

HIV and Women's Health

*" Women's Health Services,
PMMH and Durban South
Complex "*

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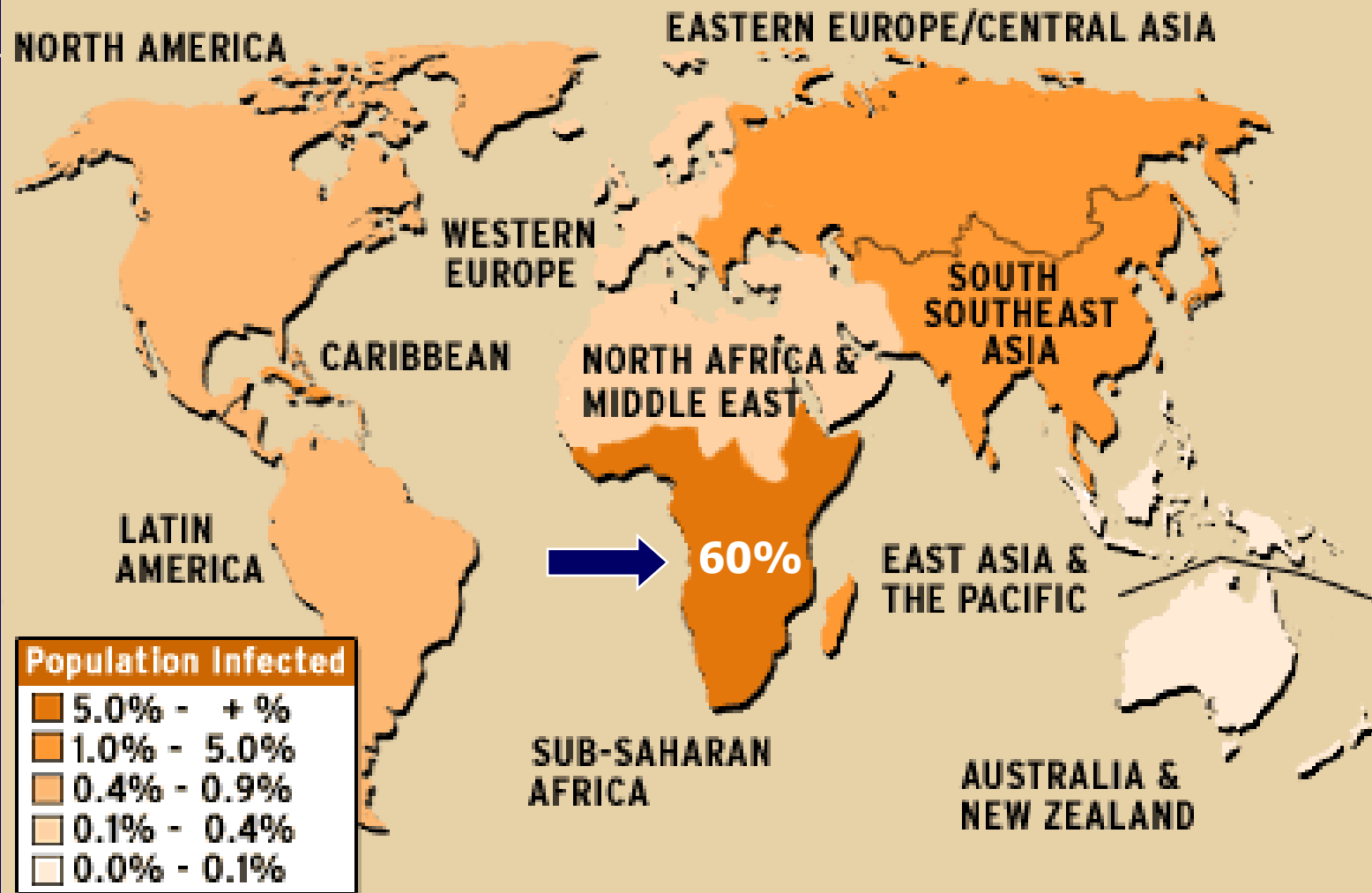
The female face of the HIV epidemic

- “The most significant development of the AIDS epidemic is its growing feminisation”

(Exec Dir, UNAIDS, Int Women's Summit, July 2007)

HIV in women : a global problem

A Global View of HIV Infection



Impact of HIV in women



- leading cause of death 15-24 yr
- More women than ever before
- Sex : Twice as risky than men
- Only 20% young women know
- PMTCT covers a third only
- **Contributes to Maternal Deaths**

Impact on Maternal Mortality: 2005-2007

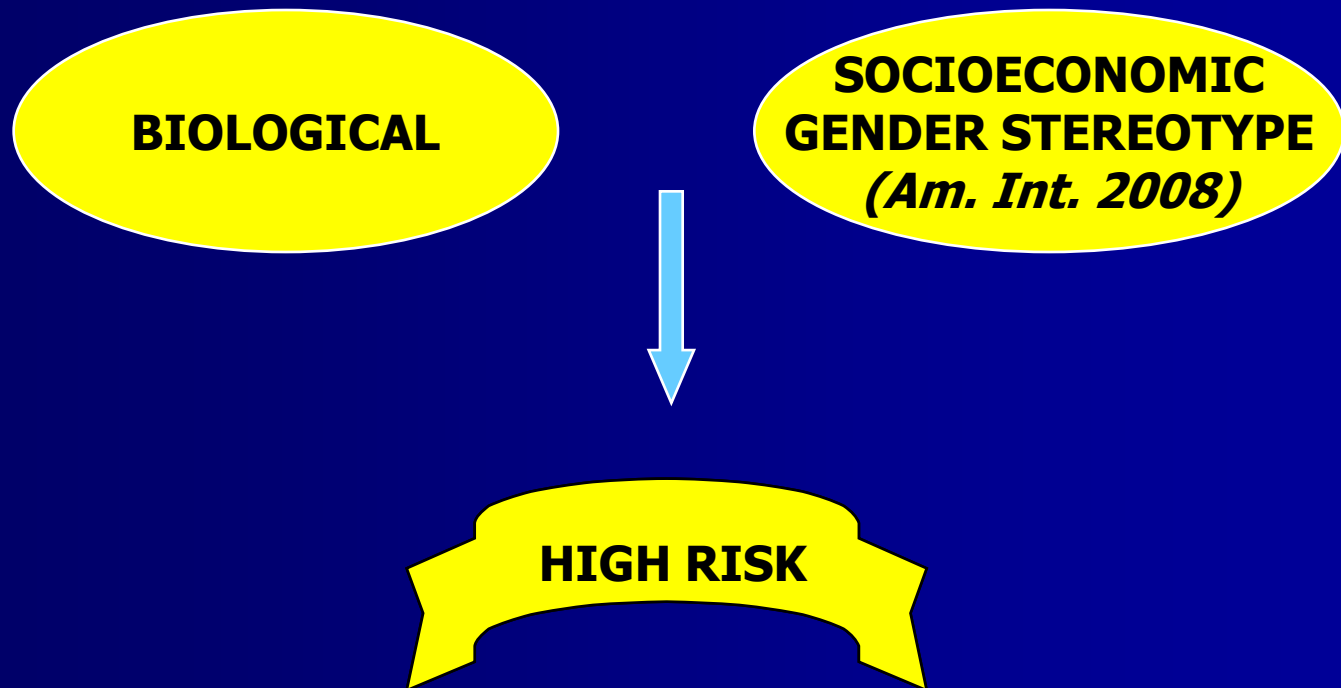
NCCEMD Report

	<u>HIV +</u>	<u>HIV -</u>
<u>Direct</u> :	401	359
Hypertension,PPH,APH, Ectopic, Abortion,Pregnancy related sepsis, Anaesthetic,embolism,collapse		

<u>Indirect</u> :	1414	114
Non pregnancy related infection, AIDS,Existing maternal disease		

(Non pregnancy related infections :
AIDS,Pneumonia, TB,etc)

What makes women susceptible than men ?



Factors increasing risk

Immediate determinants

Heterosexual sex
(70%)

Drug users 28%

Multiple partners

Biological factors

Contributing factors

Socioeconomic
status

Gender disparities
(NSP 2007)

Women specific manifestations of HIV infection

- Similar to HIV – but more severe , frequent
- Vaginal yeast infection, more frequent
- Vaginitis , Chlamydia, Trichomonas, gonorrhoea
- Herpes, acyclovir
- Idiopathic genital ulcers
- HPV
- PID
- Menstrual problems

Susceptability of women to acquire HIV (**Biological**)

- Higher risk from single exposure
- Cervix vulnerable site
- Greater surface area of female tract
- Immature genital tract tissue
- Concomitant STI's/ PID
- Infertility
- Ectopic pregnancy

HIV and cervical cancer

- HPV important risk factor
- Other factors still prevalent
- High risk of HPV ,SIL and ca (Rabkin,1993,Sun 1997)
- Positive association between HIV and Ca(Chigangi, Kenya,Hawes, Moodley,Stein,SA)
- 1993 –CDC includes Ca cervix

HIV and cervical cancer

“Increasing number of younger women getting HIV, hi-risk HPV, rapidly progressing, advanced disease”

- Early sex, poor screening, late presentation, hi risk behaviour, HPV
- HIV *tat* protein(Clark, Chetty, 2002)
- Correlation with degree of suppression

Susceptibility to HIV: (Gender discrimination)

- Gender roles and stereotyping
- Violence against women
- Gender related barriers in access to services
- Lack of education
- Economic shortfalls

Prevention : **Biological Strategies**

- Abstinence , Faithful , Condomise:
(Little impact,powerful in its simplicity)
- Only few successful strategies last 3 decdes :
 - * *Male medical circumcision(SA, Kenya, Uganda) – 57% effectiveness*
 - * *STI treatment(Tanzania) : 42% effective*
 - * *HIV Vaccine combination(Thailand) : 31%*
 - * *Tenofovir vaginal gel (SA) : 39%*
- Contraception : protection with condoms is the goal

Prevention :

Gender/stereotyping strategies

- Address gender equalities
- Promote economic opportunities
- Remove financial barriers to health care
- Address HIV relate stigma and discrimination
- Enforce and strengthen laws that eliminate violence against women
- Gender norms and stereotypes

How are we doing ?

- *“In 2008, only 52% of countries that report to the UN General Assembly included targeted , budgeted support for women focused HIV programmes”*

Conclusion

- Women increasingly infected at younger ages
- Predisposed by physiological and gender disempowerment
- Condom is king
- Hi risk for SIL, CaCx,STI's,PID,Infertility
- Limited successful interventions(30-50%)
- **Education, Empowerment, Cultural and Spiritual values**