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Strengthening the evidence base
for integrating HIV and SRH services

Women's perceptions of the role of health services in preventing and addressing IPV following HIV disclosure

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Introduction

- Some significant literature exploring HIV as a risk factor for IPV
- Despite its potential preventive health benefits and care implications, HIV disclosure to sexual partners has been widely reported as a major source of stress for WLWH, with many fearing social adverse outcomes
- Pressure by HS to bring partners for testing

Study aims



- To explore WLWH perceptions and experiences of IPV risks following disclosure to their partners.
- To analyse women's perceptions of the role of HP in preventing and addressing IPV, especially following HIV disclosure

Study methods & participants characteristics

- Semi-structured qualitative interviews with 30 WLWH
- IDIs conducted with a cohort of purposely selected HIV positive women attending SRH clinics in two provinces
- Majority were married or with a partner
- Over half of them had 3 or more children
- Nearly all of them were on ARVs
- Most were using FP
- Nearly all reported having disclosed their HIV status to someone

IPV experiences after HIV infection

- **Nearly a third** reported IPV post-disclosure: physical and psychological abuse (controlling behavior, verbal abuse, infidelity)
- commonly reported were blame, separation and loss of material support
- All reported that this did not affect their access to health services

“I told the partner I had long time ago and he left me. He deserted me. He told me that I am the one who went looking for it [HIV] there; while him, he just stayed there. He wanted to beat me and we separated”. [...] He refused to provide for the food and told me to go and look for the food where I got HIV”. [04_05_35]

Risk factors for IPV post-disclosure

Relational triggers of IPV

- Sero-discordance
- Asymmetrical disclosure
- Requesting partner to test
- Condom use

.... sero-concordance was often linked to less negative reactions (once partner new HIV status)

“When my husband discovered that I was positive and he was negative, he did not want to see me. I was the cause for the children to be positive, he abused me and quarrelled me until everybody knew. [...] It was bad because we used to fight daily without any reason” [060108]

Experiences with post-HCT and disclosure

- Many were told to disclose to someone close in order to be supported when sick
- Some were warned about potential stigma following disclosure
- Though several did not get any counselling on disclosure and potential IPV risk
- Only a couple got option of facilitated disclosure to reduce IPV risk

“I was asked [by HP at ANC] to go and come with him. When I went and explained to him, he asked me why he was being called and I told him the doctor is calling him. The doctor said I go and come with him. He didn’t say why he was calling him. He told me ‘I am not going, you go and do what you are told’. I came and told the doctor and he told me to go and tell him I have been tested and found HIV + and they want to know his status. I went and told him. He didn’t.”
[140433]

Views on role of HP in addressing IPV

- Many believed that HP can support women who experienced IPV
- Most suggestions revolved around counselling (CHCT, individual, mediated disclosure)
- Proper counselling could have saved her marriage
- Supporting them to access services
- Preventive role: ‘normalisation’ of HIV and no blame culture

“ Because they [HP] can talk to men... they can counsel them on how to relate to their wives. If it is something like quarrelling, they are counselled to sit down and discuss. [...]I think the only thing is to counsel them [men], I don't think there's anything else they can do because if you help a woman and it is the man who has a problem, what would you be helping?”

Providers cannot really help

- A minority thought HP can only help medically and should not interfere in people's lives
- Several were unsure of how much impact providers could have with male partners

“There was nothing the provider could have done so that I am not quarreled because the matter was between the two of us and the provider .. you leave her [HP] at the facility. So I do not think there was anything more the provider could have done”. [010464

Conclusion

- Considering the prevalence of violent reactions and stigma by partners following HIV disclosure, the findings suggest that HP should be more cautious when asking WLWH to bring their partners for testing
- HS can also play a preventive role by sensitising SRH providers on potential IPV risks following disclosure and by ensuring women's decision to disclose is fully informed and voluntary (women's self-efficacy)

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