

SEXUAL AND REPRODUCTIVE HEALTH

*What it means for
Women Living With HIV*



About The Women's Collective

Mission

To meet the *self-defined* needs of women, girls, and their families living with or at-risk of HIV/AIDS; reduce barriers to care and strengthen the network of support and services.

Origins

- ✦ Coffee House support groups inception 1993.
- ✦ Founded by current Executive Director, Patricia Nalls, a woman living with HIV/AIDS.
- ✦ Founded in response to a lack of HIV/AIDS services available to women.



TWC's Catalog of Services



- ✦ Medical case management services
- ✦ Family and social activities
- ✦ Prevention With Positives programs
- ✦ Community kitchen and pantry
- ✦ Support groups
- ✦ The Tiffany Fund
- ✦ Counseling, testing, and referral services
- ✦ Youth groups

Methodology:

Hearing from Women Living With HIV

✦ 3 dialogues

✦ 8- 10 women each (26 total)

✦ **Age**

✦ 30- 40 yrs : 9, 35%

✦ 41- 50 yrs : 12, 46%

✦ Over 50 yrs : 5, 19%

✦ **Race**

✦ Black/ African

American : 17, 65%

✦ Black & Asian : 2, 8%

✦ Hispanic : 1, 4%

✦ Unknown : 6, 23%

✦ **Time of Diagnosis**

✦ 5 women (19%)
learned their HIV
diagnosis during
pregnancy

Findings:

Defining Sexual & Reproductive Health



Tangibles

- ✦ Having children
- ✦ Pap smears
- ✦ Cervical screenings
- ✦ Regular OB/GYN visits
- ✦ Pregnancy
- ✦ HIV medication
- ✦ Vertical transmission
- ✦ Physical fitness
- ✦ Mammograms
- ✦ HIV viral load

Intangibles

- ✦ Intimacy
- ✦ Safe sex
- ✦ Puberty
- ✦ Relationship with your OB/GYN
- ✦ Comfort to ask questions of your OB/GYN

Challenges

✦ **Provider Bias**

✦ **Moral judgment**

- ✦ “I was struggling with being positive and pregnant and not wanting a rape baby, all at one time.”

✦ **Emphasis on the unborn child**

- ✦ Several (5) women received their diagnosis during pregnancy and felt emotionally neglected by their providers.

✦ **Discouraging sexuality**

- ✦ “I think that’s a good idea that you haven’t done anything in a while [...] so you can focus on your health.”

✦ **Stigma in the broader healthcare field**


- ✦ “I built myself up to come to the store and you’re going to expose me like this?”

Challenges (cont'd)



- ✦ **Socioeconomic Challenges**
 - ✦ Transportation to medical appointments
 - ✦ Childcare during appointments
- ✦ **Lack of coordination between infectious disease providers and obstetricians/ gynecologists**
- ✦ **Disclosure to family and friends**
 - ✦ Retaliation by relatives
 - ✦ Lack of understanding
- ✦ **Substance abuse**
- ✦ **Older women regret abortions, hysterectomies**

Expanding the definition of SRH

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- ✦ Drug and alcohol addiction
 - ✦ Counseling and peer support services
 - ✦ Financial and budgeting advice
 - ✦ Public benefits
 - ✦ Compassion
 - ✦ Abstinence
 - ✦ Hysterectomies
 - ✦ Coordination among providers
 - ✦ Prayer, faith and spirituality
 - ✦ Mental health services, therapy

Recommendations



✦ **Healthcare Providers**

- ✦ Integrate counseling referral services into diagnosis
- ✦ Refer women living with HIV to other social services (food banks, shelters, etc.)
- ✦ Connect with your patient's other healthcare providers

✦ **Policymakers**

- ✦ Increase funding for CBOs and other socioeconomic services
- ✦ Support de-stigmatization campaigns

Recommendations (cont'd)



✦ **Community Based Organizations**

- ✦ Cultivate partnerships with the healthcare community

✦ **Women living with HIV**

- ✦ Seek out support services, such as community based organizations and peer groups, in your community
- ✦ Be proactive about accessing your healthcare

Next Steps



- ✦ Sexual and reproductive health toolkit
 - ✦ Research paper relevant for all stakeholders
 - ✦ Fact sheet targeting healthcare providers
 - ✦ Brochure targeting women living with HIV

For More Information

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