

Fertility intentions among people living with HIV/AIDS in the ART era

Mixed methods evidence from Nairobi slums

Eliud Wekesa (Population Council), Ernestina Coast (London School of Economics)

BACKGROUND

- Fertility intentions are strong predictors of eventual fertility.
- Understanding fertility intentions, and consequent reproductive health services needs of people living with HIV/AIDS (PLWHA) is critical in the context of expanding antiretroviral treatment (ART) access.
- Yet little is known about the fertility intentions of PLWHA in sub-Saharan Africa (SSA) in general and slum settings in particular.
- Previous evidence on fertility intentions and HIV/ART in SSA is mixed, as well as being descriptive with little theoretical understanding.

This study seeks to answer Two questions:

- What factors affect fertility intentions among PLWHA?
- How can our theoretical understanding of fertility intentions of PLWHA in the era of ART be improved?



METHODS

This study adopted a sequential mixed methods design, which involved a phase of quantitative survey interviews (n=513) followed by a qualitative phase on a subsample (n=41) to help explain and interpret relationships identified in the quantitative analyses.

Both quantitative and qualitative data were collected through face-to-face interviews with eligible respondents, mostly in their homes.

Descriptive, bivariate and multivariate logistic regression methods are used to assess quantitative relationships.

Qualitative data were transcribed, coded and thematically analysed.

Quantitative and qualitative data are integrated in analysis and interpretation.

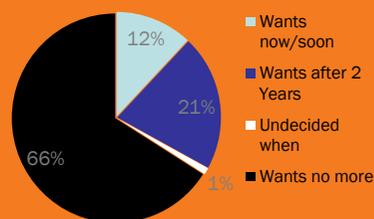
RESULTS

More than a third (34%) of men and women living with HIV expressed a desire for future fertility.

Over one fifth (21%) of them would like to wait for two years or more for their child
12% would like to have a child soon (within two years)

Two thirds (66%) of PLWHA do not want to have any/more children (Figure 1).

Figure 1: Fertility intentions among PLWHA (descriptive)



Qualitative findings indicate that fertility intentions are fraught with ambivalence, reflecting a conflict between social and moral pressures:

INTE: *last time you said that you wanted to have another child, right?*

KC04: Well, I might. It is normal to have children, but I can't have more than one child with him so that they are just four in total. But my mind does not want to give birth at all, because of my status. You know we were told [during counselling] that if you know your status you should not give birth frequently and shedding blood, as this may weaken you and also transmit HIV. So I don't know. (widow aged 27, mother of 3)

Factors that affect Fertility intentions

The results (table 1) indicate that net of other variables, men are significantly more likely to desire future fertility than women.

Other statistically significant results show that controlling for other variables, younger PLWHA are more likely to desire future fertility than older PLWHA, and PLWHA that have fewer children, have more scores on social support, and come from households that are moderately wealthier respectively, are more likely to desire children.

Table 1: Significant factors that affect fertility intentions

CHARACTERISTIC	ODDS RATIO	P-VALUE	95% CI	
Sex				
Female (Ref)	1.00			
Male	4.17	0.000	2.46	7.07
Age				
18-29 years	2.50	0.017	1.18	5.28
30-39 years	1.57	0.119	0.89	2.78
40+ years (Ref)	1.00			
Living children				
0 (No child)	29.07	0.000	8.51	99.33
1 to 2	8.99	0.000	4.29	18.83
3 to 4	2.03	0.059	0.97	4.24
5+ (ref)	1.00			
Social support				
	1.59	0.019	1.08	2.34
Wealth (5 quintiles)				
Poorest (Ref)	1.00			
Second quintile	1.54	0.250	0.74	3.22
Third quintile	2.15	0.033	1.06	4.37
Fourth quintile	2.19	0.048	1.01	4.76
Wealthiest	1.68	0.172	0.80	3.51

These factors are similar with those observed in the general population suggesting that life is going on irrespective of HIV, and that parenthood is important for socio-cultural reason as illustrated below:

INTE: *You said that you would want more children in the future. Why?*

KB10: I am still very young and I have only one child. If I just stay with this one like that then people might start wondering what is wrong with me, especially my mother. Besides, I have a girl child and in my community they value boys so much. This will bring out some marital problems in our house in the future. So I would want to give my husband a son (married mother of 1, aged 25).

CONCLUSION

- The finds show that being HIV-positive may modify, but does not eliminate desire for future fertility. In common with the general population, some PLWHA would like to have children, while others wish to stop childbearing.
- Factors affecting their fertility intentions are in line with those observed in the general population, implying that life is going on even with HIV infection. Societal expectations for parenthood have influence
- However, the social rewards of childbearing conflict with moral imperatives of HIV prevention, presenting a dilemma about "proper" reproductive behaviour of PLWHA. As such fertility intentions of PLWHA are fraught with ambivalence and ambiguity.

STUDY RECOMMENDATION

- This study has three important policy implications/recommendations
 - First, fertility desire screening by health care providers could form part of guidelines and counseling protocols of routine HIV/AIDS care.
 - Secondly, methods of safer conception could be explored as well expansion of PMTCT programmes.
 - Third, facilitate access to contraception for those PLWHA who wish to avoid pregnancy.

ACKNOWLEDGEMENT

We wish to acknowledge the following organizations for their generous financial support:

- The Wellcome Trust
- Bixby Fellowship Program, Population Council

FOR MORE INFORMATION

Contact: ewekesa@popcouncil.org