

Reproductive Health Needs of PLWHA on ART

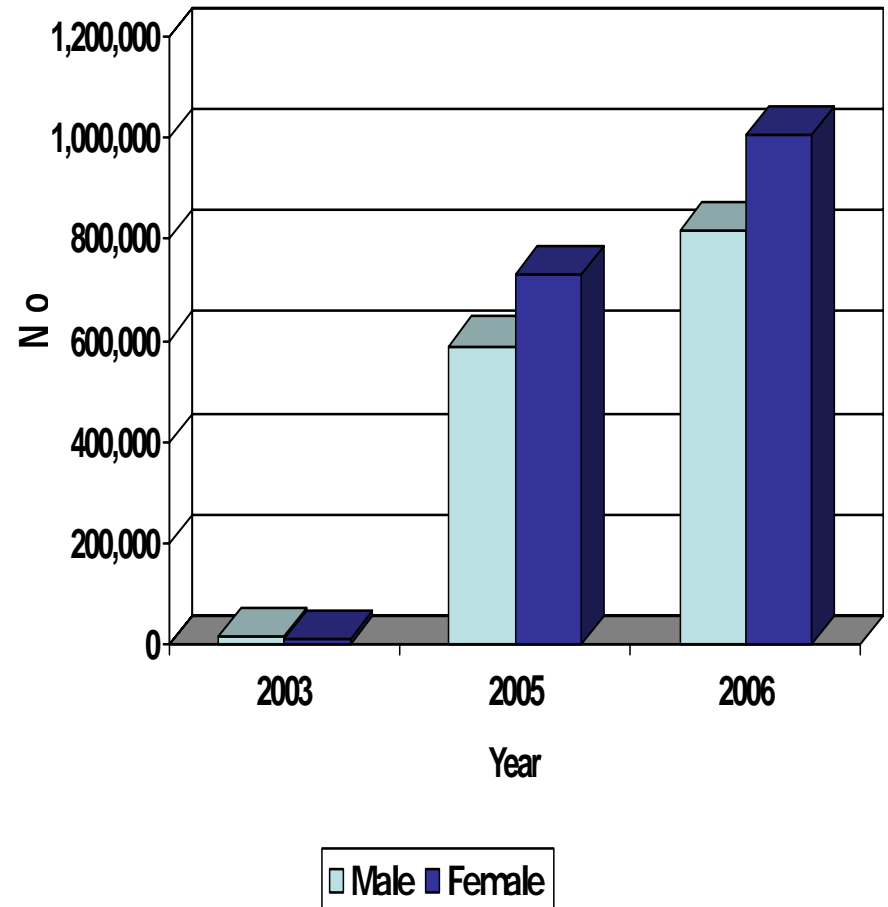
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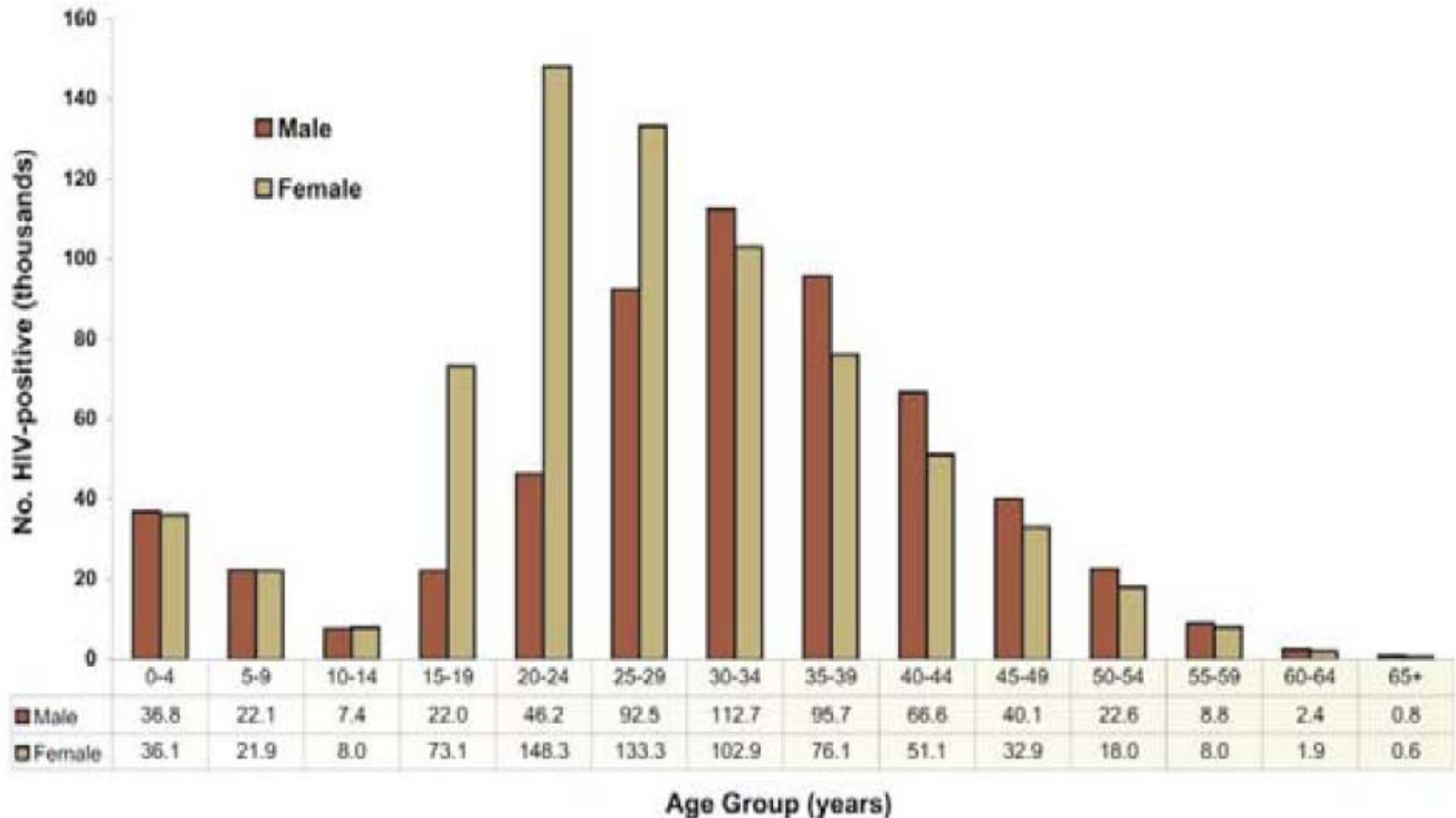
Background

- HIV prevalence
3.5% (10.5% urban,
1.9% rural)
- PLWHA (2005)
– 1,320,000

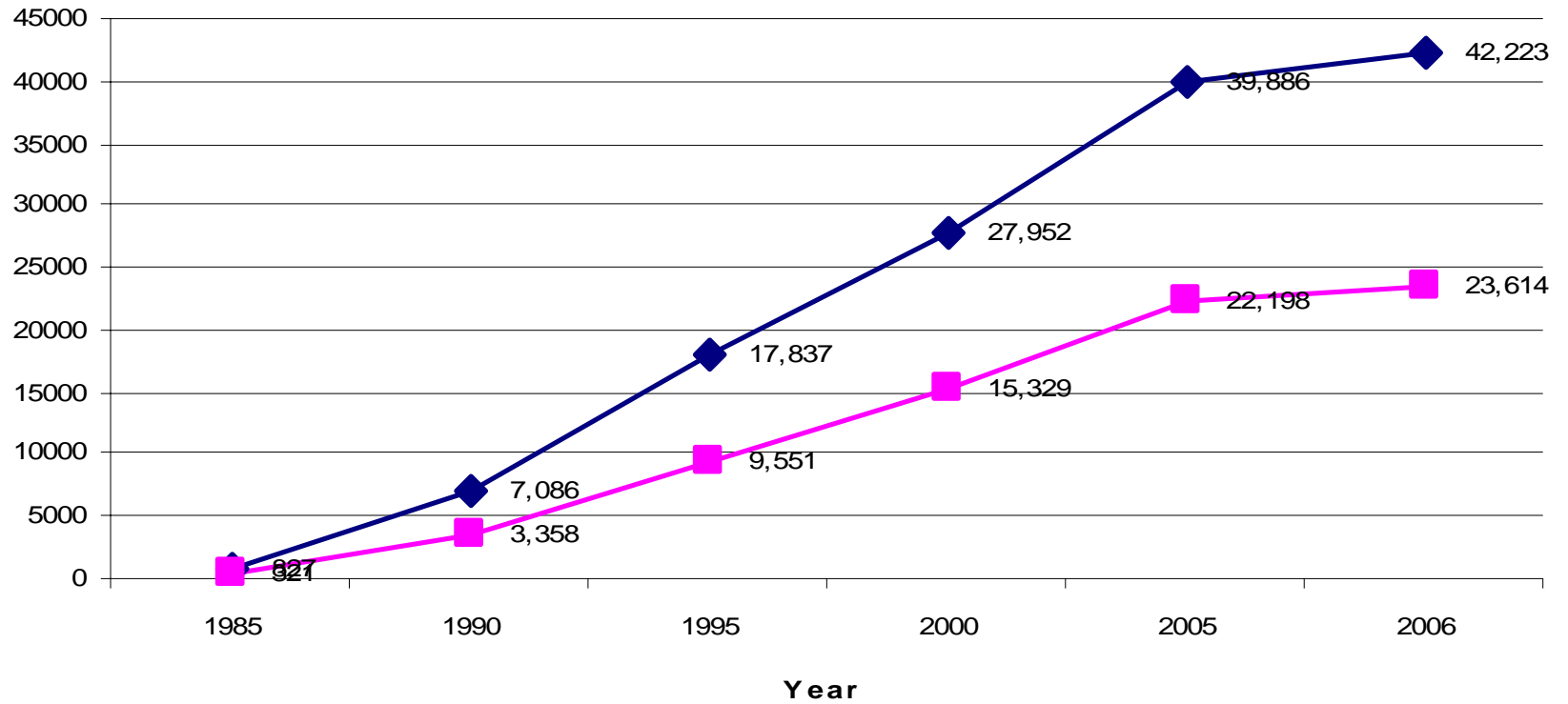
PLWHA in Ethiopia



Estimated population by sex and age, 2005 (AIDS in Ethiopia 6th Report)

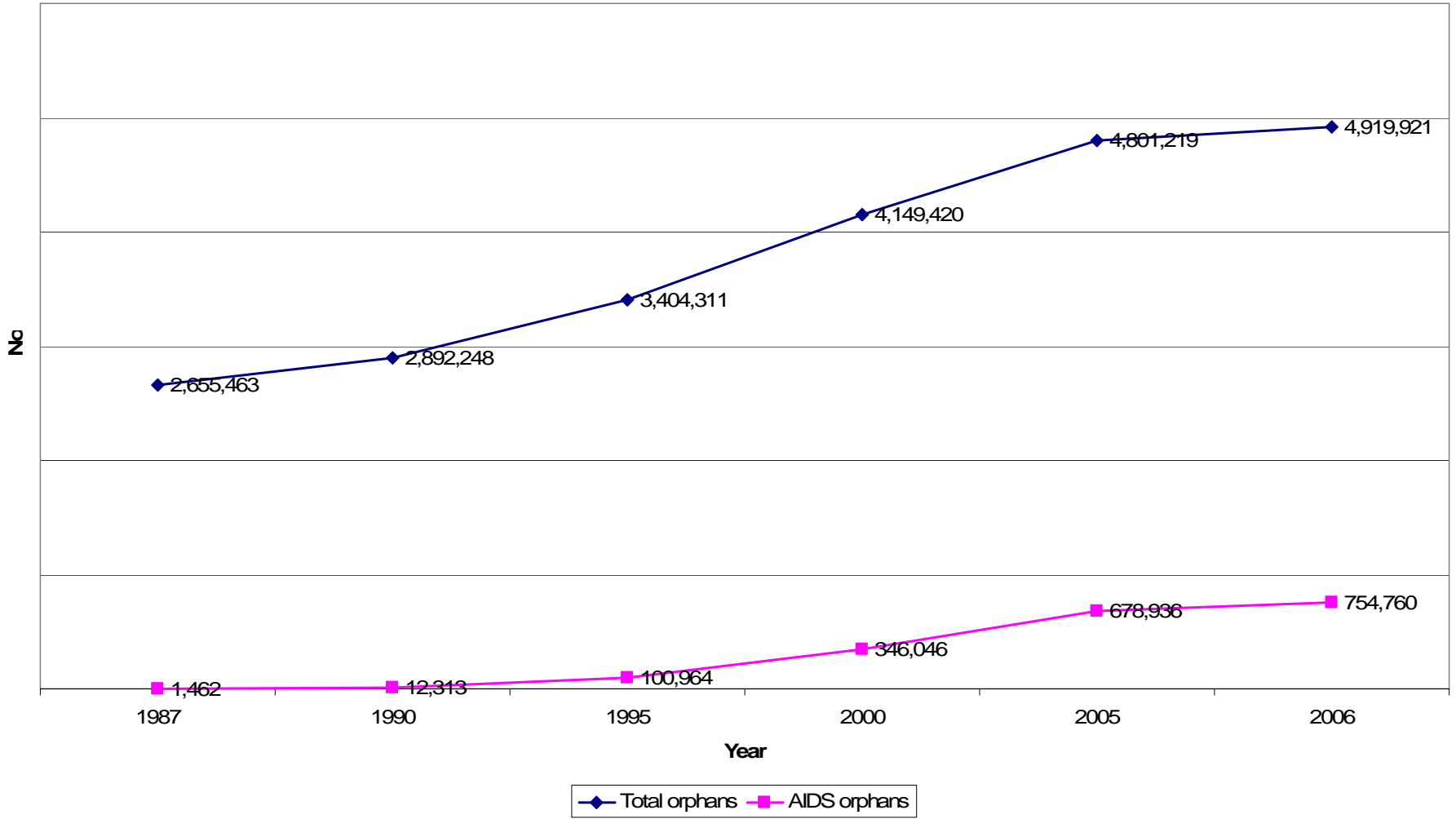


MTCT and deaths due to AIDS among children in Ethiopia (Ethiopian AIDS resource center)

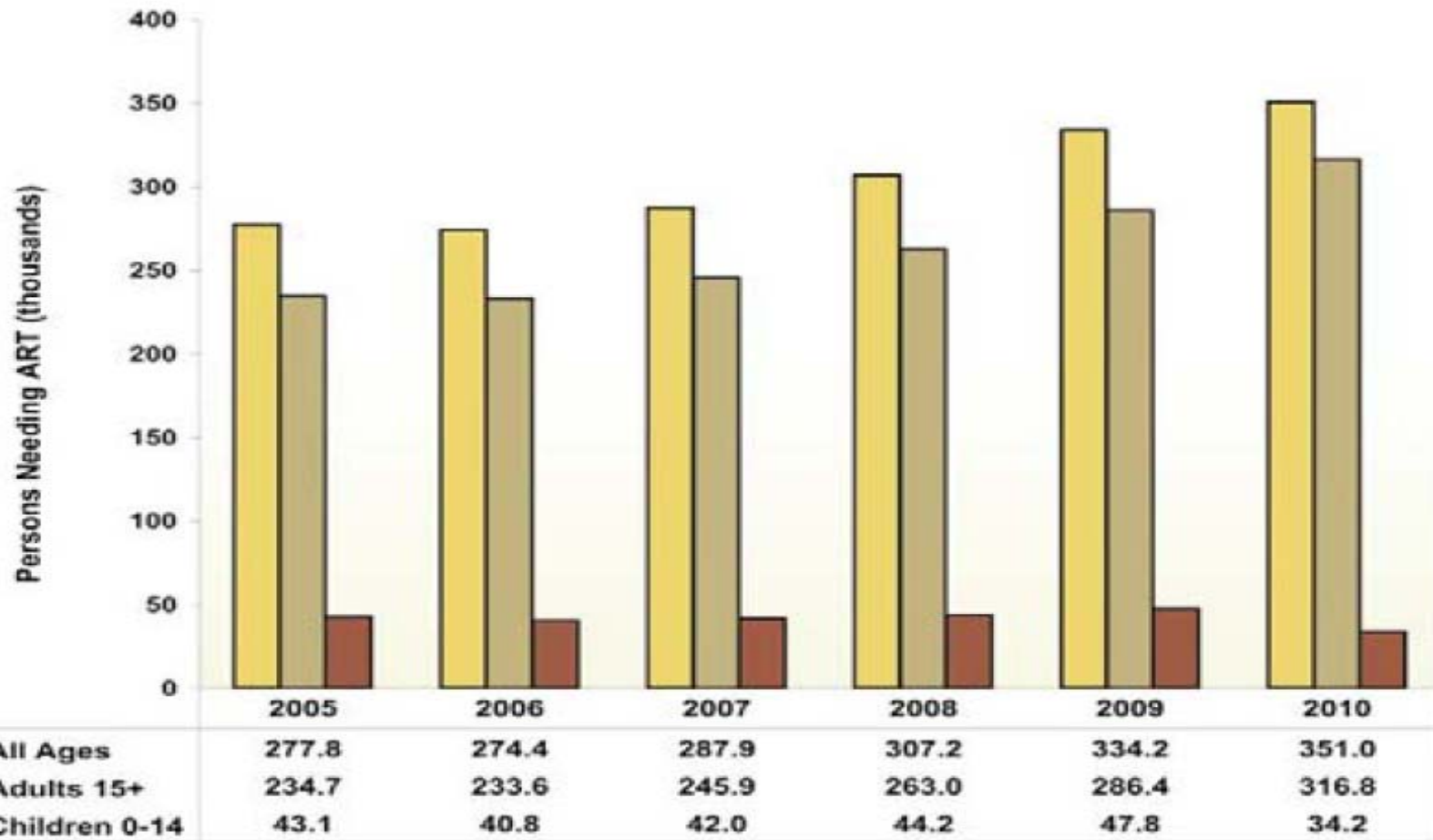


—◆— Annual HIV+Births —■— AIDS deaths of children under 5

Total and orphans due to AIDS (AIDS resource center)



Projected annual number of patients needing ART, by sex and age group, 2005-2010 (AIDS in Ethiopia 6th Report)



Year and Persons Needing ART (thousands)

(Figures rounded and may not add up to total)

Background...

- ART program was launched in 2003
- Number of persons benefiting from ART is increasing from time to time and currently reached 45,595 (MOH, HAPCO)
- The plan is to reach 210,000 PLWHA by 2008
- The number of health facilities providing ART reached 132

Background...

- **Fertility is not directly affected by HIV infection**
- **Associated factors such as behavioral change, low body mass index, severe illnesses such as Tuberculosis may lower conception rate**
- **About 70% of HIV infected women are sexually active indicating very high reproductive potential**
- **Evidences on reproductive intentions of PLWHA following the introduction of ART and MTCT services are limited**

Objectives

- To explore the RH needs of PLWHA on ART
- To examine the experience of service providers with regard to addressing RH needs of PLWHA taking ART

Methods

- Study setting
 - Conducted at public hospital in Addis Ababa, September 2006
 - The hospital started VCT in 2002
 - ART started in 2003
 - Currently, there are about 3,000 PLWHA receiving ART
 - Females account for slightly over 50%
 - About two-thirds have been taking ART for over a year
 - Most are from Addis Ababa

Methods

- Methods of data collection
 - Individual in-depth interviews
 - PLWHA receiving ART
 - Service provider directly involved in counseling and provision of treatment
 - Unstructured observation
 - The environment in which the service is delivered

Methods

- Major areas explored
 - RH needs/behavior before and after the HIV infection, after the initiation of ART
 - Such as changes in number of partners, condom use, desire for getting married, desire for having children

Methods

- In-depth interview with the provider included the following issues as an entry point
 - Provider's general observation of the changes of quality of life of PLWHA
 - Whether there are emerging RH needs (family planning, childbirth, sexual desire, etc.) and how the hospital prepares itself to respond to those needs

Results

PLWHA

- Behavior before and after HIV
 - Some said that they had risky sexual behavior before they became infected with HIV
 - The remaining said that they had no behavior that predisposed them to acquiring HIV infection

Results

PLWHA

- Most of the respondents with some risky behavior said that they used to chew Khat, drink alcohol, and have multiple partners
 - *“I spent most of my time away from home and I used to get a lot of money. I went out with several women and I was not using condom consistently as I was under the influence of alcohol and Khat...”*
- Marital disharmony is also mentioned as an important factor especially by women respondents

Results

PLWHA

- *“I was involved in a car accident, someone I knew was severely injured and I was assisting him...”*
- *“I have a strong feeling that I was infected with the virus due to my profession...”*

Results

PLWHA

- Reproductive needs have changed following improvement in their health conditions
 - Desire to have sex and hence children
 - Unmarried and divorced ones would like to get married and have children
 - The demand for children is higher among this group compared to married PLWHA who have at least one child

Results

PLWHA

- *“I have no partner at the moment and did not have any intention about that. However, because my sexual desire is increasing from time to time, I would like to get married. I want to have two healthy children.”* A 28 year old man who is a long distance truck driver
- *“You see, I was the one known for loving kids when I was with my parents. Now, my health condition is improving and if God allows me, I have a desire to get married. I would like to have my own children.”* A 36 old woman who had no child and who lost her husband due to AIDS

Results

Provider

- *“Unmarried PLWHA would like to get married and would like to have children. Some of the couples who meet here at our clinic discuss the issue among themselves and get married. Some of them ask us to help them in identifying a partner. We encourage them to use a condom consistently until their economic and other conditions allow them to have children”*

Results

Provider

- Advice is given on RH issues
- Some do not comply with their advice and engage in risky behavior including unsafe sex that results unwanted pregnancy and unsafe abortion

Results

PLWHA

- Some of the respondents have discussed the fact that they are living with HIV with their partners
- Others kept the issue to themselves and continued having unprotected sexual intercourse with their partners

Results

Provider/Observation

- **Family planning service is not provided in the unit**
- **Condom provision just started (two weeks)**
- **No IE/BCC materials on RH issues such as unsafe abortion and FP (posters on VCT and PMTCT displayed)**
- **Service delivery is well organized and privacy and confidentiality ensured**

Discussion

- Respondent PLWHA taking ART are enjoying good health and have resumed their normal activities
- Desire for sex, marriage and children has changed

Discussion

- Risky sexual behavior and life styles exposed some of them to HIV
- Some continued to practice the same behavior even being on ART
 - Which led to unwanted pregnancy and unsafe abortion with its complications

Discussion

- Some are not open to disclose their status to their partners and continued having unprotected sex
 - No adequate knowledge
 - No adequate counseling
- No adequate response from the health facility

Recommendations

- **Strong IE/BCC program**
- **Proper counseling and provision of other family planning options in addition to condom distribution**
- **Encouraging notification of sero-status to partner and couple counseling**
- **Further exploration (magnitude of unwanted pregnancy, birth, unsafe abortion...)**

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