Chapter VII

Conclusions & Recommendations
7.0 CONCLUSIONS & RECOMMENDATIONS

With the background of 4 to 5 million people living with HIV in India and with few reports on heterosexual transmission of HIV in Indian setting, 200 heterosexual couples with HIV were investigated. Consequently the following salient conclusions have been drawn:

7.1 Males are the predominant infected in the cohort and individuals of 27-35 years age group are the most affected and the major mode of HIV transmission is through heterosexual route.

7.2 Transmission is related to frequency of sexual intercourse (vaginal sex) prior to the knowledge of seropositivity of the index partner. Therefore, a need for health education, counseling programs and condom promotion targeted particularly to couples to help reduce introduction of HIV infection into the marital relationship and to prevent subsequent high transmission rates within discordant couples.

7.3 Presence of genital ulcers in both the partners especially in the female partner is strongly associated with seroconversion among heterosexual couples. These findings add to the accumulating data that prevent and treat other sexually transmitted diseases, especially those that damage the genital mucosa, may have an important role in minimizing the risk of sexual transmission of HIV. Therefore, an urgent need to promote preventive
measures such as monogamy or condom use and treatment measures among heterosexual couples is enforced.

7.4 Discordant women with a male index partner felt more comfortable in asking their partners to use condoms during vaginal intercourse. Communication between partners plays a direct, key role in facilitating condom use and forms the basis for maintaining emotional intimacy in these relationships. The link between condom use and communicating about safer sex was viewed as pivotal in achieving HIV prevention for individuals in serodiscordant couples.

7.5 Discordant women refused sex when their male index partner was unwilling to use condom during sexual intercourse. To prevent HIV transmission in stable partnerships in this population, additional efforts are needed to increase condom use, to improve women’s negotiation skills and to develop new methods that do not require partner cooperation such as vaginal microbicides or vaccines.

7.6 HIV disease is not only a medical issue, but a psychological one as well. Several psychological factors have been associated with poorer health status and with suppressed or compromised immune function.

7.7 Concordant females and discordant females differ significantly in terms of psychological or emotional responses to a person’s own HIV positive status. The concordant females experienced strong emotional responses such
as fear, shock, shame, loss, grief, guilt, anger, disbelief or denial, depression, feelings of dependency and loss of hope.

7.8 Women in the discordant couples scared of acquiring HIV infection from their positive male partners and due to this fear of contagion their marital relationship was affected. The risk of vaginal sex without condoms in HIV-serodiscordant heterosexual couples may be reduced by specific psychological counseling and attention to drug and alcohol use as risk factors.

7.9 Both concordant and discordant couples' social life was affected by their HIV status disclosure due to the community's lack of correct information about the virus transmission and the stigma attached to the HIV disease. Addressing these issues and providing correct information to the community through media campaign may reduce the stigma.

7.10 Both men and women in concordant couples experienced change in attitude towards life and lost all aspirations and lack of purpose in life, coupled with a lack of short and long-term goals due to HIV.

Behavioral studies conducted in India has laid out certain benchmarks useful for behavioral scientists for designing better preventive intervention methods, effective management and prevention of new HIV infections among heterosexual couples in India.