

Sexual Behaviors and Attitudes of Women who are Intimate Partners of Ebola Survivors

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Background

- Ebola Virus (EBOV) RNA has been detected in survivor's semen more than 2 years after recovery. There have also been documented cases of Ebola virus disease (EVD) among female sexual partners of male survivors of Ebola.
- WHO guidance for prevention of sexual transmission of EVD during the outbreak changed as data became clearer. Ultimately the WHO recommended abstinence or 'safer sex' until a male partner had two negative semen tests post Ebola treatment unit (ETU) discharge.
- Research on sexual behaviors and attitudes has centered on male EVD survivors and not their partners.

Purpose

- To describe the attitudes regarding EBOV transmission risk and sexual behaviors of women who have had condomless sex with male survivors of Ebola in Liberia, West Africa.

Methods

- This study was completed within the context of a longitudinal study of Ebola survivors in Monrovia, Liberia.
 - Recruitment coupons with contact information were given to male survivors to distribute to sexual partners and eligibility criteria were explained. All referral was voluntary.
- Inclusion Criteria:** Women at least 18 years of age, with a self-reported history of condomless sex with a survivor of EVD after their discharge from an ETU.
- 30 women were enrolled and surveyed regarding their sexual behaviors with a focus on risk perception and sexual behaviors.
- Mixed-method quantitative and qualitative assessment of survey responses was completed. Content analysis was used to consider open-ended questionnaire responses.

TABLE 1: Demographic characteristics and self reported sexual behaviors (N=30)

Age at study entry (years) Median Age: 30		Frequency of condomless sex with EVD survivor	
18-25	12 (40%)	'Once'	0
26-39	12 (40%)	'A few times'	1 (3%)
40-59	6 (20%)	'Many times'	29 (97%)
Cohabitation with EVD surviving partner		EVD Survivor Partner's Semen Testing History	
Lived with partner during their initial symptom presentation	13 (43%)	At least 2 documented semen tests	30 (100%)
Did not live with current partner during their initial symptom presentation	17 (57%)	Positive semen testing results	3 (10%)
Timing of initial condomless sex with EVD survivor		Recent condom use with any partner	
Less than 3 months	4 (13%)	No reported sex in last 30 days	8 (27%)
3months to 6 months	12 (40%)	No condomless sex in last 30 days	1 (5%)
More than 6 months to less than 1 year	8 (27%)	Some condomless sex in last 30 days	1 (5%)
1 to 2 years	2 (7%)	Only condomless sex in last 30 days	20 (91%)
More than 2 years	4 (13%)		

TABLE 2: Representative quotations from qualitative analysis

Theme	Representative Quote
Inaccurate perception of risk of sexual transmission	<i>My partner and I had sex without a condom right after his discharge from the ETU, after two weeks, because he was declared well with certificate to prove so I was not afraid [Age, 33, Participant ID_19].</i>
Dislike of condoms	<i>We did not used condom because we felt safe, besides I don't like condom. [Age, 40, Participant ID_28].</i>
Preference for abstinence	<i>My husband and I waited for more than six months before having any sex because I was afraid to get sick. I decided to go extra 3 months from what the WHO said to be safe. [Age, 34, Participant ID 27].</i>
Respect for health care worker advice	<i>Once he was treated and discharged [I] waited for the time that the health workers told [me] to wait. [Age, 41, Participant ID_18]</i>

Results

- 30 women participated in the study (age range 19-53 years)
- Most women were aware of the potential for sexual transmission of EBOV, but only half (50%) reported using any safer sex strategy to reduce this risk.
- Most participants reported condomless sex within 6 months of their partner's discharge from an ETU.
- Qualitative analysis identified the following major themes when analyzing women's perceptions of their risk for sexual acquisition of EBOV:
 - An inaccurate perception of risk of sexual transmission of EVD
 - Negative attitudes towards condoms
 - A preference for abstinence
 - Respect for health care worker advice

Conclusion

- Women were aware of the potential for the sexual transmission of EBOV, but there were misunderstandings regarding timing and persistence of risk.
- Women saw their partner's recovery from acute illness and/or a certificate of EVD recovery as protective against sexual transmission.
- There are opportunities for intervention to address gaps in knowledge and risk perception among women regarding the sexual transmission of Ebola. Including clear and concise communication from trusted sources as well as strategies to mitigate this risk, and counseling of survivors on ETU release and during semen testing.

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