

The ART of safe sex

A small study exploring perceptions of risk, safe sex and the severity of HIV and AIDS showed that people on antiretroviral therapy (ART) were less careful in practising safe sex. The study showed a need to communicate appropriate HIV-prevention messages to those on treatment, says study leader, VUYISWA MATHAMBO.

ART IS KNOWN TO REDUCE VIRAL LOADS, AIDS-related illnesses and deaths, and to improve the quality of life of those taking this treatment. But concerns have been raised about the perceptions of risk as well as the behaviour of those receiving ART.

The study involved a survey on sexual practices and the incidence of sexually transmitted infections (STIs) in the past 2–3 months among 104 HIV-positive men and women who had been receiving ART for more than 6 months, and 111 HIV-positive men and women not receiving ART at the time of the study.

The demographic characteristics of both the treatment and non-treatment groups were similar. Most respondents were women aged 26–30, unmarried, with a secondary-level qualification and unemployed.

In both groups, the majority of respondents were told they were HIV-positive in 2004. This is indicative of the time at which the clinic started offering HIV clinical care. Although all respondents had disclosed their status in the treatment group, five had not done so in the non-treatment group, mainly due to the fear of discrimination.

Respondents in both groups were interviewed on their perceptions of the severity of HIV and AIDS and on how often they practised safe sex. Figure 1 below shows that a higher proportion of respondents in the treatment group compared to those in the non-treatment group viewed AIDS to be no longer a life threatening disease, and reported practising safe sex less often since starting treatment six months ago. Furthermore, a higher proportion of respondents in the treatment group disagreed with the statement ‘being HIV-positive is still a big deal now that treatments are available’.

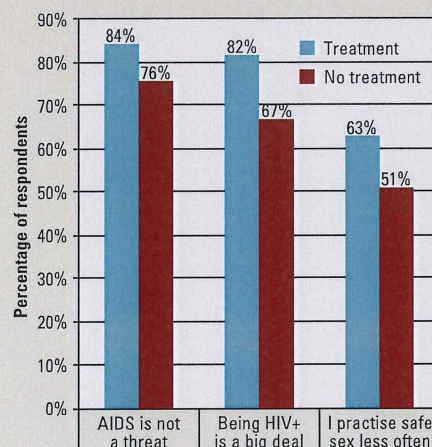


Figure 1: Perceived severity of HIV and AIDS by treatment group

While acknowledging the difficulty of linking risk perceptions and sexual practices, it was notable that some respondents had sought treatment for STIs in both groups in the past 2–3 months. Of the 69 respondents who had had sexual relations in the non-treatment group, it was worrying that 22 had sought treatment for STIs in the past 2–3 months.

Although only 9 (out of 71) respondents had sought treatment for STIs in the treatment group, it was noteworthy that 2 had sought treatment for 2 illness episodes during the

period under review. The proportion of respondents seeking STI treatment in the treatment group could be suggestive of their improved access to reproductive-health services or of their reluctance to report these illness episodes since starting treatment.

It should be noted that the study site is located within a hospital founded on a Catholic ethos. As such, condom use was encouraged but condoms were not necessarily available at the clinic. Poor access to condoms within the clinic may have been a barrier to some respondents who wanted to practice safe sex but could not afford to buy condoms.

In seeking to protect patients and their partners from the risks of unsafe sex, health workers have to find innovative ways of facilitating patients’ access to condoms and other forms of contraception, and of communicating prevention messages. It seems that telling HIV-positive sexually active adults to be ‘well-behaved’ is a bit short-sighted. ●

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‘We were told to be well-behaved so that we can live longer’.

Secondary prevention messages for heterosexual men and women receiving antiretroviral treatment



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