

Sexuality in women living with HIV

Akademisk avhandling

Som för avläggande av filosofie doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligen försvaras i sal 2118, Hälsovetarbacken, hus 2, Arvid Wallgrens backe, fredagen den 1 februari 2019 kl 09.00

Av Ewa Carlsson-Laloo

Fakultetsopponent: Docent Nina Weis

Institut for Klinisk Medicin, Köpenhamns universitet, Danmark

Avhandlingen baseras på följande delarbeten

- I. Carlsson-Laloo, E., Rusner, M., Mellgren, Å. and Berg, M. 2016. Sexuality and Reproduction in HIV-Positive Women: A Meta-Synthesis. AIDS Patient Care and STDs. 30(2), 56-69.
- II. Carlsson-Laloo, E., Berg, M., Mellgren, Å. and Rusner, M. 2018. Sexuality and childbearing as it is experienced by women living with HIV in Sweden—a lifeworld phenomenological study. International Journal of Qualitative Studies on Health and Well-being, 13:1, 1487760.
- III. Carlsson-Laloo, E., Svedhem, V., Rusner, M., Berg, M. and Mellgren, Å. Sexual satisfaction in people living with HIV is not associated with HIV RNA levels – A national cohort study. Submitted
- IV. Carlsson-Laloo, E., Berg, M., Rusner, M., Svedhem, V. and Mellgren, Å. Sexual satisfaction in women living with HIV is associated with physical and psychological health and antiretroviral treatment duration: A national cohort study. Submitted

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Ewa Carlsson-Lalloo

Institute of Health and Care Sciences, Sahlgrenska Academy,
University of Gothenburg, Sweden

Abstract

The overall aim was to investigate different aspects of sexuality in women living with HIV in Sweden. **Study I** was a meta-synthesis of 18 qualitative studies describing experiences of sexuality and reproduction in women living with HIV. A lines-of-argument synthesis showed that the women balanced the burden of HIV infection in relation to sexuality and reproduction. The burden was not constant but could be heavier or lighter. Conditions making the burden heavier were HIV being a barrier and feelings of fear and of loss. Motherhood, spiritual beliefs and supportive relationships made the HIV burden lighter. **Study II** was a qualitative study with a reflective lifeworld approach, comprising 18 interviewed women living with HIV in Sweden. The essence of the phenomenon sexuality and childbearing as experienced by the women was that the perceptions of HIV and its contagiousness profoundly influenced sexual habits and considerations in relation to pregnancy and childbirth. The constituents were; risk of transmission imposes demands on responsibility; the contagiousness of HIV limits sexuality and childbearing; knowledge about HIV transmission provides confident choices and decisions and to re-create sexuality and childbearing. **Studies III-IV** were retrospective cohort studies with data from the Swedish National Quality Assurance Registry InfCareHIV, between 2011-2016. InfCareHIV also contains a validated nine-item health questionnaire. **Study III** investigated whether having a suppressed viral load, HIV RNA <50 copies/ml, was associated with sexual satisfaction. It further investigated associations with demographic variables and immunological function and changes in sexual satisfaction over time. The study comprised 3798 women and men living with HIV. No significant association between sexual satisfaction and HIV RNA levels was found. Women were more satisfied with their sexual life than men (51% vs 40%). Sexual satisfaction increased between 2011-2014 by 8% a year, which might be a result of the increased knowledge of minimal sexual transmission and the concomitant changes in interpretations regarding the legal duty in Sweden to inform a sexual partner about an HIV diagnosis. **Study IV** investigated predictors of sexual satisfaction in women living with HIV in Sweden and its association with physical and psychological health. The study comprised 1292 women. Higher sexual satisfaction was associated with higher physical and psychological health. Predictors of greater sexual satisfaction were being born abroad and heterosexual contact as transmission route. Predictors of lower sexual satisfaction were higher age, more years since diagnosis and a longer time on antiretroviral treatment. **Conclusions:** The findings show the complexity of sexuality and that sexuality and childbearing are intertwined for women living with HIV. To be diagnosed with HIV impacts sexuality negatively. The extent of this impact varies and can be balanced with various challenges and resources that outline the woman's sexual wellbeing. Perceptions of being more or less contagious were a challenge of this kind. The women were dependent on their own and the surrounding people's knowledge of HIV and its contagiousness. The findings highlight the vulnerable situation for these women and contextual factors and health-related aspects influenced the ways in which these women experienced and enacted their sexuality and childbearing. Sexuality as part of health needs to be addressed to see the woman as a whole. This needs to be transferred and understood by healthcare professionals and all those who work with HIV in order to provide the right kind of intervention and support for women living with HIV.

Keywords: HIV, Sexuality, Childbearing, women

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