductive health knowledge score was 2.51 out of 4 total scores. When reproductive health knowledge score was cross tabulated with age, gender, education and ART duration. Those who were educated more than GCE O/L or higher had better reproductive health knowledge scores ($p < 0.05$). Those who were on ART for more than 1 year had better reproductive health knowledge scores ($p < 0.05$). There was no significant difference in reproductive health knowledge scores and age, gender.

Overall average reproductive health attitude score was 2.6 out of 4 total scores. When reproductive health attitude score was cross tabulated with age, gender, education and ART duration. A positive reproductive health attitude was seen more in those educated up to GCE O/L or higher ($p < 0.05$) . No significant difference was observed in age, gender and ART duration.

When considering the practices regarding reproductive health, of those who practiced a family planning method 32% (n=80) most used condoms: 72% (n=58) while 25% (n=20) had undergone LRT. Only 3% (n=2) used Depo-Provera. From those who said did not practice family planning method, 67% (n=115) did not have sexual relations, 16% (n=27) were not in the reproductive age and 13% (n=23) were having same sex relations. There was 16% (n=41) of PLHIV who had a desire to have new offspring after HIV diagnosis and had taken reproductive health advice from the HIV clinic.

This study showed a satisfactory level of SRH knowledge attitudes and practices among PLHIV. However, further knowledge improvement is needed in relation to cervical screening and aspects in reproductive health.

Discussion

Most of PLHIV had adequate knowledge regarding transmission, consistent condom use and regarding the legal aspects such as sexual assault.

All four sexual health knowledge questions were correctly answered by majority which was a positive finding and it showed significant association with the level of education. However, finding knowledge gaps and addressing them is needed. Most PLHIV had positive attitudes regarding sexual health. Most PLHIV did not have high risk sexual practices and underwent annual STI screening. Nearly half of the PLHIV are practicing sexual abstinence following diagnosis of HIV.

Overall average reproductive health knowledge and attitude score were satisfactory but further improvements are needed. There was 16% of PLHIV who had a desire to have new offspring after HIV diagnosis and had taken reproductive health advice from the HIV clinic. This percentage might further increase with increased life expectancy and quality of life of PLHIV. Therefore it is appropriate that the central HIV clinic should be geared to cater their expectations.

Conclusion

This study showed a satisfactory level of SRH knowledge, attitudes and practices among PLHIV. However, further knowledge improvement is needed in relation to cervical screening and aspects in female reproductive health in male PLHIV.

Key words :Knowledge, Attitudes and Practices, Sexual and Reproductive Health, People Living with HIV, HIV clinic, Colombo, Sri Lanka