

HIV+ Female Spanish Speaking Mini-Focus Group
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POWER Program
AIDS Project Los Angeles

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Introduction:

As an employee of the POWER program and a Wellness Case Manager I conducted a mini focus group with three HIV positive Spanish speaking women at AIDS Project Los Angeles on December 17th, 2001. The group lasted 2 hours. There were (3) participants ages 24, 47 & 53. The session was tape recorded. The following notes are based on my observations and comments from the participants that I wrote on flip charts during the focus group. The purpose of the group was to gain feedback from our female clients regarding upcoming sexual health and wellness programs for Spanish speaking women at APLA.

Highlights:

- There were significant age differences, for example ages 24, 47 & 53.
- All the women participated and were very talkative.
- All the women appeared to be conservative in their sexual activity practices and had a limited amount of partners.
- All of the participants were not currently sexually active.
- The older participants stated that they had no desire for sex.
- The youngest participant stated that she was interested in sex but her partner was not.
- Two of the participant's spouses died of AIDS.
- All participants were infected by their male significant other.

Recommendations:

I think that the POWER program can provide workshops for a co-gender Spanish-speaking population, or if there were women specific topics that there could be appropriate translation provided at the POWER workshops. The POWER program can also collaborate with APLA women's programming to coordinate some of the workshops.

Overall, I think that the women were interested in many aspects of HIV but that disclosure issues and prevention issues around transmission were mentioned often throughout the mini focus group.

1. Thinking about your own personal interests, what other issues should sexual health and wellness programs address for HIV positive female clients at APLA?

- Concerns about being sexually active: the group was not sexually active. After the spouses died, two of the participants did not have sex. They felt that it was not necessary to have sex anymore. And especially they were diagnosed with HIV.
- The youngest participant has not had sex in over a year, but she stated that it was because her partner did not have the interest.
- They all felt that it was important to disclose HIV status to a sexual partner, communication is important.
- They felt that HIV changed their lives, sexually, emotionally and physically.
- One participant stated that sex did not interest her, that all her energy went into taking care of herself.
- There was mention of reinfection possibilities.
- One of the older women felt that they couldn't say NO to her spouse when he wanted to have sex.
- They felt that there was trust with their partners sexually that they wouldn't give them an STD or an illness.
- The youngest female was infected when she was 20 years by her current male significant other. She stated that she had about 3 partners in her lifetime.
- Fear of passing the virus to someone else.
- All the women felt that sex was more emotional for women.
- They also felt fear of rejection, of sex.
- Disclosure and Honesty important
- One of the older partners experienced sexual abuse from her partner, she felt that her love changed for her partner and she withdrew from him. That the abuse stays with you.
- Partner did not tell her of his HIV status for 6 months
- After she found out she was HIV positive she thought she was going to die, and that nothing else mattered. Material things did not matter. She spent a lot of money.
- You feel like it's a death sentence, it's a death and then you are reborn again. It's an abandonment of oneself, then you return to oneself again through help, therapy. Life continues.
- Depression.
- Fear of dying especially when you're SO is sick and dying.
- No mention of Substance Abuse. None of the participants are drug users.

2a. How, if at all, are the sexual health needs of HIV positive women different from those of HIV positive men?

- Some agreed that their needs might be the same.
- Possibly women want more relationships, not as much sex. Women want company, more relational.
- Love and affection as opposed to sex
- The youngest participant was still interested in sex with her partner.
- Taking care of partner is difficult, so that you don't think much about sex
- One felt that you became more sensitive
- Needs may be a little different, aging, Menopause, but availability to health care should be the same.
- Medication offset hormones, more sensitive
- Your body works harder
- Menopause effects are harder, possibly
- Its important to use condoms to prevent STDs and Reinfection
- A CLASS ON different contraceptions at APLA, on how to use them
- Female condom good, no one has used them. Especially when other partner doesn't want to use condoms. Important to learn how to use them. Puts the power in the woman's hand. It shouldn't be the male's responsibility or the male should not have all the power.
- Sex was not that important before and after HIV, but with HIV it's less.

2b. We realize that HIV+ women have both HIV transmission and pregnancy concerns. What are your concerns and/or feelings regarding pregnancy?

- A HIV positive woman needs all the energy for herself because raising a child takes a lot of energy.
- Fear of passing the virus to the baby
- With medication and technology the chance of passing the virus to the baby is low
- The choice of the woman
- The woman's health is most important
- The young are stronger
- Raising children could be more difficult especially if you were to become sick, a lot of stress
- Menopause

3. How, if at all, have your sexual relationships changed as a result of your HIV status?

- No sex at all
- No desire to have sex
- No desire to have sex especially when husband was sick and dying.

3a. What issues have come up regarding sexual activities with your primary sexual partners either in the past or presently?

- Partner who is HIV positive has no sexual interest
- Felt like she was not desirable
- Still need protection because of reinfection especially with a HIV positive partner

3b. What issues have come up regarding sexual activities with casual sexual partners ?

- More comfortable with primary partner
- Don't have to deal with emotions with one-night stands
- Protection
- Other diseases partners might have are unknown

3c. How are your sexual experiences with primary partners different from those with casual partners?

- Two of the older participants only had two primary partners in their lifetimes.
- No one currently has casual partners
- Doesn't think about casual sex
- It is important to disclose to sexual partners one's HIV status
- Important to use protection

4. What issues come up about having sex with male sexual partners?

What issues come up about having sex with female sexual partners?

How, if at all, do you think the sexual health needs of HIV positive bisexual or lesbian women are different from those of HIV positive heterosexual women?

- None of the participants have been with women so they imagined the different scenarios.
- They felt that the issues would be the same, love the same
- They weren't sure about sexual practices
- Male partners are more macho
- As a woman their needs are the same for heterosexual, lesbian or bisexual
- Women are more emotional

5. What are your concerns regarding being sexually active while being HIV+?

- Disclosure
- Rejection
- Repulsion
- Fear
- Preoccupation over disclosure
- Will they understand about my HIV status
- Do not hide
- Less stress if you do not hide your status to sexual partner

5a. What are your concerns about disclosing your serostatus with your partner (male, female, HIV+, HIV-, primary or casual)?

- It's important to tell
- Less stress

5b. Whose responsibility is it to practice safer sex: HIV+ people or their sexual partners?

- Both partners are responsible
- If the partner does not know then it's the HIV positive person responsibility
- HIV negative partner needs to take care of themselves too

5c. How many of you have heard of super-infection or re-infection? Please describe what you have heard.

Do you believe REINFECTION is possible? Why or why not?

How, if at all, does the possibility of re-infection or super-infection affect your sexual behaviors?

- Most of the group have heard of it
- All believed it is possible
- Less resistant to medication
- May get ill, less sex
- One felt that it wouldn't affect one's sexual behavior

6. What other factors do you note among HIV positive women which may affect their sexual risk behaviors? What are the obstacles to sexual health and safer sex for women?

- No desire to have sex
- Not using protection
- HIV medications cause fatigue that take away sexual desire

7a. What kinds of sexual health educational activities might help you cope in positive ways with the issues we have discussed? This is also in relation to POWER.

- Issues on Mental Health that are related to HIV positive women
- Medication and how it affects sexual health for women, and their overall health and well-being.
- How HIV and menopause affects sexual health and overall health

7b. How might sexual health programs help women cope better with HIV?

- Help women to feel better about their sexual health
- Self Esteem
- Promote a sense of well being

**8. Are there any additional comments about sexual health programs at APLA that you would like to share before we end the focus group?
Which ideas were the most important for us to consider?**

- Charlas on Alternative Treatments for HIV and women
- Women coming together to share their stories about being HIV positive
- Support group for Spanish speaking women
- Support group for young women
- PREVENTION for all women
- Education
- Spirituality

In Conclusion, I feel that the women were interested in similar programming such as the aforementioned points. I do think that the younger participant would be interested in a support group or programming for younger HIV positive females.