

# FACTORS INFLUENCING SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN LIVING WITH HIV IN BANTEN PROVINCE INDONESIA: A MIXED-METHODS STUDY

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**Background:** HIV infection among women and children in Indonesia has steadily increased and women living with HIV (WLHIV) continue to experience sexual and reproductive health (SRH) vulnerabilities. This mixed-methods study explored the factors influencing SRH decisions among WLHIV in Banten Province, Indonesia.

**Methods:** A cross-sectional written survey of 209 WLHIV (18 to 50 years) was conducted between May and November 2017 prior to descriptive and binary regression analysis. In-depth interviews with 30 WLHIV conducted concurrently were thematically analysed adding richness and context of understanding.

**Results:** The majority had no current fertility desire (60.3%) which was statistically associated with having more than one living children ( $p < .01$ ), non-HIV disclosure to partner ( $p < .01$ ), and urban living ( $p < .01$ ). Women described how age, stigmatization, poor PMTCT knowledge and counselling, lack of partner support, family discouragement, and fear of child's well-being influenced their lack of desire for more children.

61.7% reported using contraception, mostly condoms (86.0%) though inconsistent use was high. 33.9% had unmet contraception needs determined by: non-HIV disclosure to family ( $p < .01$ ), unmarried status ( $p < .01$ ), and having casual partner/s ( $p < .01$ ). Women described how insufficient contraceptive knowledge and counselling, and partner's condom use and/or disapproval of using other methods influencing their contraceptive decision.

Most (67.5%) reported difficulties negotiating safer sex practices with 33.3% reporting STI symptoms. Poor sexual health knowledge, cultural beliefs about talking and negotiating SRH rights, male dominant relationship, limited financial autonomy and familial others influences were considered challenges for achieving SRH well-being post-HIV diagnosis.

**Conclusion:** WLHIV faced a range of personal, interpersonal, and intrapersonal barriers in meeting their SRH rights. Strategies need to be designed to build WLHIV capacity to achieve optimal SRH by considering their complex socio-cultural-religious context. Interventions that assist WLHIV in Indonesia to make independent and safer sexual and reproductive decisions with the involvement of their familial others are essential.

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