

Addressing the reproductive intentions & reproductive health care needs of HIV+ women & men in Cape Town, South Africa

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October 2005



Objectives

1. To explore reproductive intentions & choices & the factors shaping these, among HIV+ women & men
2. To understand health care provider attitudes to HIV+ individuals' reproductive intentions & choices & identify health service-related factors that may influence HIV + individuals' reproductive choices
3. To inform policy formulation & service intervention initiatives to improve reproductive health service delivery to HIV-positive women & men in S.Africa

Exploratory qualitative research

Identified:

- ✓ diversity in repro' intentions
 - ✓ complexity of factors (HIV & non-HIV related) shaping reproductive decision-making
 - ✓ ambivalent attitudes towards reproduction in HIV+ individuals among health carer workers, managers & policy makers
- and
- ✓ perceived shortcomings in current RH service delivery to HIV+ women & men
 - ✓ These insights informed design of quantitative study

Quantitative Research

Methods

- Cross-sectional survey of 470 adult HIV + clients (235 HIV+ women & 235 men) attending 2 public sector health services for their HIV care - located in predominantly black, urban working class community in Cape Town
- Participants selected from three areas of HIV care: HIV care service (non-ARV rx); ARV rx service; & from an ante-natal PMTCT program

A study among 70 health care providers has also commenced

Data collection & analysis

- Interviews, using structured questionnaire, conducted by female & male interviewers, over 5 mth period (May - Sept 2006)
- By end Sept 283 women interviewed and 128 men; response rate: men= 90% ; women =88%
- Data entry - microsoft excel & analysis being conducted, using stata statistical analysis program

Preliminary results

Background characteristics

- Women, on average, 9 yrs younger than men: mean age for women = 30 years (range 18 - 55 yrs); for men = 39 yrs (range 22-68)
- Women had slightly higher education levels: mean level schooling completed for women = grade 10; for men: grade 8
- 98% of respondents - Xhosa-speaking
- High levels of unemployment among participants: 75%-not working (women); 83% (men)

- 81% women & 70% of men reported having current sexual partner
- Of these: 45% of women & 59% of men - married or cohabiting
- 25% women & 20% men: no living biological children
- 51% of women's & 33% of men's current sexual partner - not parent of any of their children

Table 1: Women's & men's reported reproductive intentions

	women		men	
	n	(%)	n	(%)
Would want/may wish to have a child	63	(22)	58	(45)
<i>within next year</i>	<i>20</i>	<i>(7)</i>	<i>11</i>	<i>(8)</i>
<i>sometime in future</i>	<i>43</i>	<i>(15)</i>	<i>47</i>	<i>(37)</i>
Undecided	64	(23)	14	(11)
Doesn't want to have child	156	(55)	56	(44)
Total	283	(100)	128	(100)

Some factors associated with repro intentions

- Women with no child: significantly more likely to want to still have a child than those who already had a child/children (65% vs 38%) ($p < 0.001$, Fisher's exact test)
- For women with children: significantly more likely to want another child if current partner, not biological father of any of her children (55% vs 27%) ($p < 0.001$, Fisher's exact test)

Reported pregnancies post-HIV diagnosis

- 19% (n=54) of women reported had been pregnant since knowing they were HIV+ : of these 61% were unplanned pregnancies
- Among women on ARV rx (n=104): 9% (n=10) reported had been pregnant since commencing rx; of these 39% were unplanned pregnancies

Links between contraceptive & HIV care & ARV rx services

- 92% of women currently in a sexual relationship reported using a contraceptive method (40% condoms only; 38% dual method protection; 22% non-barrier method only)
- 28% women unable to access contraceptive method during visit for HIV care/rx & 35% unsure if could obtain it during visit
- Very few (29%) had disclosed HIV+ status to health care provider outside of HIV care & rx setting

- 90% of women & 91% of men had never heard of EC; only 6% & 2% respectively reported that health care provider had ever discussed EC
- Yet, if had unintentional pregnancy: 84% of women reported either would be likely or very likely to use EC and 35% to have a TOP (vs 75% & 21% for men re: their female partners)

Table 2: Clients' discussion of repro intentions with health care providers

	women		men	
	Yes	No	Yes	No
Have discussed with a doctor	22%	78 %	14%	86%
Have discussed with a counselor	12%	88 %	10%	90%
Has discussed with a nurse	5%	95%	5%	95%

32% & 66% of women & men, respectively, reported would like to discuss reproductive intentions with a health care provider, if given opportunity

Discussion

- Majority HIV+ women & men report remaining sexually active & many in relatively relationships
- Sizeable proportion - open to having a child/ren
- Childbearing intentions associated with being younger, no biological child & current ptrner not father of child/ren - further analyses needed

Discussion (contin.)

- Very small proportion had discussed reproductive intentions with health care providers
- Difficult to meet reproductive health care needs of those intending or wishing to avoid pregnancy - if don't deal openly with reproductive intentions
- Missed opportunities for reproductive counselling - could assist women & men in making safer & more appropriate repro choices

Study limitations & further research

- Relied on reported desires, intentions, behaviour
- Limitations in cross sectional study design - follow up cohort study of HIV+ women & men to evaluate changes in reproductive intentions & health care needs at different points in time-worthwhile
- Study conducted in urban area of S.A - further studies needed in other areas: repro intentions & health service delivery contexts may be different

Conclusion

- Framing repro choice for HIV+ individuals as ethical/medical issue allows little acknowledgment of complexity of repro decision-making
- If grasp 'the nettle' - health providers can play an important role in assisting HIV+ women & men clients in making more informed repro choices
- Next steps should involve initiatives to improve repro health service delivery for HIV+ women & men

Conclusion (contin.)

- Planning collaborative intervention study with HIV center @ Columbia U involving:
 - Eliciting input on interventions to improve repro health care provision for HIV+ individuals from relevant key stakeholders
 - Developing health care model to provide enhanced & integrated RH care for HIV+ individuals - will include training, counselling & structural intervention components
 - Piloting & evaluating enhanced care model of RH vs standard care at selected health care sites in W.Cape
- Exploring with Population Council potential future collaborative studies on topics in this area - where information 'gaps' remain

Acknowledgements

Funders

World Health Organisation

William & Flora Hewlett Foundation through Population Council, New York, USA

Medical Research Council
University of Cape Town

Field staff

Sheila Cishe, Penny Mgwigwi, Ntobeko Nywagi, Thandekhaya Mgqoqi, Ntuthu Manjezi & Pumeza Ngubane

For qualitative research insights: co-investigators

Phyllis Orner, Jane Harries, Landon Myer, Hillary Bracken & Virginia Zweigenthal