Report on Situation and Response Analysis of HIV Spousal Transmission in Selected Provinces

Research Institute:
Division of Policy Research and Information, NCAIDS, China CDC
Supportive Organization: UNWomen UNAIDS

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According to HIV epidemic estimation published by Ministry of Health, in 2009, the estimated number of people living with HIV/AIDS (PLWHA) in China was 740,000, and 15% of them were infected by their spouses. Preventing HIV transmission within couples can significantly reduce the number of new infections every year. To better understand the issue of spousal transmission of HIV and its influencing factors, a survey was conducted in six cities/counties in Yunnan, Henan, Sichuan, Guangxi and Chongqing in 2011. The survey aims to provide evidence to inform strategies to prevent spousal transmission of HIV. Given the sample size and survey operability, the survey was carried out in rural areas except in Chongqing. The survey included: (1) an analysis of HIV cases reported and modes of transmission; (2) a quantitative survey among 771 HIV serodiscordant couples (72.2% are HIV positive husband and HIV negative wife); (3) and qualitative interviews with 59 medical staff including the CDC staff, 60 HIV serodiscordant couples, and eight PLWHA infected through male homosexual contact and their female spouses. A full research report is available with detailed data and analysis. This Fact Sheet is the summary of key findings and recommendations prepared for the wrap up seminar of the research project to facilitate discussions among key stakeholders.

**Finding 1.** The number of PLWHA infected through spousal transmission is increasing, mainly from male to female, and more severely impacting females.

**Results:** At the survey areas, the proportion of PLWHA infected through spousal transmission among cumulative HIV cases increased from 1.29% in Yunnan, 0.78% in Sichuan, 3.39% in Henan, 0.86% in Guangxi and 2.33% in Chongqing in 2004 to 11.79%, 10.91%, 20.00%, 12.51% and 8.27% in 2011 (by the end of July), respectively. These data indicate an increasing trend toward spousal transmission of HIV. (Figure 1)

![Figure 1 Proportion of spousal transmission among report cases in study sites by year](image-url)}
At the survey sites of the five selected provinces (Yunnan, Sichuan, Guangxi, Henan and Chongqing), the number of married male PLWHA in each site was 2.3 times, 3.1 times, 2.3 times, 1.2 times, and 2.1 times that of female PLWHA, respectively; the number of female PLWHA infected through spousal transmission in each site was 6.6 times, 2.1 times, 5.1 times, 1.1 times and 2.9 times the number male PLWHA. This indicates that females are facing greater risk and impact from spousal transmission of HIV than males. (Figure. 2)

![Number of married PLWHA among reported cases in study sites, by sex](image)

**Figure. 2** Number of married PLWHA among reported cases in study sites, by sex

**Recommendations:** Greater attention should be paid to ensuring comprehensive prevention services are accessible to key populations to enable them to protect their long-term female partners from risk of exposure to HIV, to empower women to protect themselves in the context of intimate relationships, and to support positive health, dignity and prevention for people living with HIV. It is recommended that HIV prevention programmes, currently targeting IDU, MSM and the clients of sex workers should include specific efforts to prevent transmission to their long-term female partners. This includes educating high-risk men to increase their awareness of the risk of HIV transmission to their regular female sexual partners.

**Finding 2.** The proportion of PLWHA that disclose their HIV status themselves to their spouses is low in survey areas. The form of spousal notification is influenced by gender, transmission mode, and local policies.

**Results:** Among the 771 HIV-negative spouses of the PLWHA surveyed, 401 (52.1%) were personally informed by the PLWHA, 358 (46.5%) by medical staff, and 11 (1.4%) by other persons, such as leaders from the village/community committees. Of those surveyed, 398 (52.6%) wished to be informed by PLWHA, while 359 (47.5%) preferred to be informed by medical staff.
Among female PLWHA, 63.9% personally informed their spouse, higher than the 47.6% of male PLWHA that informed their own spouses.

PLWHA infected via blood/plasma transmission were more willing to personally inform their spouses and were more easily accepted by spouses, resulting in no change or a positive change in the spousal relationship. A total of 86.8% of PLWHA infected via blood/plasma transmission personally disclosed their HIV status.

PLWHA infected via sexual transmission were generally unwilling to personally inform spouses since extra-marital sex was not accepted by spouses. Only 56.6% of PLWHA infected via sexual transmission personally disclosed their HIV status to spouses.

The disclosure of HIV status among PLWHA infected via drug use varied significantly in different areas. Level of education, knowledge about the disease and awareness of the importance of spousal notification may be influencing factors. The proportion of spousal notification was lower in study areas in Sichuan than in other areas.

Henan and Yunnan have developed policies on disclosure of HIV status to spouses. The PLWHA is given a certain time period to disclose their status to the spouse. If, however, the PLWHA has not disclosed his/her status within this time, a health professional will do so on their behalf, in consultation with the PLWHA. As a result of the consultations with medical staff and the follow-up disclosure policy, Henan and Yunnan have higher levels of spousal disclosures, standing at 87.4% and 71.0%, respectively. In Guangxi, where there is no such disclosure policy, only 51.6% of spouses reported that they were personally informed by the PLWHA. In the study areas of Sichuan, which also do not have such a disclosure policy, 0% of spouses were personally informed by the PLWHA; instead 98.6% of spouses (208 subjects) reported that they were informed by medical staff, and the other spouses were informed by other persons (e.g. village leaders).

Recommendations: This suggests that clear policies, adequate Information Education Communication (IEC), and sufficient communication skills among medical staff can effectively increase the proportion of PLWHA who are willing to personally inform spouses. We recommend:

1. In-depth analysis and research should be conducted on the policies and operational patterns of disclosing HIV status to spouses in China, including specifically Henan and Yunnan, to provide evidence for the development of national guidelines on confidentiality-ensured partner notification to be adapted and implemented in other places. The guidelines should also be in line with the 2012 WHO “Guidance on couples HIV testing and counseling, including antiretroviral therapy for treatment and prevention in serodiscordant couples – Recommendations for a public health approach”.

2. Build capacity of medical staff and counseling services to strengthen counseling for early partner notification.

Research and analysis should pay particular attention to whether policies issued are clear and locally appropriate, whether policies and on-the-ground interventions consider the rights of both PLWHA and their intimate partners, rely on counseling rather than coercion, motivate couples by providing long-term options instead of narrowly focusing on disclosure only, involve outreach services of PLWHA peers to improve partner
notification, etc. All approaches must be appropriate for the local cultures, using local language and appropriate methods for the target populations.

**Finding 3.** **Spouses of PLWHA raised their self-awareness of spousal transmission of HIV after being informed. The awareness levels varied among different genders of PLWHA and their spouses.**

**Results:** Before learning of their HIV status, 20.6% of PLWHA and their spouses knew very little about HIV/AIDS and condom use, while 79.4% (611) of spouses knew that sexual contact was a major mode of HIV transmission in serodiscordant couples. After being informed of their HIV status and consultations with medical professionals, 90.8% (700) of spouses knew that correct condom use could prevent HIV transmission and 92.3% (712) of spouses were aware that they might also be infected with HIV. Among the 7.7% that were still unaware of HIV risk, 88.1% lived in townships or rural areas, 57.6% were living in remote areas of Sichuan, 83.1% were females, 55.9% were illiterate, and 62.7% of their spouses were infected with HIV via drug injection.

Among the 771 serodiscordant couples, female PLWHA had better awareness and knowledge about spousal transmission of HIV than male PLWHA: 98.6% of females and 72.5% of males knew that sexual contact is a major mode of HIV transmission; 98.6% of females and 72.7% of males knew correct condom use can reduce HIV transmission, and 97.2% of females and 72.4% of males knew HIV may be transmitted to their spouse during sex without the use of condom. This indicates that female PLWHA were more knowledgeable of how to prevent transmission than male PLWHA.

Female HIV-negative spouses of PLWHA among the 771 serodiscordant couples surveyed had lower awareness of relevant knowledge than male HIV-negative spouses: 87.8% of females and 98.6% of males know correct condom use can prevent HIV transmission; and 91.2% of females and 95.3% of males were aware of their own risk of HIV infection.

**Recommendations:** Since females are more vulnerable to spousal transmission of HIV, as described in finding 1, and the data from this study indicates that HIV negative women in serodiscordant couples had lower levels of awareness than males, greater emphasis must be placed on female HIV-negative spouses in HIV serodiscordant households. We recommend that gender specific IEC materials and information dissemination strategies should be developed to specifically target males and females.

**Finding 4.** **Most HIV serodiscordant couples reduced the frequency of sex after the HIV status was disclosed, but the rate of condom use is still low due to several influencing factors including accessibility of information, services and condoms, frequency of sex, education level, traditional practices and having or not having children.**

**Results:** According to the survey, 57.8% of PLWHA reduced the frequency of sex, but only 65.7% of HIV serodiscordant couples used condoms consistently. Main reasons for not using condoms consistently included the unavailability of condoms (32.0%), forgetting to use condoms (26.8%), unwillingness of spouses to use condoms (16.4%), wanting to have children (6.4%), and feelings of invulnerability, as indicated by the
interviewees. The rate of consistent condom use was high among subjects that were more educated, with no children and with lower frequency of sex.

In Henan, Guangxi, and Yunnan, more than 95% of HIV serodiscordant couples increased the use of condoms after the disclosure of the spouses HIV status, and the rate of consistent condom use was 90.8%, 91.5%, and 87.0% respectively. In a survey site of Sichuan, only 68.3% of HIV serodiscordant couples increased the use of condoms after the disclosure of the spouses HIV status, which is much lower than in other provinces (i.e. 98.5% in Henan, 95.1% in Yunnan, 98.7% in Guangxi).

**Recommendations:** We recommend

1. Using locally appropriate strategies in local languages to conduct IEC on condom use and promote safer sex to reduce the risk of HIV transmission, especially in remote areas of Sichuan.
2. Increase the accessibility of condoms, awareness of condom use among HIV serodiscordant couples and condom negotiation skills.
3. Increase access to early testing and counseling for HIV serodiscordant households to promote behavior change and safer sex. Peer education and CBO engagement should be promoted to provide peer counseling and follow-up services in more manner.
4. Improve training of health professionals engaged in the provision of HIV testing and counseling services, including support to partner disclosure.

**Finding5.** Female spouses had less power in the sexual relationship, which increase their risk of HIV infection through spousal transmission.

**Results:** In HIV serodiscordant couples with positive husbands and negative wives, males had greater decision-making power regarding whether to have sex and whether to use condoms, respectively accounting for 62.2% and 55.3% of those surveyed. In the past one year, 31.6% of females in such couples were forced into having sex with their husbands, with the highest proportion, 93.7%, occurring among people in remote areas of Sichuan, indicating that forced sex may be more common in certain areas.

**Recommendations:** Research shows that women often have a lower status in the household and the relationship, making it more difficult for her to bargain for safe sexual behavior, such as using a condom. Therefore, we recommend

1. Increase women’s access to comprehensive services for domestic violence and forced sex, including psycho-social, medical and legal services.
2. Further research to explain and highlight what can be done to protect HIV-negative female spouses from contracting HIV from their husbands should produce specific methods for how to raise awareness among women to protect themselves and ensure safe sexual practices within the marriage and household.

It is equally important to work with male PLWHA to change their perceptions about gender equality in partner relationships. We recommend

1. Targeted IEC materials for male PLWHA and training of CDC staff, CBOs and other actors involved in testing and counseling on promoting gender equal,
positive and responsible sexual behavior among male PLWHA. Both IEC materials and trainings should focus on positive messages that promote the responsibility rather than blame and shame among male PLWHA.

2. Strategies for preventing intimate partner transmission should integrate perspectives on domestic violence against women and girls and can collect good models and experiences on working with men and boys from the field of preventing violence against women and girls.

In addition to the above recommendations, based on the findings of the study and literature review, the following general recommendations are offered.

1. Early intervention is crucial for these key affected population groups. This includes early detection of HIV status through repeat testing, post-test counseling support for disclosure of positive status to long-term partners, as well as comprehensive prevention programmes, such as condom promotion, treatment as prevention, and other sexual and reproductive health services including family planning and Prevention of Mother To Child Transmission (PMTCT). These early intervention packages must be identified according to local context, i.e. economy, culture, language, etc. Stigma reduction and protection of confidentiality are also essential to encouraging early testing of HIV and should be included in these strategies.

2. Integrating a rights-based, gender sensitive perspective into IDU and MSM prevention strategies is essential to reduce risk for female sexual partners of PLWHA. This includes informing women and men of their right to confidentiality, as well as the right to choose how, when, and who discloses their HIV status. Women and men should both be made aware of their right to informed consent prior to HIV testing. Gender sensitive perspectives should be incorporated into interventions by providing gender training to health staff and civil society organizations to ensure gender sensitive counseling on HIV disclosure and testing. Gender specific IEC materials should also be created and disseminated in local languages and in cultural sensitive contexts. Gender equal access to early interventions as well as prevention strategies, as mentioned in the above recommendation, is crucial. Further operational research is needed to better understand the link between sexual violence and HIV transmission.

3. To use community-based approaches for scale up IEC and HIV Counseling and Testing (HCT), etc. Because the research shows lower levels of HIV awareness amongst spouses from remote areas and those who are illiterate, advocacy channels should be creatively expanded so that information is accessible to these populations. Strategies can include radio or TV broadcasts in local languages that do not require the people to read, targeted messages in areas where women spend a lot of time, etc. It is of utmost importance that advocacy campaigns on how to protect themselves are targeted at these populations to reduce the risk of spousal transmission. Appointing medical staff who speak local languages and are knowledgeable about local context, as well as supporting peer outreach services, is further important.

4. Given the diversity and complexity of reported challenges to observing safe sex amongst serodiscordant couples, scale up access to treatment as prevention in
accordance with WHO international guidelines (2012). Interventions promoting condoms should be implemented in ways that take into consideration local context in its communication, involving CDC staff and CBOs. Gender training for CDC staff and other health professionals should be incorporated into interventions to ensure that counseling on the disclosure of HIV status, condom use, and testing are gender sensitive.