

# **Gender-related differences in sexual and reproductive health services for people living with HIV (PLWH) in Europe**

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## **Background**

**In Europe, counseling of people living with HIV (PLHIV) in sexual and reproductive health (SRH) services has increasingly gained attention.**

**While SRH-related needs differ between women and men, little is known about how services respond to such gender-specific needs.**

**This presentation determines differences between HIV-positive women, heterosexual men and men who have sex with men (MSM) in utilization and satisfaction with received SRH-services.**

## **Methods**

**Cross-sectional study, carried out in 14 Western and Central/Eastern European countries**

**Participants were recruited at HIV outpatient clinics associated with the ES 5 Study Group and the Swiss HIV Cohort Study**

**Data were collected using an anonymous, standardized self-administered questionnaire**

**Data were analyzed by using descriptive statistics stratified by sex and sexual orientation**

## Sample description: Personal resources

	MSM (838)	Heterosexual men (287)	Women (364)	Total (1489)
<b>Transmission mode***</b>				
Sexual contact	<b>87.5% (733)</b>	44.9% (129)	56.0% (204)	71.6% (1066)
IDU	1.3% (11)	<b>22.0% (63)</b>	<b>22.5% (82)</b>	10.5% (156)
Blood transfusion	0.4% (3)	<b>6.6% (19)</b>	1.1% (4)	1.7% (26)
Occupational risk	0.4% (3)	1.4% (4)	1.4% (5)	0.8% (12)
MTC	0.0% (0)	<b>3.8% (11)</b>	<b>3.0% (11)</b>	1.5% (22)
Unknown	8.7% (73)	<b>17.5% (50)</b>	14.3% (52)	11.8% (175)
n.a.	1.7% (14)	3.8% (11)	2.7% (6)	2.1% (32)
<b>ART*</b>	77.3% (648)	<b>85.0% (244)</b>	80.2% (292)	79.5% (1184)
<b>Viral load undetectable** (N=1184)</b>	77.5% (502)	<b>67.6% (165)</b>	72.9% (213)	74.3% (880)
<b>Physical impairments</b>	27.3% (229)	23.0% (66)	26.4% (96)	26.3% (391)
<b>Use of psychotropics past 6 months</b>	53.74% (450)	46.3% (133)	52.5% (191)	52.0% (774)

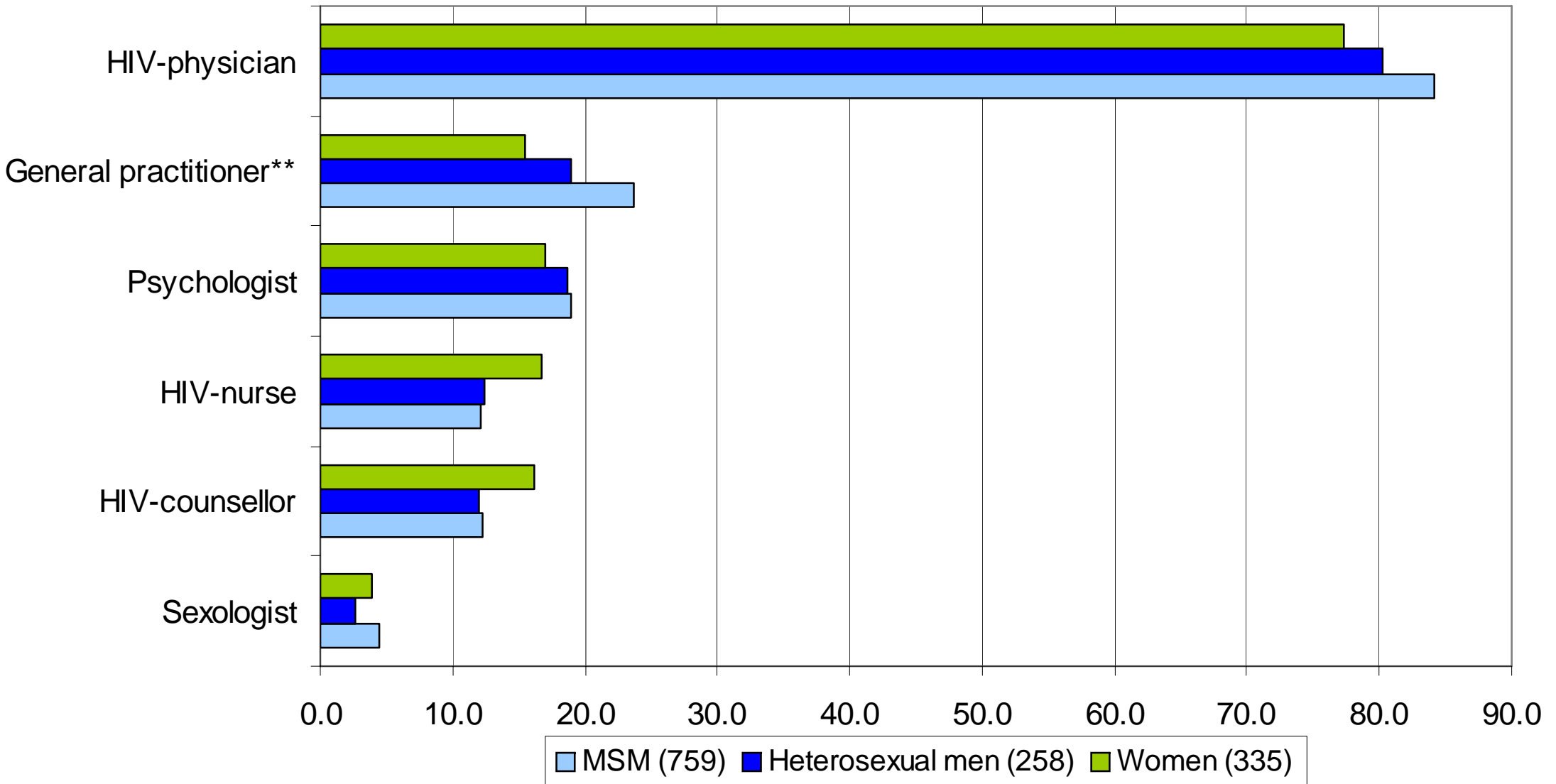
Chi-Square-Test, \*\*\*p<0.001, \*\*p<0.01

## Sample description: Economic, cultural and social resources

	MSM (838)	Heterosexual men (287)	Women (364)	Total (1489)
<b>Education***</b>				
None	5.0% (42)	5.6% (16)	<b>8.0% (29)</b>	5.9% (87)
Compulsary school	8.7% (73)	<b>16.7% (48)</b>	14.3% (52)	11.6% (173)
College, maturity, teacher's training	16.3% (137)	17.1% (49)	<b>30.0% (109)</b>	19.8% (295)
Apprenticeship	22.3% (187)	<b>28.9% (83)</b>	20.3% (74)	23.1% (344)
Higher education	<b>42.1% (353)</b>	26.8% (77)	24.7% (90)	34.9% (520)
n.a.	5.6% (46)	4.9% (14)	2.7% (10)	4.7% (70)
<b>Employed***</b>	<b>67.2% (563)</b>	59.6% (171)	<b>52.2% (190)</b>	62.1 (924)
<b>Financial problems***</b>	30.0% (251)	34.8% (100)	<b>45.9% (167)</b>	34.8% (518)
<b>Living with a partner</b>	41.5% (348)	49.1% (141)	44.2% (161)	43.7% (650)
<b>Living with children***</b>	2.3% (19)	21.6% (62)	<b>30.5% (111)</b>	12.9% (192)
<b>Migration background***</b>	<b>16.5% (138)</b>	23.7% (68)	<b>28.8% (105)</b>	20.9% (311)

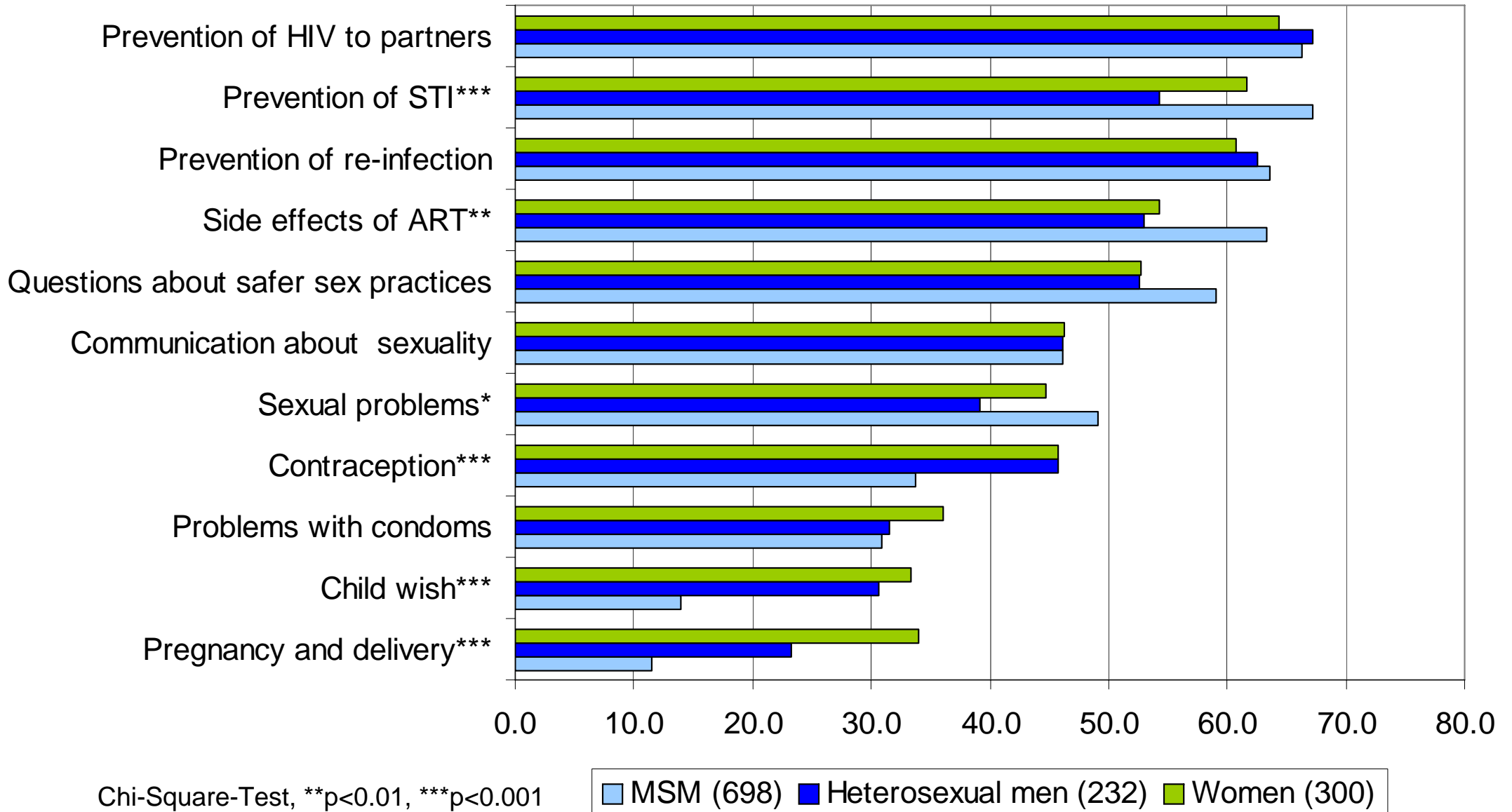
Chi-Square-Test, \*\*\*p<0.001

**Figure 1: Discussion of SRH-issues (N=1352, 90.8%)**

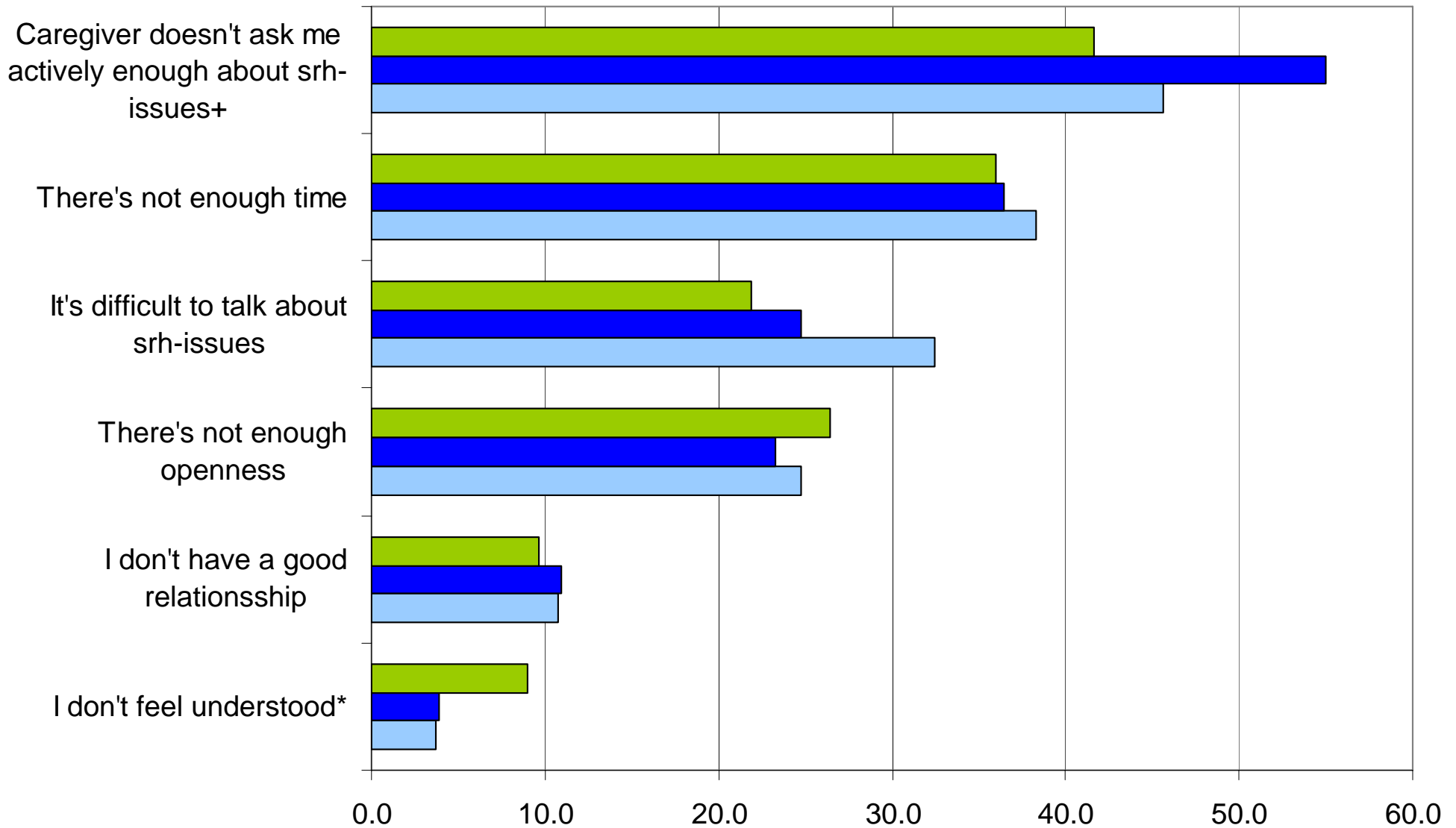


Chi-Square-Test, \*\*p<0.01

**Figure 2: Discussed SRH-issues (N=1230, 82.6%)**



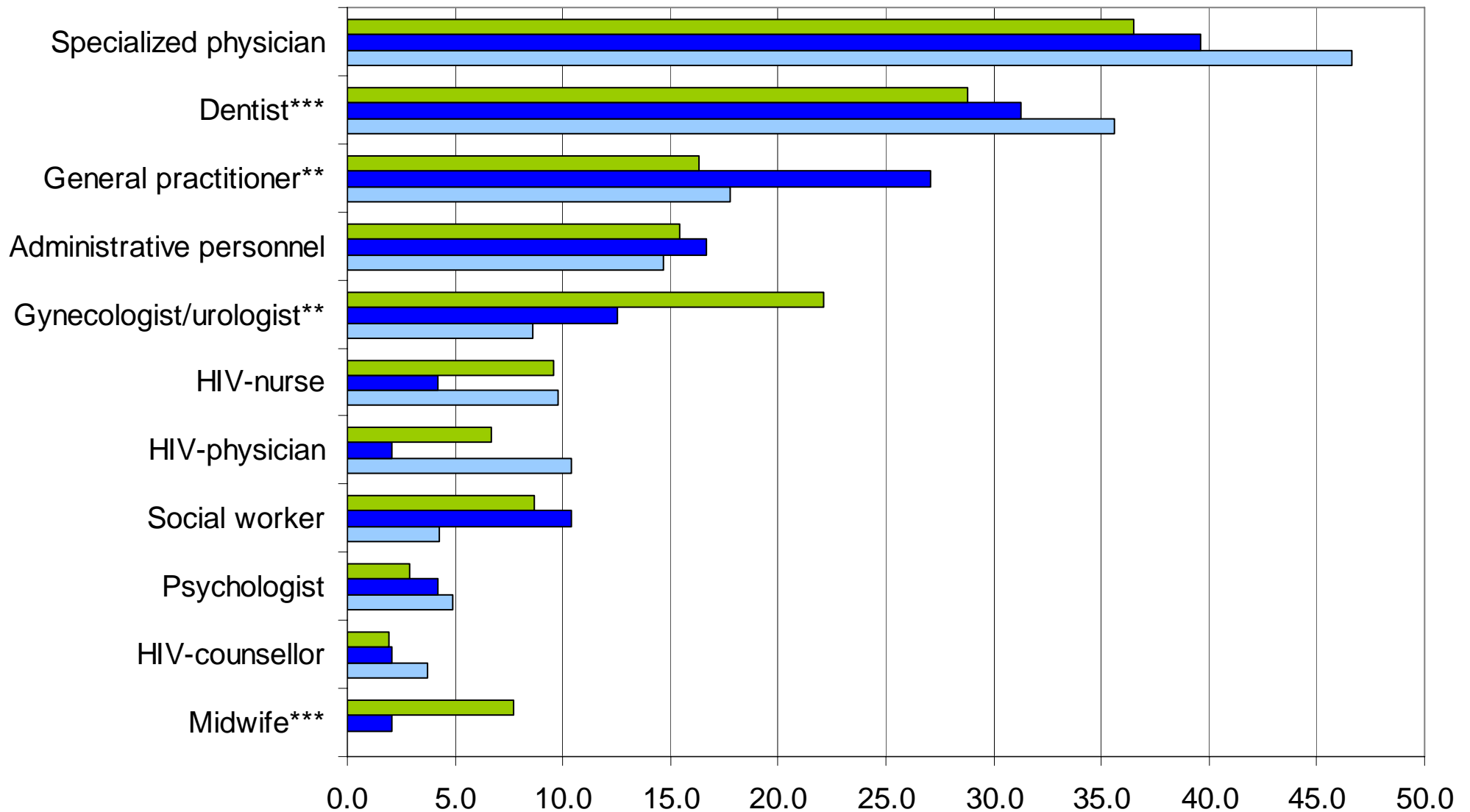
**Figure 3: Complaints about SRH-services (N=686, 46.1%)**



Chi-Square-Test, +p<0.1, \*p<0.5

MSM (379) Heterosexual men (129) Women (178)

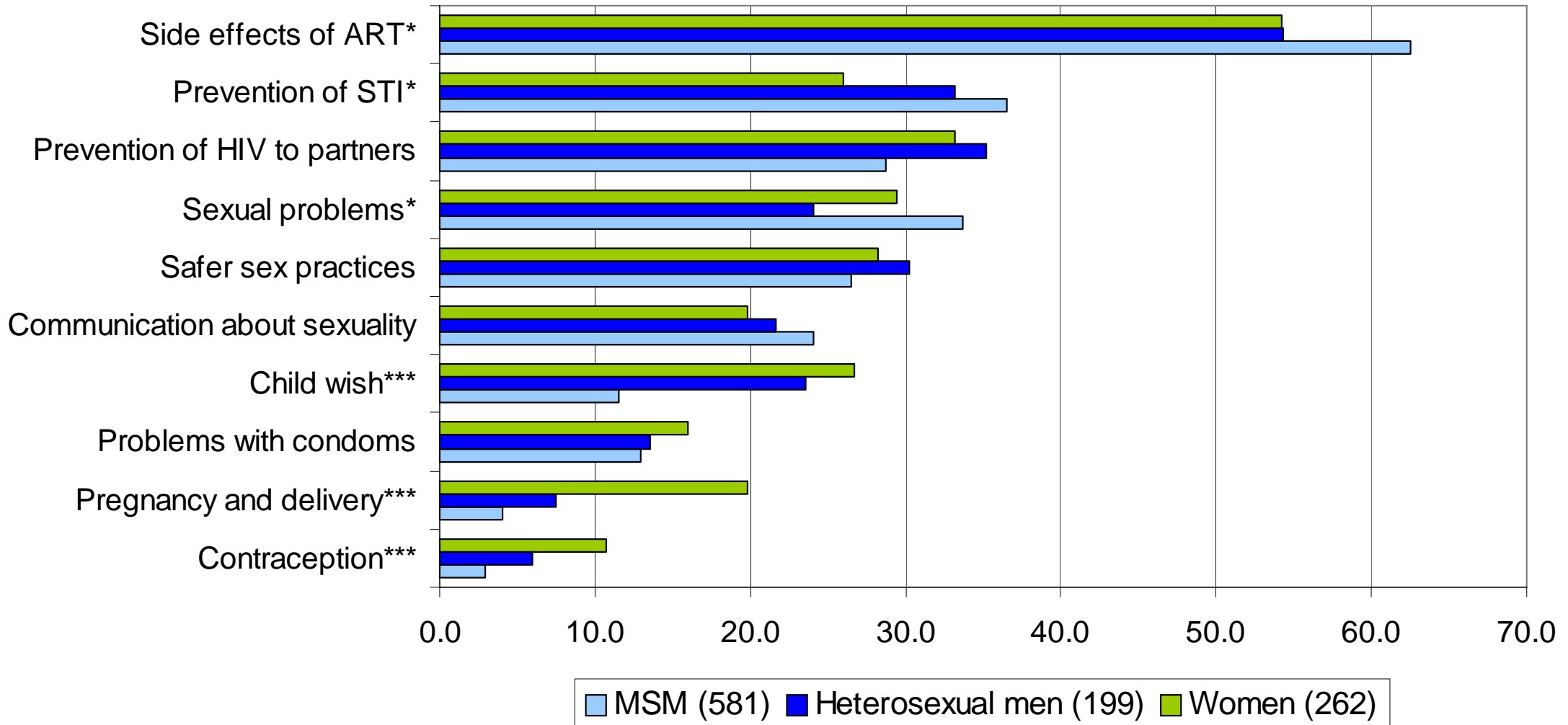
**Figure 4: Experienced discrimination against by health care providers (N=315, 21.2%)**



Chi-Square-Test, \*\*p<0.01, \*\*\*p<0.001

MSM (163) heterosexual men (48) women (104)

**Figure 5: Support needs relating to SRH-issues (N=1042, 70.0%)**



Chi-Square-Test, \*p<.05, \*\*\*p<0.001

## **Conclusion**

### **SRH-issues were often discussed in medical consultation**

- But with a main focus on prevention, but less focus on a broader SRH context

### **Health care providers should pro-actively initiate the discussion**

## Conclusion

### **The problems related to SRH and the support needs varied by gender**

- Health care providers should help HIV-positive MSM in dealing with side effects of ART and sexual problems, also prevention of other STI to improve their sexual health
- Women and heterosexual men should be supported in adopting safer sex practices
- Women should get more support in dealing with sexual problems and in questions concerning child desire, pregnancy and birth

## **Conclusion**

### **Women in particular need opportunities to talk about their SRH-needs without the fear of stigmatization**

- Sensitizing medical care providers, in particular gynecologists and midwives, in general also other specialized physicians, general practitioners and dentists

## Acknowledgements

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# Thank you for your attention!