

# Treatment experiences, perceptions towards sexual intimacy and child-bearing, and empowered decision making in care among women living with HIV; Positive Perspectives

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# Beyond Viral Suppression: Going Full 360



# Methodology: Positive Perspectives Survey

## Study Population

- HIV-1+ and , males, females, transgender
- Currently taking ARV drug therapy
- 18-84 years of age and consented)

## Sites/Providers

- 25 countries. Questionnaires translated as needed.
- Snowball sampling with recruiting from HIV clinics, patient support groups, HIV online communities, social media

## Formative research and fielding of survey

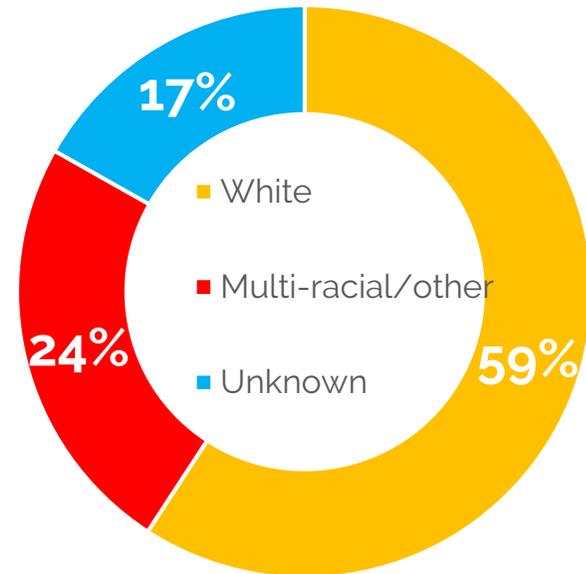
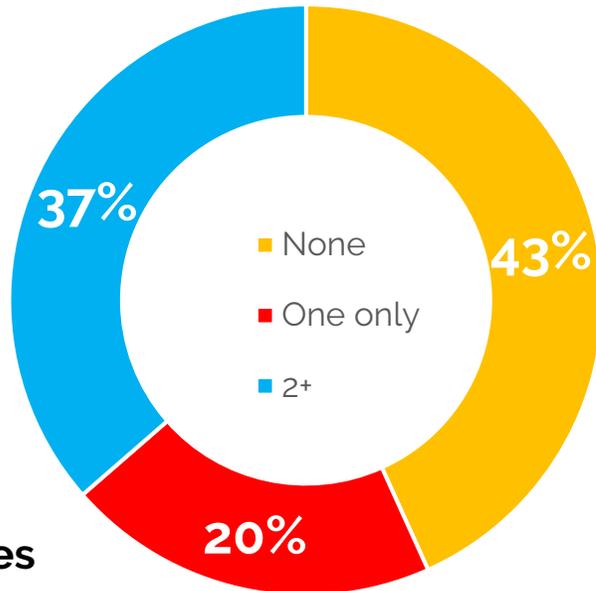
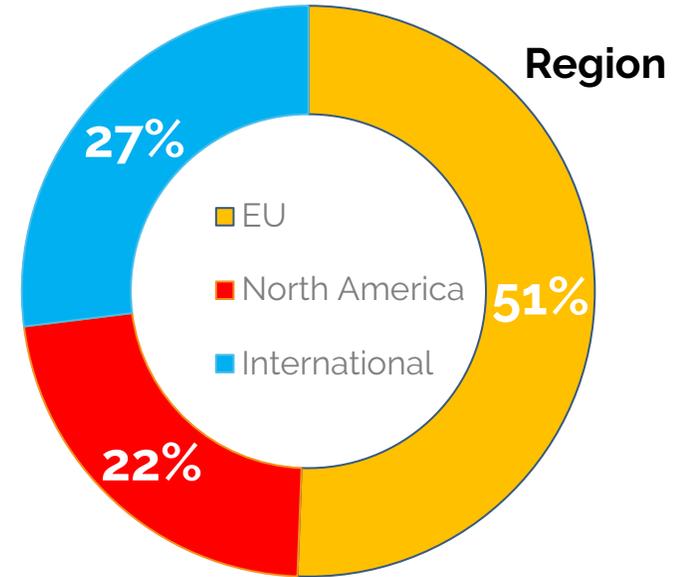
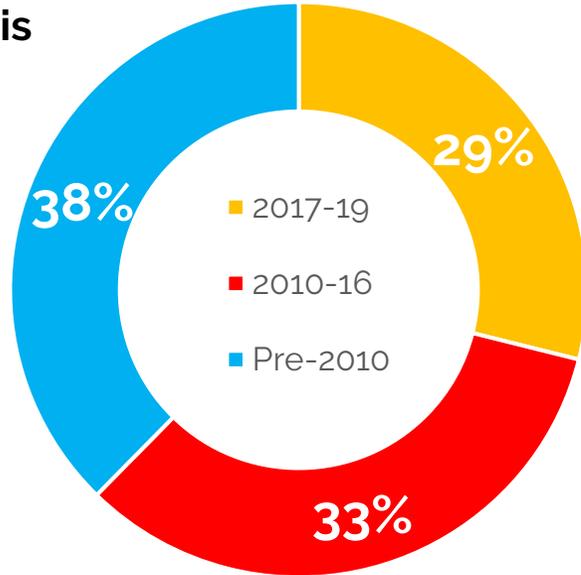
- Questionnaire developed after initial formative research and engagement of local stakeholders.
- Mixed mode survey; mainly as web survey, but flexibility for paper-and-pencil capture.
- Ethical approval obtained; incentives provided to increase response rates

## Analysis

- Data summarized with percentages
- Comparisons between groups performed with Chi-squared tests
- Gender comparisons limited to only men and women
- Multivariable logistic regression analyses performed to examine associations
- Statistical significance set at  $p < 0.05$

# Overview of Positive Perspectives Study (Women = 571/2,112)

Diagnosis year



**Median age among WLHIV = 40 years (range: 19 - 72)**

**Differences by gender** in treatment satisfaction and aspirations among persons living with HIV

Attitudes towards **sexual intimacy, and child-bearing** among women living with HIV

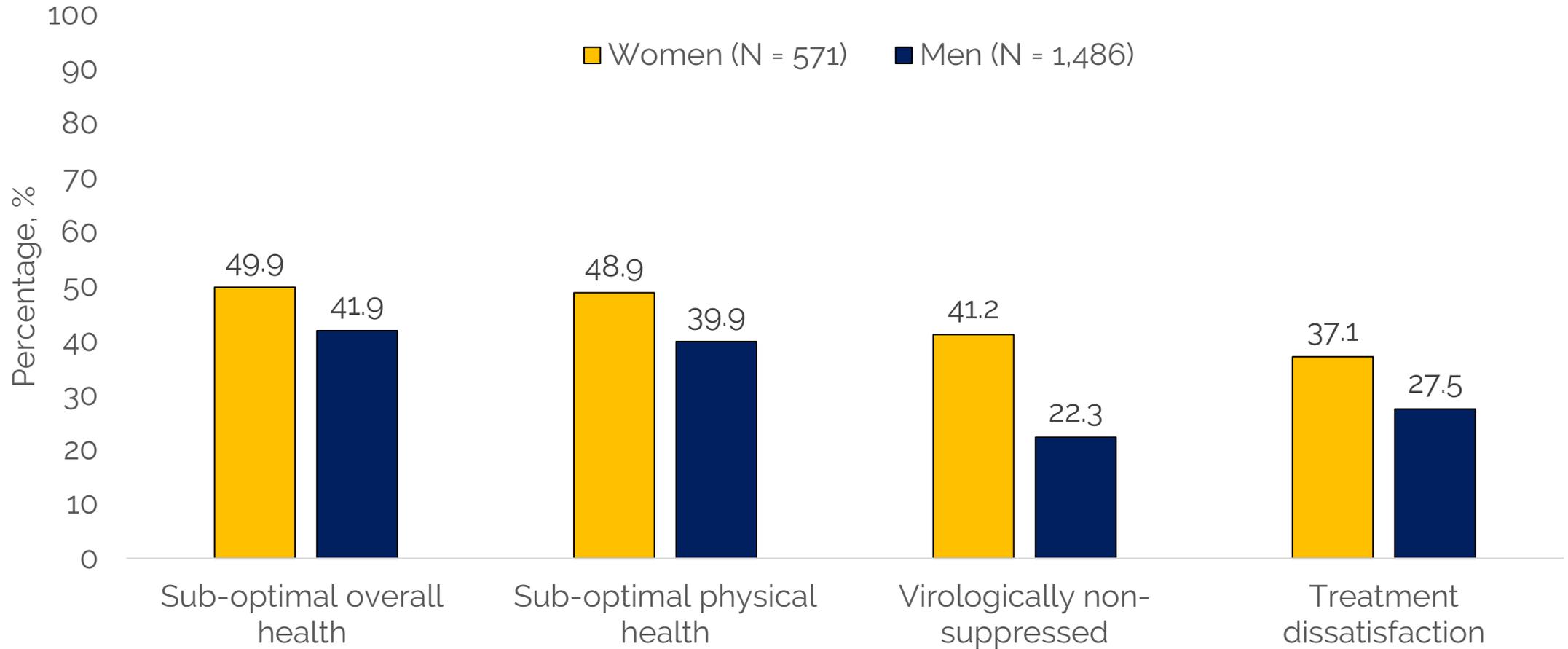
Gender, equality, and **empowered decision making** in HIV care

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# WLHIV were significantly **more likely** to report suboptimal health and other negative outcomes compared to MLHIV



*Note: Persons identifying as binary, or missing gender information (n = 55) excluded when comparing genders*

All= p < 0.05

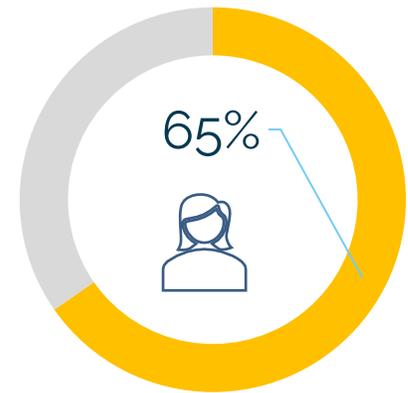
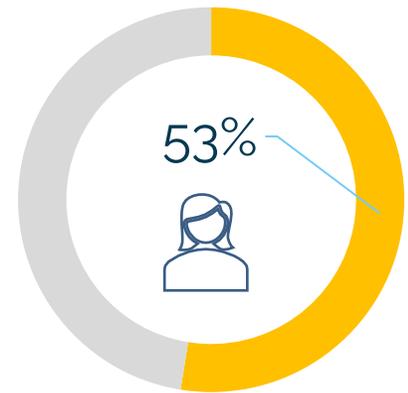
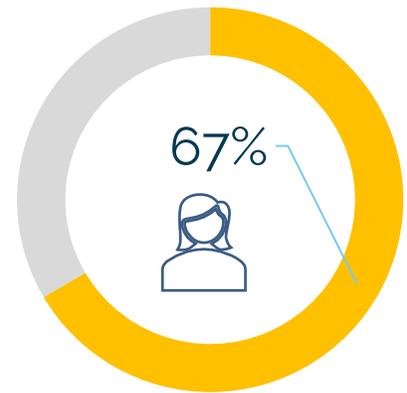
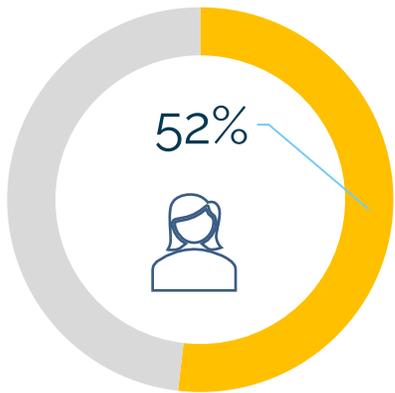
# Wide gender gaps remain in optimizing health outcomes, yet women feel their treatment concerns are not prioritized by HCPs

Experience side effects from their ART

Perceive gaps in their HIV treatment that could be improved

Worried about drug-drug interactions

Perceive their HCP meets their needs and prioritizes their concerns

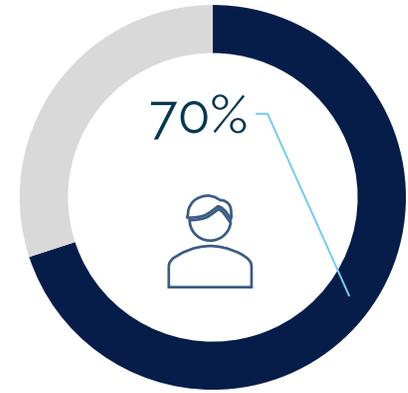
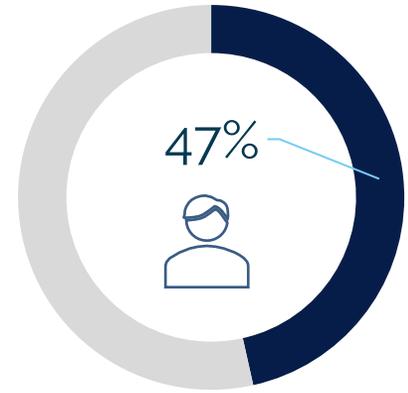
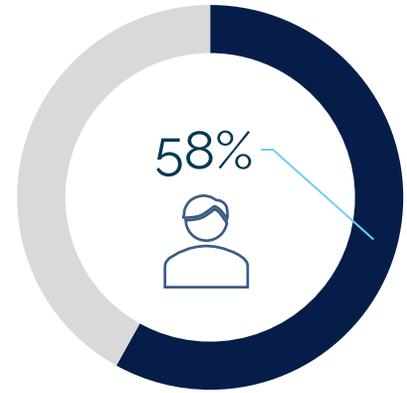
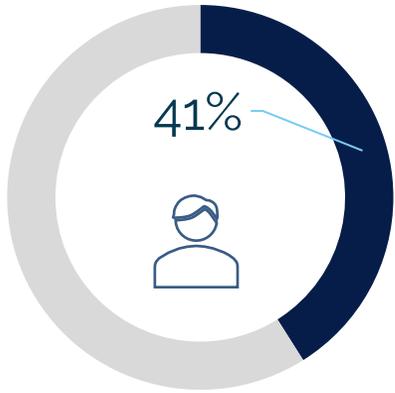


P < 0.001

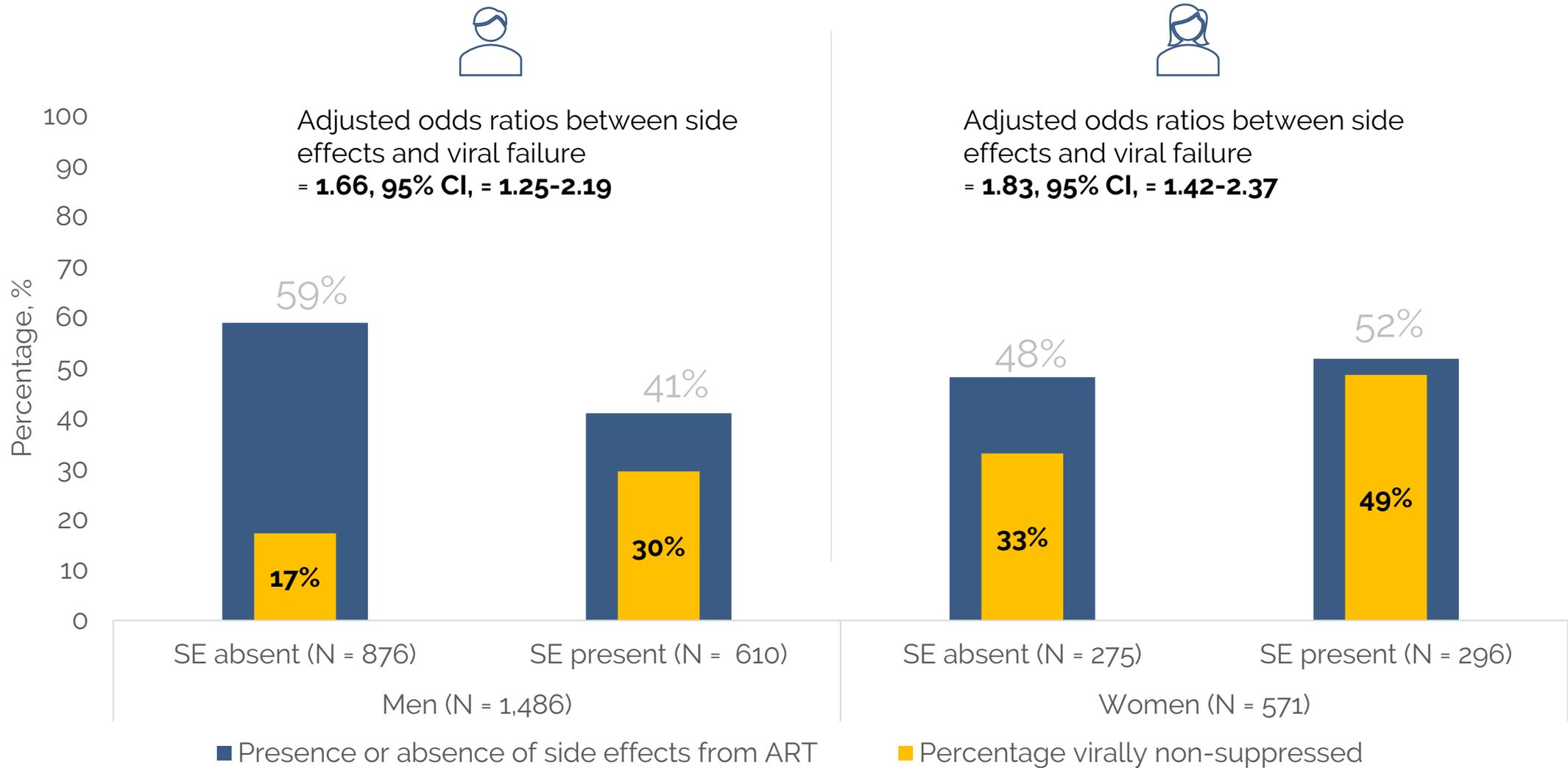
P < 0.001

P = 0.014

P = 0.041

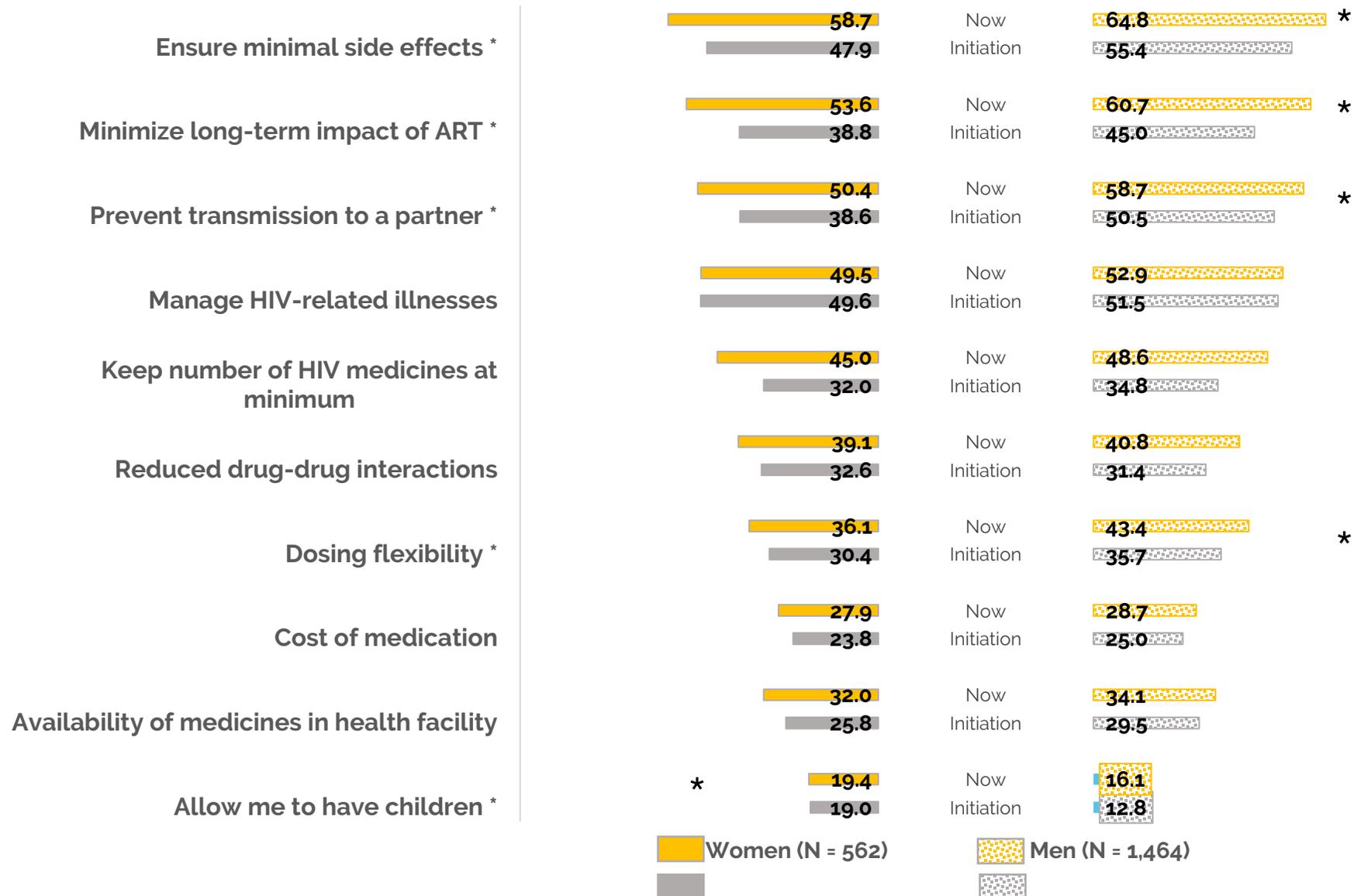


# WLHIV reported not only higher prevalence of ART side effects, but also worse impacts of side effects in relation to virologic failure compared to males

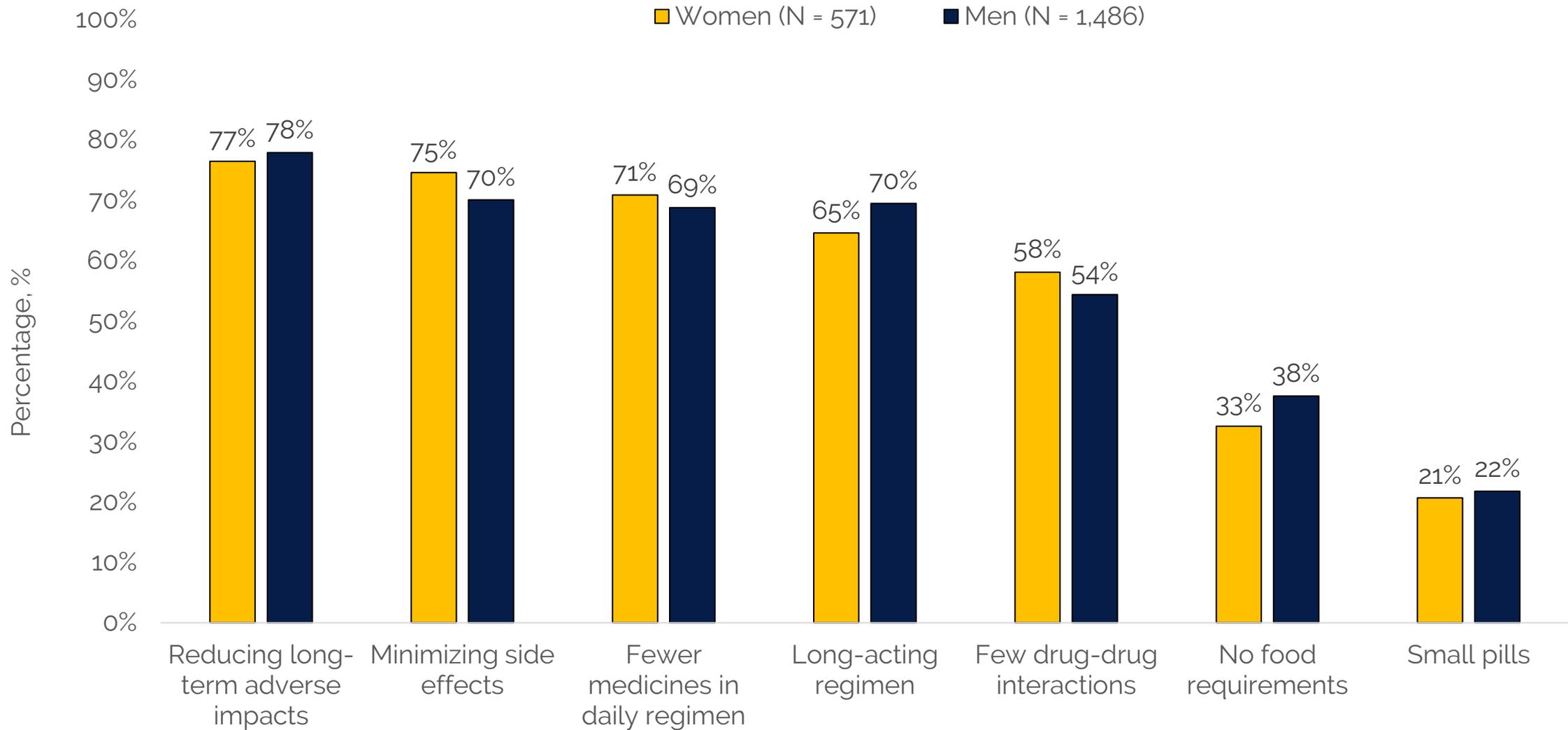


📌 After adjusting for region, duration of disease, race, and education, a significant association was noted between experience of side effects and viral failure for both genders, but this was stronger among women than men

# Treatment considerations at time of ART initiation vs. at time of survey among men and women on ART for ≥ 1 year



# Treatment innovations **currently** deemed to be the **“most important improvements”** to HIV treatment among all women and men



# Study objectives and approach

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**Differences by gender** in treatment satisfaction and aspirations among persons living with HIV

Attitudes towards **sexual intimacy, and child-bearing** among women living with HIV

Gender, equality, and **empowered decision making** in HIV care

# Sexual health-related indicators

65%

Concerned about possible effect of ART on their body or Shape



46%

With Optimal sexual health



86%

Have any awareness of treatment as prevention



66%

Been informed by HCP of U = U

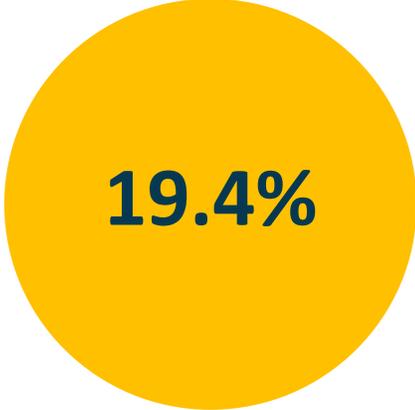


56%

Comfortable discussing with HCP about preventing transmission

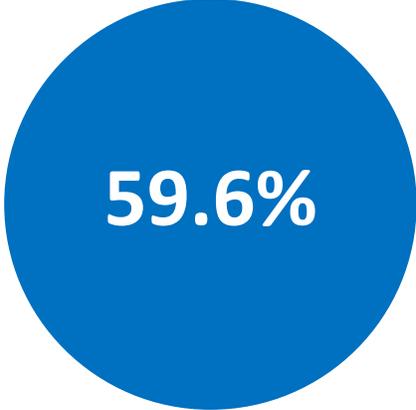


# Concerns about having **children and sexual intimacy** among WLHIV (n = 571)



**19.4%**

Percentage of women who report that having children is an important consideration to them (109/571)

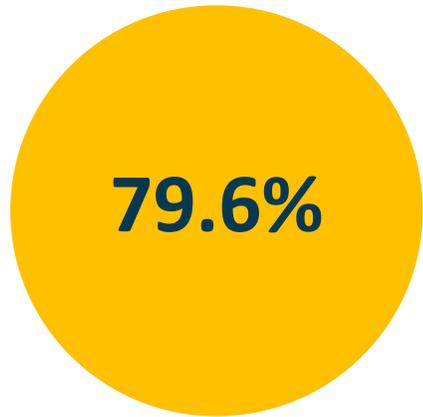


**59.6%**

Of women who consider having children as important, the proportion uncomfortable discussing this issue with their HCP (65/109)

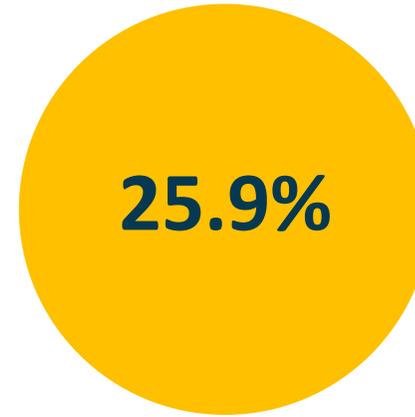
After controlling for geographic region and year of disease diagnosis, women aged 50+ years had 71% lower odds of perceiving having children as important (AOR = 0.29, 95% CI = 0.16-0.52)

# Concerns about having **sexual intimacy** among WLHIV

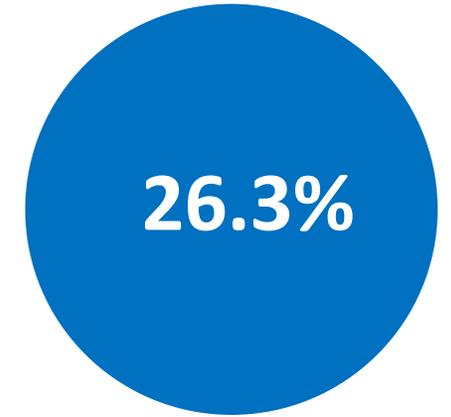


Women with a partner had significantly poorer viral control than those without (57.4% [222/387] vs. 77.6% [66/85]  $p < 0.0001$ )

Of women with available information of relationship status the % that indicated having a spouse/significant other/  
Partner  
(387/486)



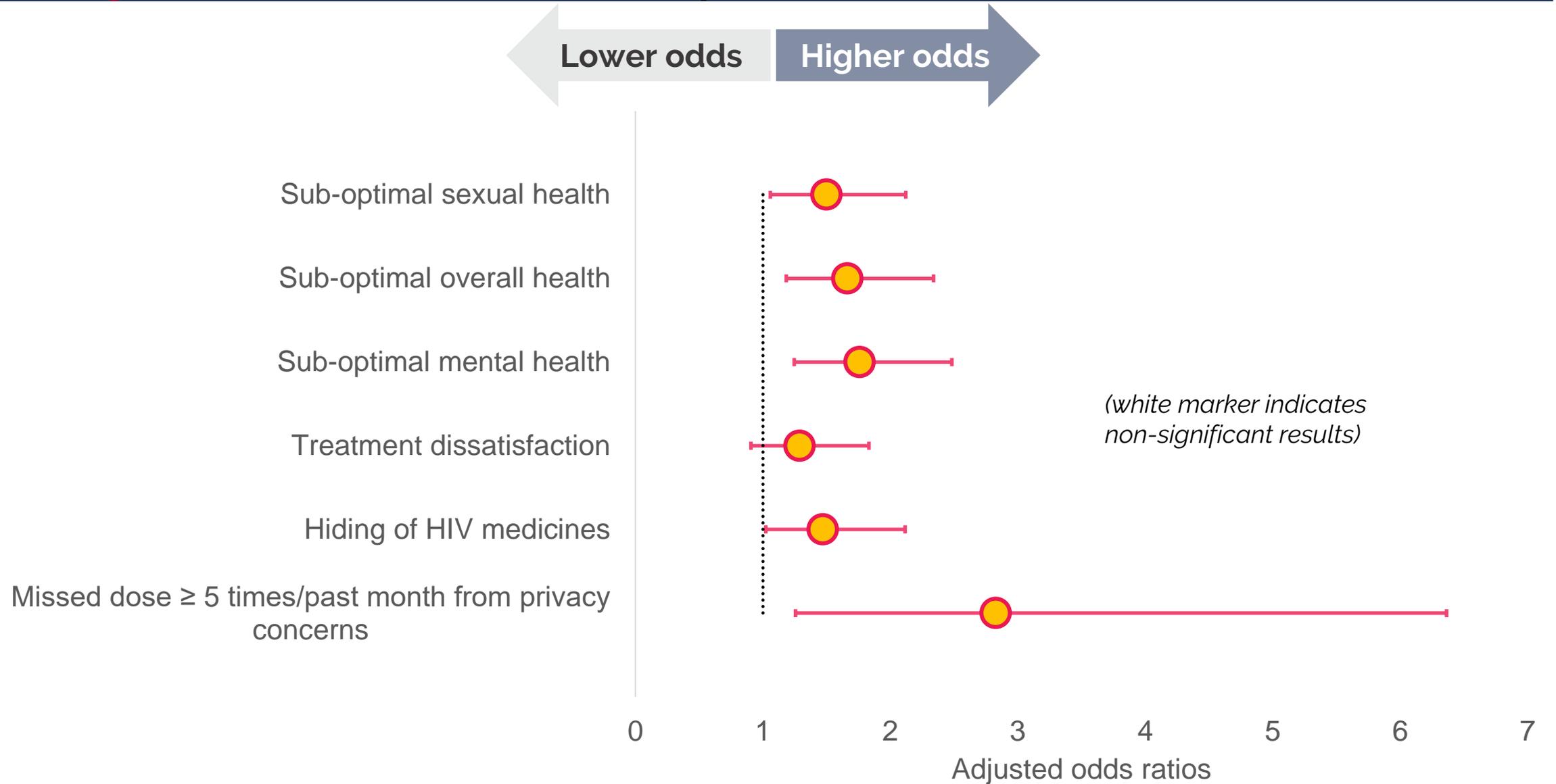
Percentage of women who have not shared their HIV status with a spouse/significant other/  
Partner  
(97/387)



Percentage of women afraid of sharing their HIV status because it might affect their “romantic or sexual relationships”  
(102/387)

Adjusted odds ratios between any awareness of treatment as prevention and sharing of HIV status with partner among women = **1.82, 95% CI, = 1.06-3.13, p = 0.031**

# HIV-related sexual concerns were generally associated with poor health outcomes **among women** for all outcomes except treatment dissatisfaction



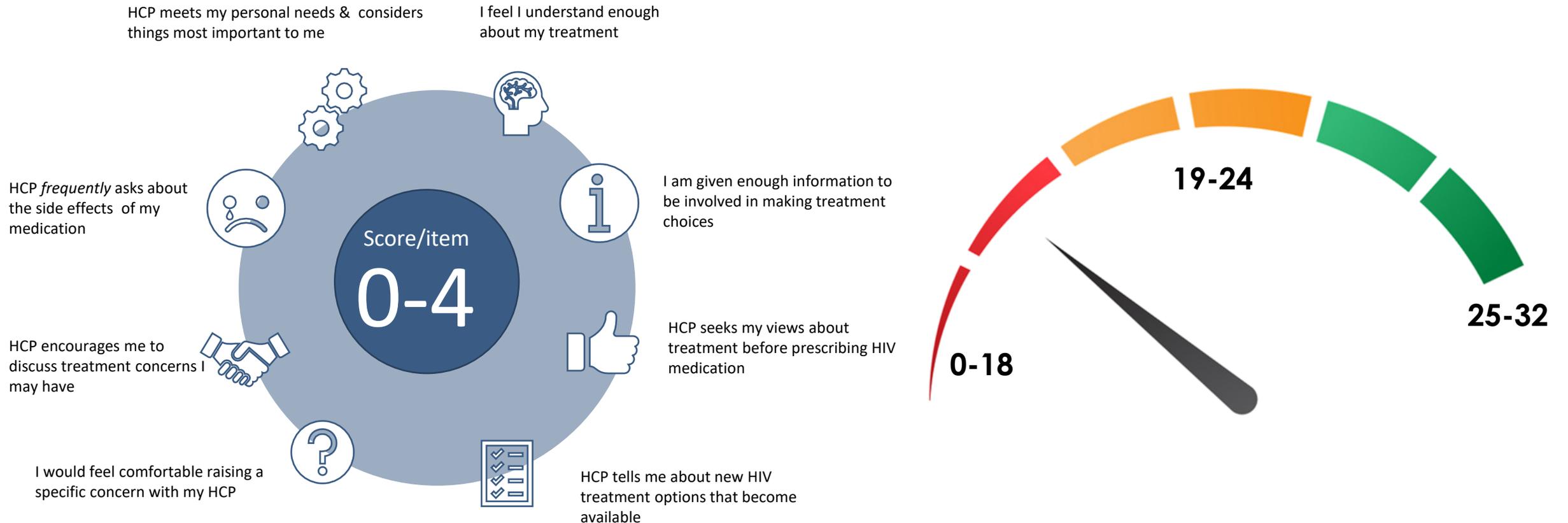
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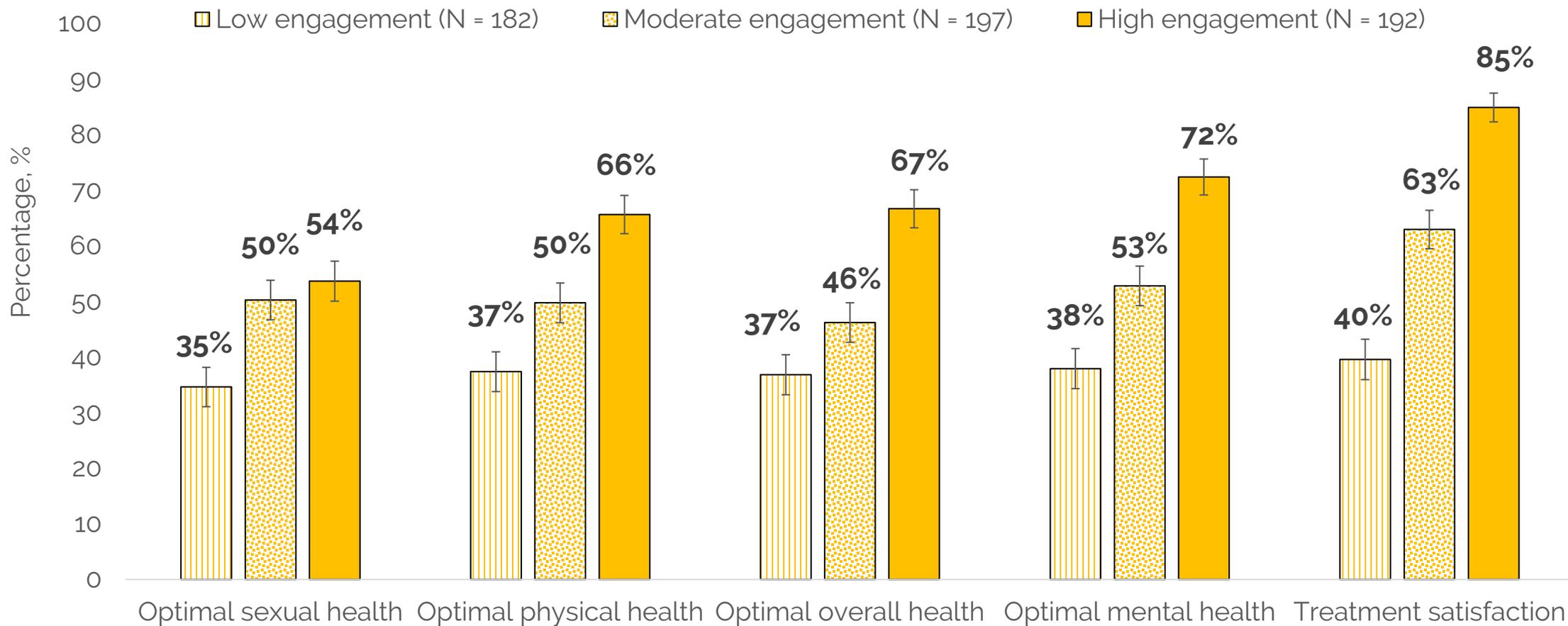
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# Patient engagement in HIV care

Modified from the Observing Patient Involvement (OPTION) scale, a 12-item scale where each item is scored between 0 (the behavior is not observed) to 4 (the behavior is exhibited to a very high standard).

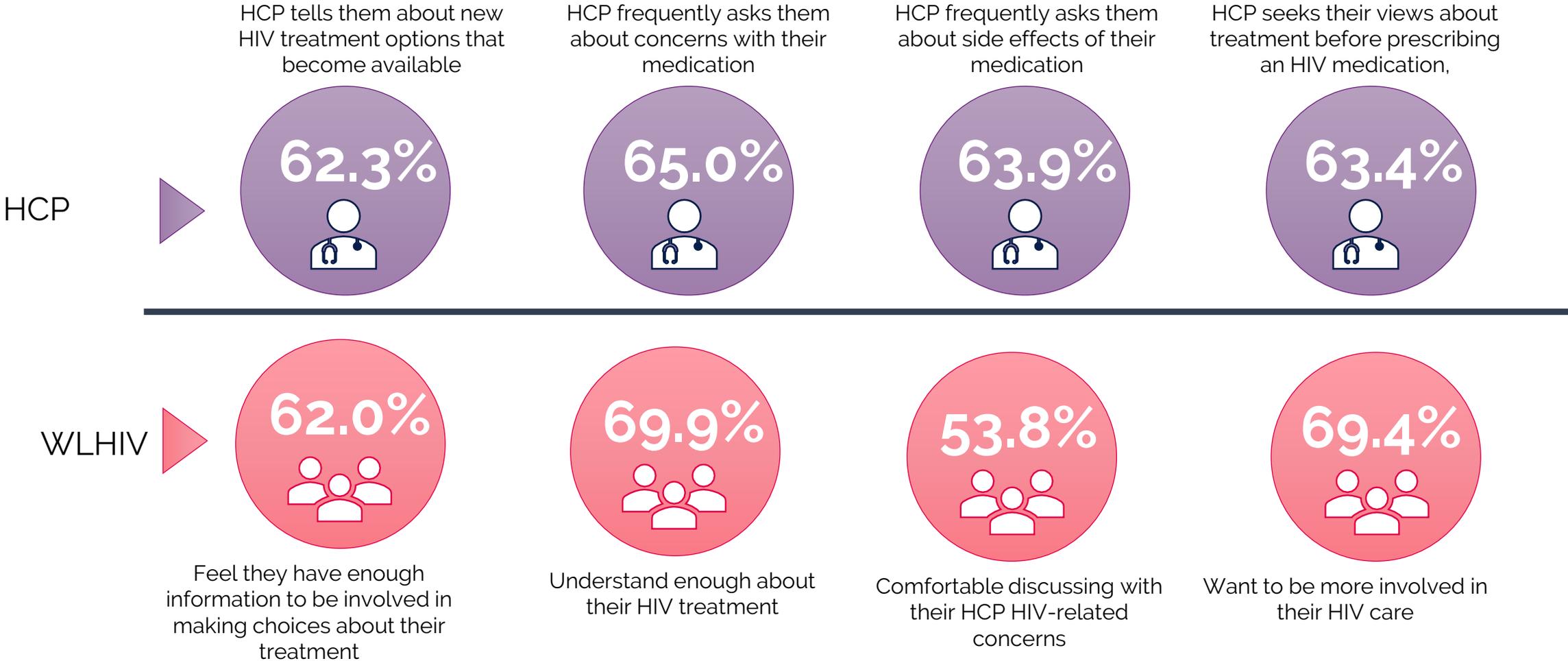


# Prevalence of health-related quality of life measures, by extent of engagement between HCPs and WLHIV (N = 571)



**Note:** All differences were statistically significant within levels of engagement at  $p < 0.05$

# Various indicators of extent of engagement between WLHIV and HCP

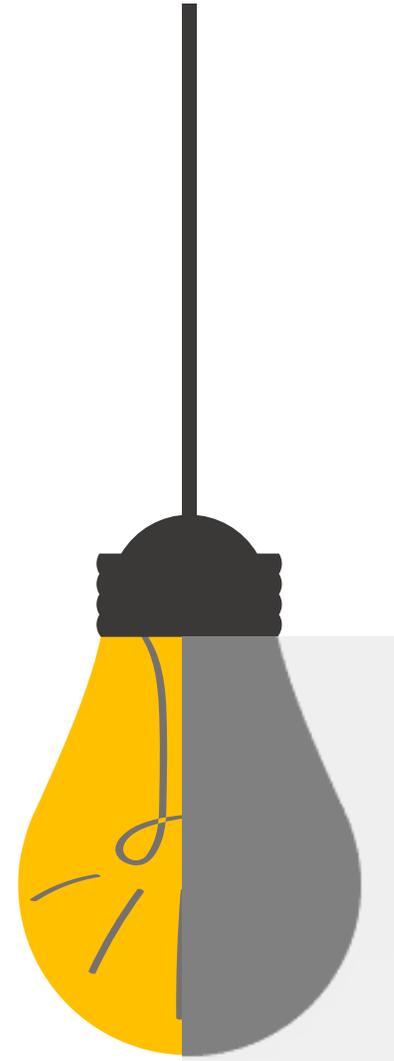


## Significance

Unique opportunity to hear the voice of PLHIV around the world. The study gives a voice to what PLHIV think, feel, and live, including the voices of people we don't often hear.

## Standardized approach

Uses a standardized methodology to collect information from 25 countries. Allows for better comparisons



## Cross sectional design

Single snapshot in time; only associations can be inferred. The self-reports are subject to mis-reporting for certain measures such as viral control

## Limited generalizability

Data may not be fully representative of the respective countries or regions assessed

- 👩 Women living with HIV overall had significantly poorer health-related outcomes compared with men, reported less viral control and more treatment-related S/E.
- 👩 Women were also uncomfortable discussing HIV-related intimacy concerns with HCPs
- 👩 Despite desiring greater involvement in their care, women were less inclined to discuss issues related to their HIV care with their providers

**A special thanks to the individuals who participated in the study.**

**The numerous organizations who contributed to the success of the study.**

**We acknowledge our vendor partners, Ipsos and Zatum, for their contributions as well.**