

Factors associated with quality of sexual life among women with HIV and HCV

Rodriguez S, Huntingdon B, Dara A, Juraskova I, Preau M, Etemadi F, Galano E, Dimi S, Carrieri PM, Bessonneau P, Chassany O, Duracinsky M. Patient-Centered Outcomes Research, UMR 1123 ECEVE, INSERM, Université Paris-Diderot - Paris (France)

Background

- Quality of sexual life (SQoL) is a neglected concern in women living with HIV (WHIV) or HCV (WHCV) (1)
- The mortality of HIV has decreased thanks to antiretroviral therapy, and have been higher among women than men (2)
- (SQoL) not only has a relevant impact in people's wellbeing, but it is also associated with adherence to medication (3)
- Its also related with sexual disorders as decreased libido, anorgasmia and dyspareunia, other struggles are related to stigma, difficulties in finding partner, fear of rejection and other psychological impacts (3).
- Both diseases can be controlled by prevention strategies, effective screening programs and access to treatment (4)(5)

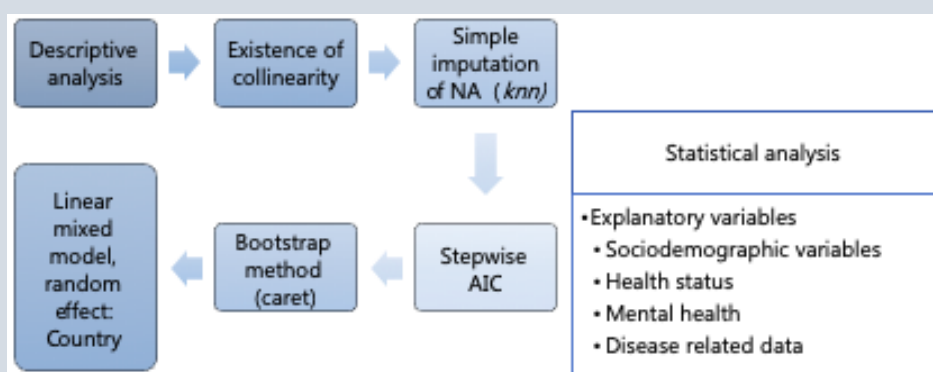
Methods

Data	Population	ProQoL-SexLife
<ul style="list-style-type: none"> • Data resulted from the cross sectional study of validation of PROQOL-Sex Life, in Brazil, Canada, Australia, USA and France among positive WHIV and WHCV, from December 2017 to December 2018. 	<ul style="list-style-type: none"> • 404 women, distributed: • Brazil (145), • Canada (24), • Australia (50), • France (123), • USA (62), • 180 WHIV • 191 WHCV • 33 HIV/HCV 	<ul style="list-style-type: none"> • 20 items • Fourth dimensions: • Positive sexual perception (Psp) • Stigma and social distress (Sti) • Soft sexual practices (Sof) • Sexual practices with partner (Sp) • Score, 0 (best) to 100 (impaired) • Less score: better outcome • High score: worst outcome

Analysis

	Dimension	Abreviation	Mean(sd)	List of Variables
WHIV	Positive sexual perception	Pop	49.5	General satisfaction, importance, pleasure, partner satisfaction, Having sexual activity with a partner in last 4 weeks
	Stigma and fear	Sti	41.63	Low sexual desire, difficult to get aroused, avoid sexual relation, fear of rejection, serologic effect, fear of being infected, feeling less desirable, treatment effect on sexual life.
	Soft practices	Sof	69.8	Sexual dreams, masturbation, oro-vaginal/anal, anal sex.
	Sexual practice with partner	Sp	26.23	Preliminary, vaginal sexual relation.
WHCV	Positive sexual perception	Pop	45.12	General satisfaction, importance, pleasure, partner satisfaction, Having sexual activity with a partner in last 4 weeks
	Stigma and fear	Sti	37.37	Low sexual desire, difficult to get aroused, avoid sexual relation, fear of rejection, serologic effect, fear of being infected, feeling less desirable, treatment effect on sexual life.
	Soft practices	Sof	67.33	Sexual dreams, masturbation, oro-vaginal/anal, anal sex.
	Sexual practice with partner	Sp	23.08	Preliminary, vaginal sexual relation.

Fig1. PROQOL sexlife dimensions



Objective

- Determine relevant sociodemographic and physiological factors associated with SQoL reported by WHIV and WHCV in five different countries.

Results

Sexual dysfunction

- Prevalence sexual dysfunction
- 48% vaginal dryness
- 55% pain during penetration
- 62% less sexual desire

WHIV

Psp:

- Living with a partner ($\beta = -13, SE = 6.7, p < 0.05$),
- Hispanic origin ($\beta = -19, SE = 6.61, p < 0.01$),
- Higher satisfaction about health care ($\beta = -14.13, SE = 5.2, p < 0.01$) was positively associated with sqol.

Sof:

- Increase in Sof was associated with
- Being housewife ($\beta = 16, SE = 5.8, p < 0.01$)
 - University level of education ($\beta = -17, SE = 6.6, p < 0.01$)
 - Awareness about transmission ($\beta = -24, SE = 9.8, p < 0.05$)

Sti:

- Being widow ($\beta = -16, SE = 5.6, p < 0.01$)
- Hispanic origin ($\beta = -12, SE = 5.4, p < 0.05$)
- Higher satisfaction about health care ($\beta = -9, SE = 3.9, p < 0.05$) was less likely to experience stigma and social distress.

Sp:

- Increase in Sp was associated with:
- Higher satisfaction about health care ($\beta = -23, SE = 10, p < 0.05$),
 - Use of non-nucleoside transcriptase inhibitor treatment ($\beta = -18, SE = 8, p < 0.05$)

WHCV

Psp

- Factors positively associated with sqol were:
- Living with partner ($\beta = -17, SE = 6, p < 0.01$),
 - Drug consumption ($\beta = -17, SE = 6, p < 0.01$)
 - Heterosexual transmission route ($\beta = -29, SE = 12, p < 0.05$)
 - Higher satisfaction about health care ($\beta = -11, SE = 4.5, p < 0.05$)

Sof:

- Increase in Sof was associated with:
- Asian origin ($\beta = -22, SE = 6.3, p < 0.05$)
 - Higher level of education ($\beta = -15, SE = 6.6, p < 0.05$)
 - Alcohol ($\beta = -9, SE = 4.4, p < 0.05$)

Sti

- Decrease in stigma was related to:
- Asian origin ($\beta = -11.4, SE = 5.4, p < 0.05$)
 - Higher satisfaction about health care ($\beta = -14, SE = 4, p < 0.01$)

Sp:

- Factors associated with increase in Sp were:
- Hispanic origin ($\beta = -22, SE = 9.4, p < 0.05$)

In both populations:

- Older age, and mental health factors (depression, hopeless, anhedonia) was negatively associated with sqol.
- Being worried during intercourse was related with a decrease in sqol.

Conclusion

- The most important factors related to quality of sexual life in this study were social and psychological, emphasizing in non-clinical factors, which give us a wide vision about the necessity to assess WHIV and WHCV patients not only clinical analysis but also all determinants, in order to improve their quality of sexual life.

References:

1. WHO. World Health Organization. Global Health Observatory (GHO) data. HIV/AIDS. <http://www.who.int/gho/hiv/en/>. 2015.
2. UNAIDS. Global HIV & AIDS statistics — 2018 fact sheet | UNAIDS. UNAIDS. 2018
3. El Fane M, Bengshir R, Sbai S, Chakib A, Kadiri N, Ayouch A, et al. Quality of sexual life for people living with HIV (PLWHA). Sexologies. 2011;
4. Westbrook RH, Dusheiko G. Natural history of hepatitis C. Journal of Hepatology. 2014.
5. Frasca T. Women and HIV/AIDS: Confronting the Crisis. Vol. 13, Reproductive Health Matters. 2005. 182–183 p.