Abstract

The availability of antiretroviral treatment (ART) is enabling people living with HIV or AIDS (PLWHA) to reconsider their sexual and reproductive lives. The sexual and reproductive health (SRH) decisions that PLWHA make have implications for HIV transmission and prevention. Yet very little is known about SRH of PLWHA in subSaharan Africa, as studies as well as prevention strategies have historically neglected them and SRH matters are often not part of HIV/AIDS treatment and care services. This study looks at how HIV-positive men and women negotiate their sexual and reproductive lives and the barriers to the realisation of SRH needs in Nairobi slums. This study employs a mixed methods study design involving both quantitative (survey n=513) and qualitative (in-depth interviews n=41 and key informant interviews n=14). Respondents were systematically recruited from the community in two slums in Nairobi for quantitative interviews, a subset of which was followed on for in-depth interviewing. Quantitative analyses include univariate, bivariate and multivariate logistic regression modelling. Qualitative data were transcribed, and coded and thematically analysed. SRH outcomes of the study include sexual activity/inactivity, condom use, multiple sexual partnerships, fertility intentions, contraceptive use and unmet need for family planning. Quantitative and qualitative components of the entire study are integrated throughout both analysis and interpretation. The findings show that the SRH outcomes of PLWHA are somewhat different from the general population, but similar with other PLWHA in similar settings. Condom use at last sex is high although consistent use is an issue. PLWHA exhibit fertility desires and contraceptive behaviour that is more geared towards limiting fertility, but face barriers, and hence the high unmet need for contraception. The SRH outcomes are shaped by demographic (e.g. age, parity), socio-cultural (gender, societal norms) relationship (disclosure, intimacy, pleasure) and health factors (ART use, duration of HIV and side-effects and health concerns).Their SRH outcomes are reflective of their efforts for social approval. However, there is a conflict between social validation and moral pressures for HIV prevention presenting a dilemma to many about “proper” SRH behaviour in the ART era. There is need to include SRH counselling and services as part of the standard HIV treatment and care services for PLWHA.