

**SEXUAL BEHAVIOUR IN THAI HIV INFECTED PATIENTS
AFTER THE ANTI RETROVIRAL THERAPY**

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ABSTRACT

This cross-sectional descriptive study aimed to assess patterns of sexual behavior, attitudes towards and knowledge about HIV/AIDS, and levels of perceived acceptance in Thai HIV infected patients after the initiation of HAART. 200 HIV-positive men and women aged 22-58 years, on HAART for 5-28 months, and a reported marked physical improvement, were interviewed by structured questionnaire in November-December 2005, in Chonburi Hospital, Eastern Thailand.

Results: Majority were men (60%), median age was 34 years, heterosexual (71%), married (59%), most had primary or secondary school education, and low income status. We assessed sexual behaviors after HAART and differences in reporting those behaviors perceived before HAART. For men, the numbers of non-regular and commercial partners decreased sharply after ART, but almost 20% still continued visiting CSW after HAART. Among men, perceived "100% condom use" with regular partners grew by more than one-third, to 60%, and with non-regular partners by 17%, to 35%, after HAART. One-fourth of male subjects refused to use condoms with regular partners after HAART. 31% of females still had unprotected sex with regular partners after HAART. Among men, 18% and 26% of women did not use condoms at their last sexual encounter. Three-fourths of subjects had incorrect beliefs about safe-sex behaviors and HIV transmission under HAART. There was a striking overall negative attitude towards HIV infection itself and a high level of stigmatization among patients on HAART. In spite of a positive trend, 64% still experience intolerance at home, the work place, among friends and in health care facilities. Most of the subjects showed higher levels of optimism and felt less depressed after HAART. There were some associations between perceived safe-sex behaviors and disclosure to partner, marital status and ART duration. We recommend collecting baseline data on sexual behaviors, psychological condition, beliefs and attitudes before starting ART, to monitor changes over time. Intensive risk-reduction, counseling and routine STD screening are needed. Treatment programs should emphasize consistent condom use with regular and non-regular partners, further reduction of CSW visits and disclosure. It is necessary to inform patients about continued HIV transmission under HAART. HIV-patients' self-esteem needs to be improved by integration of mental health services with HIV primary care. Sexual education and condom use campaigns for non HIV-infected persons should be reinforced.

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