P2-S7.03 PREGNANCY AND CONTRACEPTIVE EXPERIENCES OF WOMEN LIVING WITH HIV IN MEXICO
Background In Mexico new HIV infections are occurring increasingly in women, but little is known about the experiences of women with HIV/AIDS seeking sexual and reproductive healthcare.
Methods In four states we conducted in-depth interviews with HIV-positive women who were pregnant or had been pregnant within the last 5 years. Participants were recruited through hospitals and clinics providing HIV care and through NGOs providing health and social services for people living with HIV.
Results Participants reported that the information and care they received were inadequate and influenced more by their providers’ personal opinions than by their own fertility desires. They experienced provider discrimination and pressure to use particular contraceptive methods. HIV specialists and OB/GYNs differed significantly in practice, with HIV specialists focusing on prevention and condom use while OB/GYNs focused on long-acting or permanent methods of contraception. Due to gaps in contraceptive counselling and options many women had unplanned pregnancies while others resorted to sterilisation or abstinence. Furthermore, few women received adequate prenatal care and counselling on pregnancy options.
Conclusions The health sector seems to focus narrowly on disease prevention and treatment lacking a holistic approach to women’s wellbeing. The experiences of women living with HIV/AIDS reveal discrepancies between policy and practice in Mexico as manifested in gaps and inconsistency in healthcare services and even failures to respect patient confidentiality and human rights. The health sector should improve the integration of HIV and sexual and reproductive healthcare through cross-training HIV specialists and OB/GYNs, and by continued sensitisation of all providers on the topic.

P2-S7.04 MAXIMISING THE IMPACT OF POSITIVE PREVENTION PRACTICES IN PEOPLE LIVING WITH HIV: LEARNING’S FROM KARNATAKA, SOUTH INDIA
Background In Mexico new HIV infections are occurring increasingly in women, but little is known about the experiences of women with HIV/AIDS seeking sexual and reproductive healthcare.
Methods In four states we conducted in-depth interviews with HIV-positive women who were pregnant or had been pregnant within the last 5 years. Participants were recruited through hospitals and clinics providing HIV care and through NGOs providing health and social services for people living with HIV.
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Conclusions The health sector seems to focus narrowly on disease prevention and treatment lacking a holistic approach to women’s wellbeing. The experiences of women living with HIV/AIDS reveal discrepancies between policy and practice in Mexico as manifested in gaps and inconsistency in healthcare services and even failures to respect patient confidentiality and human rights. The health sector should improve the integration of HIV and sexual and reproductive healthcare through cross-training HIV specialists and OB/GYNs, and by continued sensitisation of all providers on the topic.

P2-S7.05 ASSESSING THE QUALITY OF LIFE OF HIV/AIDS PATIENTS ON ARV THERAPY AND THEIR CAREGIVERS AT THE NATIONAL HOSPITAL ABUJA
K Arogunyo, C Asuzu. 1University of Ibadan, Ibadan, Nigeria; 2I & R Communications.
Background We tried to understand the positive prevention practices in people living with HIV in Karnataka with specific focus on behaviours related to seeking treatment for sexually transmitted diseases and condom use. This gives an indication of programmatic efforts to further halt the transmission of virus and promote healthy behaviours within communities.
Methods During 2010, a cross-sectional survey was administered to 282 PLHIV across three districts of Karnataka in the context of large scale HIV care and support program. Information related to positive prevention practices surrounding STIs and condom use were collected, as well as socio-demographic details.
Results Of the eligible 338 PLHIV, 282 participated with a response rate of 83.7% (144 men and 139 women). Majority of the men were married (66%) while women were either widowed or separated (57%). Knowledge about STIs among women was better than men (94.5%, 51.1%), but women reported more STIs in the last one year compared to men (36.3%: 14.7%, p<0.001). 17.5% of never married, 21% of married and 55% of separated/widowed also reported STIs. 98.6% of those who reported STIs had accessed treatment, but only 54.7% completed treatment for any particular STI. Treatment completion rate for separated or divorced PLHIVs was poorest (60.7%). Reported condom use with regular partners was reported as lowest by the widowed persons (50%) followed by elderly PLHIVs (61%) and never married (71%). People who were contacted by peer supported programs reported better knowledge about STIs and more consistent condom use with regular partners (86% vs 78%, p<0.01).
Conclusions The study reveals that certain profiles of people living with HIV such as females in general and widows in particular; younger and never married PLHIVs are more vulnerable than the rest and hence need more attention in terms of prevention efforts by the programs. Better micro-planning and peer mediated outreach efforts focused on these profiles can yield better impact in resource constrained settings.

P2-S7.06 MAXIMISING THE IMPACT OF POSITIVE PREVENTION PRACTICES IN PEOPLE LIVING WITH HIV: LEARNING’S FROM KARNATAKA, SOUTH INDIA
Background We tried to understand the positive prevention practices in people living with HIV in Karnataka with specific focus on behaviours related to seeking treatment for sexually transmitted diseases and condom use. This gives an indication of programmatic efforts to further halt the transmission of virus and promote healthy behaviours within communities.
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