

# KOSHISH

Working towards better sexual and reproductive health and rights of PLHIV in Andhra Pradesh

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### Message from the President,

### Society for welfare of HIV infected people (SHIP+), Guntur, AP



Today, discrimination, stigma, fear and violence pose real threats to many sexual minorities, vulnerable groups & people living with HIV and prevent many people from attaining basic sexual rights and health. Sexual rights are a component of human rights, they are an evolving set of entitlements related to sexuality that continue to the freedom, equality and dignity of all people, and they cannot be ignored. We must preserve, we must be uncompromising and passionate in our efforts to decrease stigma and improve access to services. Too often denied and too long neglected, sexual rights deserve our attention and priority. It is time to respect them. It is time to demand them.

We members of PLHIV community trust that the efforts of "KOSHISH PROJECT" will play a crucial role on the journey ahead and profoundly thank European Commission /India HIV/AIDS Alliance and VMM for kind concern, guidance and valuable support.

Alladi Ramadevi



European Commission



Telugu Network of People Living with HIV/AIDS  
Andhra Pradesh

### State level workshops for project staff

Vasavya Mahila Mandali conducted three workshops for project staff. The main objective of the workshops is to capacitate District Advocacy officers in SRH aspects to identify and advocate the issues of the PLHIV community.



#### 1st State level workshop on Sexual Reproductive Health

1st state level workshop for project staff on "SRH" was organized by Vasavya Mahila Mandali (VMM) on 17th and 18th July 2012. Mrs. Indira Rani was the lead trainer and Dr. A.Mamatha, Technical Support Provider, was the co facilitator of the work shop. Mr.Amit, TS Hub, and Ms. Kumkum, Programme Officer attended the work shop as observers from India HIV/AIDS Alliance. All project staff attended the training and understood the main components of sexual and reproductive health, Sexual and reproductive health organs and their functions, Sexual and reproductive health in the context of PLHIVs and Key population and their living challenges, barriers in accessing Sexual Reproductive Health services and the modes of addressing the issues and the risk of Cervical cancer.

#### 2nd State level workshop on Risk and Vulnerability

2nd state level workshop for project staff on "Risk and Vulnerability to HIV and SRH" was organized by VMM on 30th and 31st August, 2012. Mrs. Indira Rani was the lead trainer and Mrs. Swapna, TSP is the co facilitator of the work shop. All project staff had information on the main components of "our target groups and their risks and vulnerabilities to HIV and SRH", "Marginalization, Vulnerability and High risk of Female Sex Workers, Men who Have Sex with Men (MSM), Transgender and People who Use Injecting Drugs (PWID)", "sexual and reproductive health needs for MSM" ,"MSM and Gay Men's sexual behavior and their identities", "Drug use cultures and injecting", "Advocacy issues related to Key population- Violence from society ,Legal issues related to KPs ( ITPA Act, Article 377)".

### 3rd State level workshop on Gender

3rd state level workshop for project staff on "Gender" was organized by VMM On 21st and 22nd September, 2012. Mrs. Indira Rani was the lead trainer and Mrs. Siva kumari, TSP was the co facilitator of the work shop. All project staff learned about "difference between Gender and Sex", "Gender and Gender relations related to male female and Trans Gender", "Gender roles and Gender Identities related to male, female and Trans genders", "Gender division, violence and Inequalities", "PPTCT Latest Guidelines" and Advocacy issues related to Gender and SRHR policies

#### 4th Coalition meeting



Fourth Coalition meeting was held on 14th August 2012 at K&M hotel in Guntur District. The meeting was organized by Telugu Network of People Living with HIV /AIDS (TNP+), State level Network in AP. Additional District Medical and Health Officer, Guntur District Dr. P. Umadevi, Mr.Madhusudhan Rao, District Programme Manager, Mr.Veera swamy, ICTC coordinator, Mr.Ratna Kumar, CFAR and VMM, TNP+ staff, representatives of partner NGO&CSO's attended. In the meeting Coalition members discussed about the issues prioritized in 3rd coalition meeting and finalized the state advocacy plan. Coalition members discussed about collection of information and evidences to support state level advocacy and District level advocacy issues.

#### 5th Coalition meeting

The Fifth emergency Coalition meeting was held on 31st August 2012 at Vijayawada by Vasavya Mahila Mandali. After reviewing the revised NACO technical guidelines dated: 18th January 2012 on laboratory monitoring for patients at ART/LAC centers, the coalition found that the "PAP smear test is to be done at ART/LAC as an additional test". Basing on the guidelines the coalition found that we need to collect the evidences at districts on the PAP smear test availability by referring Women Living with HIV to ART/LAC centers.

## Community consultation meetings

In the month of September, 2012 VMM Koshish project partners conducted Ten Community Consultation Meetings by VMM and TNP+ in five districts. The community members with a total of 231 were involved. Advocacy Officers facilitated FGDs with community members and collected PAP smear test availability in districts.

## State level advocacy event



Vasavya Mahila Mandali (VMM) and Telugu Network of People Living with HIV/AIDS (TNP+AP) along with the representatives of 23 district level PLHIV networks affiliated with TNP+ presented a memorandum to Dr.P.Jayamma, Additional Project Director, Andhra Pradesh State AIDS Control Society, on 10th September 2012, in conference hall of APSACS, Hyderabad, on the need and importance of effective and meaningful implementation of the NACO Revised technical guidelines on PAP smear test availability for Women Living with HIV in Andhra Pradesh.

## Ananthapur District advocacy event



On 28th September 2012, SNEHAM CBO, Ananthapur District, organized a public meeting at CBO office. CBO members and DLN president Mr.Veeranjaneyulu, Mr.Venkata Ratnam, District Programme Manager, DAPCU of Ananthapur attended the meeting. The community members, CBO board members and VMM

advocacy officer attended. The MSM Community members shared their experiences during the visit to ICTC with the behavior of counselor. Mr. Chandrasekhar, Secretary, Sneham CBO submitted a memorandum to the DPM, he responded positively and appreciated the efforts of the community members in collection of evidences and preparation of memorandum. He promised to share the message with district authorities and try to take necessary steps to change the behavior of counselor in ICTC and make the MTH community friendly.

## Case study

Women living with HIV forced to approach private health facility due to difficulty in getting treatment for cervical cancer in public health care facility

Niraja, 30 years old woman living with HIV is residing at Hyderabad. She is the eldest in her family. She got married in an early age of 17 years. Her husband worked as a taxi driver in Hyderabad and so he shifted his family to Hyderabad. His job required him to travel for ten days or more. He maintained contacts with female sex workers. The couple was blessed with two female children.

One day her husband met with an accident and the blood testing revealed his positive status for HIV. The Doctors tested her and she too was positive. They were depressed and over a period of time, her husband recovered from his injuries, but did not join in job, due to his depression. HOPES, NGO outreach worker met them in their house and gave counseling about HIV, after repeated counseling sessions, the couple accepted to go for CD4 testing and took ARV medicine. In 2006, her husband died with AIDS and TB, later she went to her brother's house along with her two children in Hyderabad.

After Four years, her health deteriorated. She got irregular bleeding and foul smelling vaginal discharge in between periods and lower abdominal pain. In the month of February, 2011 she went to Government hospital for check up and she was referred to Gynecology department, KOTI Maternity hospital. She felt that the doctors did not test her properly due to her HIV status and gave some regular medicine. The medicine did not give relief from pain and bleeding problem. In the month of March 2012, due to seriousness of the problem, her brother approached Apollo hospital, a corporate hospital, Hyderabad. The doctors conducted the necessary tests, and her cervical cancer was diagnosed. She was initiated with treatment for cervical cancer. They spent around INR 40000/- for the treatment. After counseling and proper medicine, her health condition is now stable.

# HORMONAL CONTRACEPTION AND HIV

Following new findings from recently published epidemiological studies, WHO convened a technical consultation regarding hormonal contraception and HIV acquisition, progression and transmission. It was recognized that this issue was likely to be of particular concern in countries where women have a high lifetime risk of acquiring HIV, where hormonal contraceptives (especially progestogen-only injectable methods) constitute a large proportion of all modern methods used and where maternal mortality rates remain high. The meeting was held in Geneva between 31 January and 1 February 2012, and involved 75 individuals representing a wide range of stakeholders. Specifically, the group considered whether the guideline Medical Eligibility Criteria (MEC) for contraceptive use, Fourth edition 2009 (MEC) should be changed in light of the accumulating evidence.

After detailed, prolonged deliberation, informed by systematic reviews of the available evidence and presentations on biological and animal data, GRADE profile summaries on the strength of the epidemiological evidence, and analysis of risks and benefits to country programmes. The group concluded that the World Health Organization should continue to recommend that there are no restrictions (MEC Category 1) on the use of any hormonal contraceptive method for women living with HIV or at high risk of HIV. However, the group recommended that a new clarification (under Category 1) be added to the MEC for women using progestogen-only injectable contraception at high risk of HIV as follows:

Some studies suggest that women using progestogen-only injectable contraception may be at increased risk of HIV acquisition, other studies do not show this association. A WHO expert group reviewed all the available evidence and agreed that the data were not sufficiently conclusive to change current guidance. However, because of the inconclusive nature of the body of evidence on possible increased risk of HIV acquisition, women using progestogen-only injectable contraception should be strongly advised to also always use condoms, male or female, and other HIV preventive measures.

Expansion of contraceptive method mix and further research on the relationship between hormonal contraception and HIV infection is essential. These recommendations will be continually reviewed in light of new evidence.

The group further wished to draw the attention of policy-makers and programme managers to the potential seriousness of the issue and the complex balance of risks and benefits. The group noted the importance of living with or at risk of HIV to also always use condoms, male or female, as hormonal contraceptives are not protective against HIV transmission or acquisition.

## Recommendations for women at high risk of HIV infection

- Women at high risk of HIV can continue to use all existing hormonal contraceptive methods without restriction.
- It is critically important that women at risk of HIV infection have access to and use condoms, male or female, and where appropriate, other measures to prevent and reduce their risk of HIV infection and sexually transmitted infections (STIs).
- Because of the inconclusive nature of the body of evidence on progestogen-only injectable contraception and risk of HIV acquisition, women using progestogen-only injectable contraception should be strongly advised to also always use condoms, male or female, and other preventive measures. Condoms must be used consistently and correctly to prevent infection.

## Recommendations for women living with HIV infection

- Women living with HIV can continue to use all existing hormonal contraceptive methods without restriction.
- Consistent and correct use of condoms, male or female, is critical for prevention of HIV transmission to non-infected sexual partners.
- Voluntary use of contraception by HIV-positive women who wish to prevent pregnancy continues to be an important strategy for the reduction of mother-to-child HIV transmission.

Reference: [http://www.who.int/reproductivehealth/topics/family\\_planning/hc\\_hiv/en/index.html](http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv/en/index.html)

### VASAVYA MAHILA MANDALI (VMM)

D.No. 40-9/1-16, Vasavya Nagar, Benzcircle, VIJAYAWADA - 10, Krishna District, ANDHRA PRADESH

Ph : +91 866-2470966/2473056 Mobile:+91 98490 81733

E-mail: [vasavyamm@sify.com](mailto:vasavyamm@sify.com), [vmmsrhr@gmail.com](mailto:vmmsrhr@gmail.com), [www.vasavya.com](http://www.vasavya.com)