

Prevalence and Contexts of Inconsistent Condom Use Among Heterosexual Men and Women Living with HIV in India: Implications for Prevention

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Abstract

This investigation examined sexual behaviors among heterosexual persons living with HIV (PLHIV) in India. Study participants (mostly married) were interviewed during August to November 2006 in five Indian states using a quantitative survey ($n = 100$ men and 100 women), eight focus groups ($n = 58$ participants), and in-depth interviews ($n = 31$). One third of men and one fourth of women reported inconsistent condom use with regular sexual partners. Facilitators of condom use with regular partners included a feeling of personal responsibility to protect the health of the partner, desire to prevent acquisition and/or transmission of sexually transmitted infections, and the belief that condoms are needed for antiretroviral therapy to be effective. Barriers to consistent condom use with regular partners included the belief that condoms are unnecessary in HIV-positive seroconcordant relationships; lack of sexual satisfaction with condoms; the desire to have a child; husband's alcohol use, depression, and anxiety; fear that disclosure of HIV status will bring marital discord and family shame; and inadequate counseling by health care providers. Positive prevention programs should include counseling about benefits of safer sex in HIV-positive seroconcordant relationships, counseling about integrating condom use with sexual satisfaction and intimacy, condom use self-efficacy and negotiation skills-building, family planning counseling, mental health and alcohol dependence treatment, and counseling and skills-building about disclosure. Health care providers must be trained to provide these services. Furthermore, efforts are needed to promote tolerance for family planning choices made by couples and to counter the stigma associated with HIV/AIDS and condoms in the broader society.

Introduction

THE INDIAN NATIONAL AIDS CONTROL ORGANISATION (NACO) estimated that approximately 2.5 million people were living with HIV in India in 2007.¹ HIV transmission in India is predominantly through the sexual route. Men generally acquire HIV through multiple sexual relations, while the majority of women acquire HIV from their husband.^{2,3}

After knowing their HIV status, many persons living with HIV (PLHIV) in developed countries adopt safer sex practices to avoid HIV transmission to their sexual partners, although up to one in three PLHIV continues to practice unprotected sex, often with partners of unknown or HIV-negative serostatus.⁴⁻¹⁰ Given the logic that every HIV infection involves both an HIV-negative and an HIV-positive person, some de-

veloped countries have started focusing on helping PLHIV avoid HIV transmission to others while at the same time protecting their own health (positive prevention).¹⁰⁻¹² Although NACO has included positive prevention in the strategic plan of the third phase of the National AIDS Control Programme,¹³ prevention programs for PLHIV have been inadequate in India.

In India, high-risk sexual behavior has been documented among HIV-positive injection drug users¹⁴ and prisoners.¹⁵ Both of these groups face particular challenges to consistent condom use (e.g., trading sex for drugs; lack of condom availability). PLHIV on antiretroviral treatment (ART) in India reported a high level of condom use.¹⁶ A qualitative study of sexual behaviors among PLHIV in Chennai indicated adoption of less risky behaviors following HIV diagnosis and

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