艾滋病经配偶间传播现状及应对策略研究报告

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

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根据2009年卫生部艾滋病疫情估计，中国现存的HIV感染者和AIDS病人为74万，其中约有15%由其配偶传播感染。故夫妻间HIV传播的预防，能有效地降低每年的新发感染数。为了更好地了解HIV经配偶间传播的现状及其影响因素，2011年本研究在云南、河南、四川、广西和重庆的六个县（市）进行了调查。考虑到样本量和调查可操作性原因，除重庆外均选择在农村地区进行调查。调查包括：（1）对疫情数据库和HIV传播模式的分析；（2）771对HIV单阳夫妇的定量调查（其中72.2%为男阳女阴）；（3）59名医务人员（包括CDC工作人员）、60对单阳夫妻、8名HIV男男性接触感染者及其女性配偶的定性访谈。以下为本研究的主要发现和建议。

1、经配偶间传播的HIV感染者和病人数量呈上升趋势，以男传女为主，女性所受影响较大

结果：疫情库数据分析结果显示，在云南、四川、河南、广西和重庆的调查地区，经配偶间传播感染HIV的感染者和病人比例分别从2004年的1.29%、0.78%、3.39%、0.86%和2.33%上升到了2011年（截至7月底）的11.79%、10.91%、20.00%、12.51%和8.27%。表明HIV经配偶间传播有上升趋势。见图1。

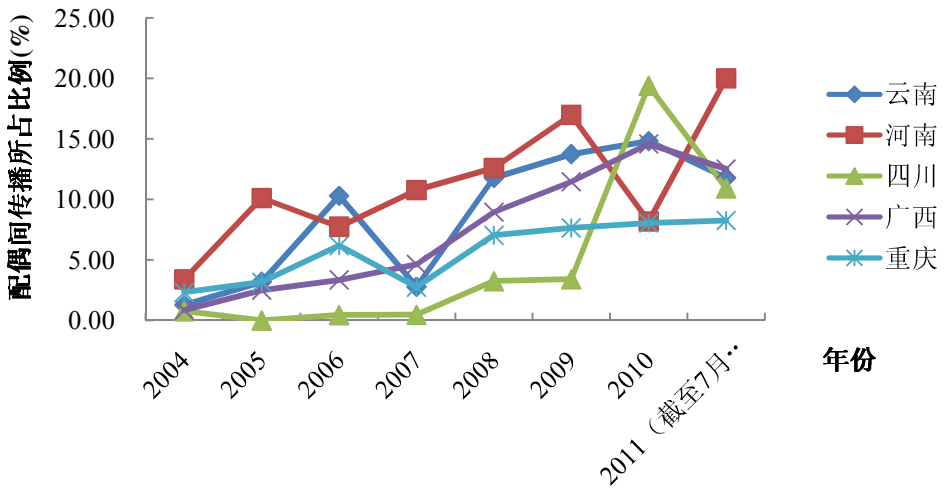

图1 不同年度不同调查地区HIV经配偶间传播情况

调查地区（云南、四川、广西、河南和重庆）已婚有配偶的感染者和病人中，男性的数量分别是女性的2.3倍、3.1倍、2.3倍、1.2倍和2.1倍；经配偶间传播感染HIV的女性分别是男性的6.6倍、2.1倍、5.1倍、1.1倍和2.9倍。表明在HIV经配偶间传播的情况中，女性感染的风险和所受影响都比男性大。见图2。

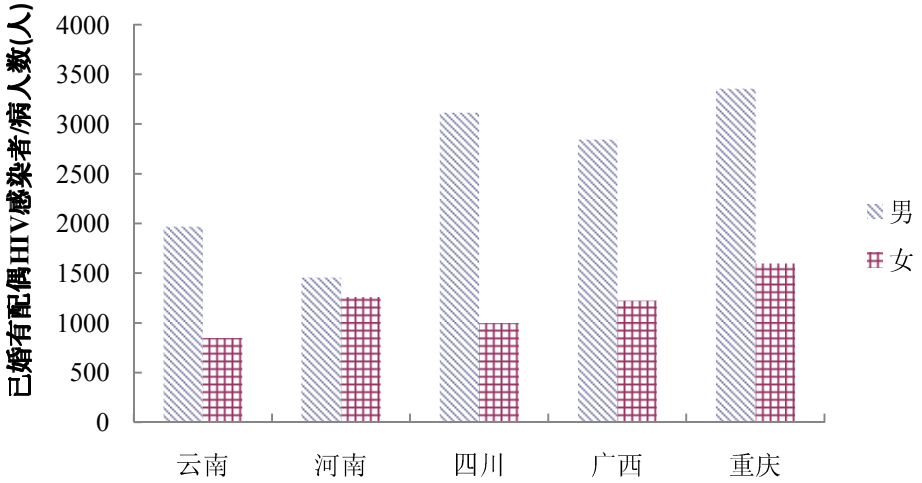

图2 调查地区不同性别已婚有配偶的HIV感染者和病人人数情况

建议：进一步提高艾滋病高危人群综合干预服务的可及性，增强感染者和病人保护其配偶/固定性伴的意识，提高女性在两性关系中的自我保护能力。具体建议包括：在目前针对IDU、MSM以及嫖客的HIV防治策略中，进一步增加防止感染者和病人将HIV传播给配偶/固定性伴的内容。加强男性高危人群的宣传教育，增强其预防HIV经配偶间传播的意识。

2、调查地区由感染者本人告知配偶的比例不高，告知方式受到性别、感染途径及当地政策的影响

结果：参与调查的HIV感染者和病人的阴性配偶（771人）中，报告由感染者本人告知配偶的有401人（占52.1%），由医务人员告知的358人（占46.5%），其他方式的11人（占1.4%），如由村（居委会）干部告知；而希望由感染者本人告知的有398人（占52.6 %），希望由医务人员告知的有359人（占47.5%）。

女性感染者和病人本人告知其配偶的比例（63.9%）高于男性感染者和病人（47.6%）；经血传播感染的感染者和病人更倾向于由本人告知（占86.8%），配偶

也容易接受，夫妻感情也基本无变化，有的甚至更好；经性传播感染的由本人告知较难（占56.6%），主要是感染途径较难让配偶接受。吸毒感染的告知情况在不同的地区有着明显的不同，四川调查地区由感染者本人告知的比例明显低于其它地区，这可能与当地人群文化程度较低，对疾病缺乏了解，没有告知意识有关。

我国部分地区出台了明确的关于HIV感染者配偶告知的政策，要求感染者和病人在得知自身感染情况后的一定时间内对配偶进行告知，否则，将由医务人员进行告知。河南和云南均实施了配偶告知政策，在这两个省份的调查地区，感染者配偶表示由感染者本人告知的比例分别为87.4%和71.0%；而在广西（无配偶告知政策）的调查地区，报告为感染者本人进行告知的阴性配偶比例仅为51.6%，在四川的调查地区（无配偶告知政策），感染者和病人本人进行告知的比例为0，98.6%（208人）的阴性配偶表示自己均是由医务人员进行告知，其余的为通过其他方式（如村干部）告知的。

建议：数据表明，在已有相关明确的配偶告知政策的地区，辅之以相应的宣传教育，医务人员掌握熟练的医患沟通技巧，可以有效的提高感染者/配偶自愿进行配偶告知的比例。具体建议如下：

1. 参考WHO《HIV配偶间检测咨询指南——包括将单阳家庭抗病毒治疗作为HIV配偶间传播的预防手段》（2012年），将河南、云南等地的配偶告知政策、操作模式等进行深入的分析研究，为国家及各地制定相应的配偶告知指南提供借鉴。

2.加强医务人员提供咨询服务的能力建设，充分保障感染者和病人能够对配偶进行及时告知。

但相关的研究应注意：告知政策是否明确、是否符合当地实情、是否保护了感染者和病人及其配偶的权益；相应的干预措施是否建立在充分的咨询和交流基础上，而不仅仅是强制性的宣传教育、是否为HIV单阳配偶提供了除配偶告知外其它的长期的服务和支持、是否采用了感染者和病人同伴教育的方式来提高配偶告知率等等。并且，所有的干预措施都必须符合当地的文化习俗、使用当地的语言和采用适合某些特定人群的方法。

3、得知配偶感染后，感染者配偶HIV配偶间传播知识的知晓率有所提高，不同性别的感染者/病人和配偶相关知识知晓率有所不同

结果：在HIV单阳家庭中，得知配偶感染前，只有79.4%（611人）的感染者/病人配偶知道性接触传播是艾滋病的重要传播途径；得知配偶感染后，90.8%（700人）的感染者/病人配偶知道正确使用安全套可以预防传播艾滋病；而92.3%（712人）的感染者/病人配偶意识到自己也可能感染艾滋病。在仍未意识到自身感染风险的感染者/病人配偶（7.7%）中，88.1%居住在乡镇及以下农村、57.6%为四川的少数民族、83.1%为女性、55.9%文化程度为文盲、62.7%其配偶的感染途径为注射吸毒感染。

参与调查的771对HIV单阳夫妻中，女性感染者和病人在HIV配偶间传播的相关知识正确回答率均高于男性：如知道性接触传播是艾滋病的重要传播途径的女性比例为98.6%，男性为72.5%；知道正确使用安全套可以减少艾滋病的传播的女性比例为98.6%，男性为72.7%；知道夫妻性行为不使用安全套可能会把艾滋病传给配偶的女性比例为97.2%，男性为72.4%。提示女性感染者和病人较男性感染者和病人具有更强的保护阴性配偶的意识。而女性阴性配偶的相关知识的知晓率均低于男性阴性配偶：如知道夫妻间性行为正确使用安全套可以预防传播艾滋病的女性比例为87.8%，男性为98.6%；意识到自己也可能感染艾滋病的女性比例为91.2%，男性为95.3%。

建议：结果1显示，女性在HIV配偶间传播中所受影响较男性更大，而HIV相关知识情况分析也表明，在阴性配偶中，女性相对于男性相关知识正确应答率更低。所以预防HIV配偶间传播的工作可重点倾向于单阳家庭中的女性阴性配偶，可针对男女性别差异设计宣传材料和开发传播策略。

4、得知配偶感染后，大部分HIV单阳夫妻减少了性行为频次，但安全套坚持使用率仍不高。性行为频率、文化程度、相关知识和安全套的可及性、文化习俗和有无子女都是安全套坚持使用率的重要影响因素

结果：得知配偶一方感染后，57.8%的HIV单阳夫妻减少了性行为，但只有65.7%每次性行为时均能坚持使用安全套。而不能坚持使用安全套的主要原因有身边

没有（占32.0%）、忘记使用（占26.8%）、配偶不愿意使用（占16.4%），想要小孩（占6.4%）及侥幸心理等。文化程度较高、无子女和性生活频率较低的调查对象安全套坚持使用率较高。

河南、广西和云南调查地区的单阳夫妻在得知一方感染后，增加安全套使用的比例均大于95%（分别为98.5%、98.7%和95.1%），每次性行为均能坚持使用安全套的比例分别为90.8%、91.5%和87.0%。而在四川调查地区的单阳夫妻，得知配偶一方感染后，增加安全套使用的比例仅为68.3%，远低于其它地区。

建议：具体建议如下：

1.

根据当地的文化习俗，特别是四川少数民族地区，采用当地民众可接受的方式来进行安全套使用的宣传教育，促进安全性行为，降低艾滋病传播的风险。

2.

进一步保障安全套的可及性，提高HIV单阳配偶间安全套的使用意识和沟通技巧。

3.

加强单阳家庭早期检测咨询工作，促进配偶间性行为的改变与安全性行为。积极倡导同伴教育和社区组织（CBO）参与工作，为感染者/病人及其配偶提供咨询和随访服务。

4. 加强相关医务人员的培训，提高其HIV检测咨询服务的能力。

5、女性配偶性关系相关权力低于男性，加大了女性阴性配偶经配偶间传播感染HIV的风险

结果：HIV单阳家庭（男阳女阴）中，在是否发生性行为与是否使用安全套方面，通常都是男性更具有决定权，分别为62.2%和55.3%。而在过去的1年里，单阳家庭（男阳女阴）中，有31.6%的女性经历过配偶（感染者）施加的强迫性性行为，其中四川调查地区的女性所占比例最大，为93.7%，表明可能在一定的地区，配偶间强迫性性行为情况较为严重。

建议：研究显示，大部分女性阴性配偶性关系相关权力低于男性，增加了其要求发生安全性行为（如使用安全套）的难度。具体建议如下：

1.提高女性抵制家庭暴力和强迫性性行为相关综合服务的可及性，提供社会心理、医学和法律支持。

2.进一步研究如何预防女性阴性配偶经配偶间传播感染HIV，提高女性自我保护能力，确保婚内安全性行为。

同时，应增强男性感染者/病人性别平等的意识。具体建议如下：

1.对男性感染者/病人设计针对性的宣传教育材料，对疾控中心（CDC）和社区组织（CBO）工作人员进行培训，在各项工作中积极提倡性别平等，鼓励、引导男性感染者在家庭中承担起预防艾滋病配偶间传播的主要责任。

2.将反对家庭暴力作为预防HIV配偶间传播的策略之一，探索以男性为主体的干预模式和经验，为预防女性遭受家庭暴力提供借鉴。

除上述建议外，在文献回顾和本研究主要发现的基础上，提出以下建议：

1.

在反歧视和隐私保护的原则下，针对高危人群进行早期干预，根据各地区不同的情况（如经济，文化，语言的不同）制定不同的策略措施，包括：HIV早期检测、配偶告知前咨询（特别是告知女性阴性配偶）以及综合干预策略等，如安全套推广、治疗作为预防手段（TASP）和其他的性/生殖健康服务（包括计划生育和预防母婴传播（PMTCT））等。

2.

从人权和社会性别敏感性的角度进行综合考虑，在IDU和MSM针对性的预防策略中，增加降低感染者/病人女性阴性配偶HIV感染风险的内容。其中包括感染者/病人及其配偶的隐私权，对告知主体、告知时间和告知方式的决定权以及进行HIV检测的知情同意权等。对医务人员和社会组织（CBO）工作人员进行性别平等性的宣传教育，在各项干预措施中充分体现出其社会性别敏感性。使用当地语言、结合当地习俗文化，制作和传播有性别针对性的宣传教育材料，保障早期干预和治疗服务获得的社会性别平等性。进一步进行研究，以期更好的了解家庭/性暴力对HIV配偶间传播的影响。

3.研究显示，文盲和在农村地区生活的阴性配偶HIV相关知识和意识水平较低，所以应进一步扩展宣传渠道，促进信息的获得。可以通过收音机、电视等宣传媒体，使用当地的民族语言，特别是针对少数民族地区开展个性化的宣传教育活动。同时，由了解当地情况的医务人员开展工作，使用同伴外展和利用社区为平台进一步扩展HIV咨询检测服务的方式都是相当有效的。

4.为预防HIV配偶间传播，促进夫妻间安全性行为，应参考WHO最新的国际指南（2012年），进一步扩大单阳家庭的感染者/病人治疗。安全套推广策略应充分考虑当地文化习俗，促进疾控中心及社区组织工作人员广泛参与。对疾控中心和其他医务工作人员进行社会性别敏感的策略培训，以提高HIV检测、配偶告知前咨询和安全套使用推广等干预工作的有效性。

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

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.

Finding1. *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)

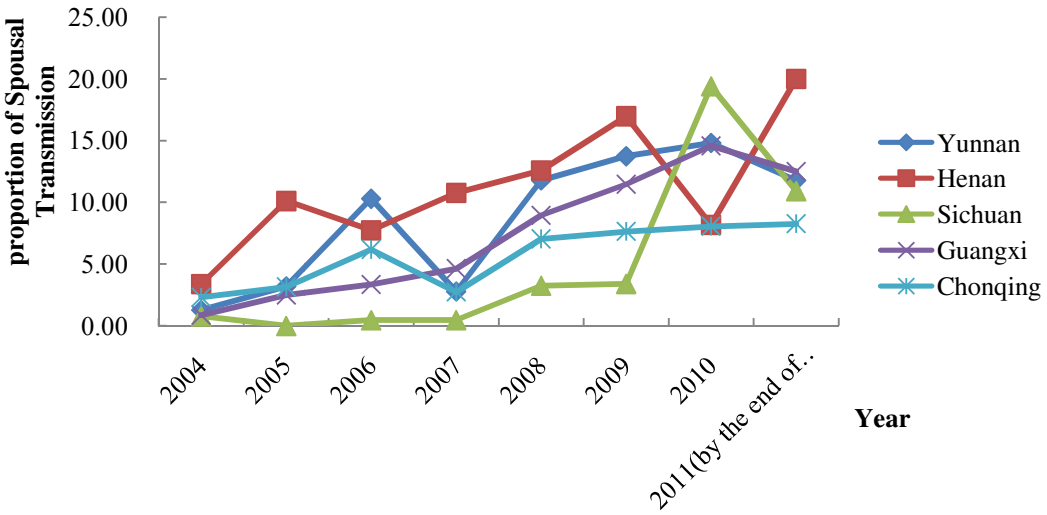

Figure. 1 Proportion of spousal transmission among report cases in study sites by year

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)

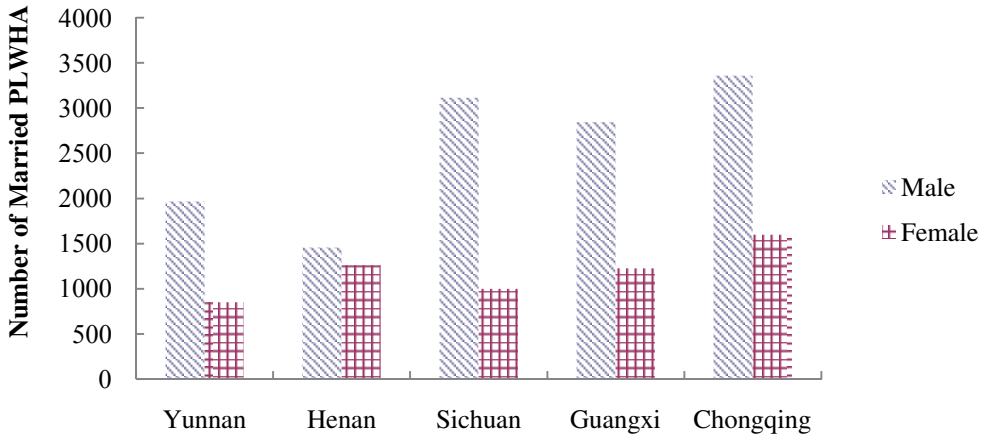

Figure. 2 Number of married PLWHA among reported cases in study sites, by sex

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.

Finding2. *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 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.

Finding3. *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.

Finding4. *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.