
“Life is still going on”

Sexual activity and reproductive intentions among HIV-infected women and men in South Africa

Johannes van Dam



Acknowledgments

- **Di Cooper, H. Bracken, L Myer, V Zweigenthal, J Harries, P Orner, N Manjezi, P Ngubane (Women's Health Research Unit, Infect. Dis. Epi. Unit, School of Public Health and Family Medicine, University of Cape Town, South Africa)**



Aims of the Study

- **Assess current policy on delivery of RH services to HIV-infected individuals**
- **Explore reproductive desires, intentions and decision-making**
- **Explore policy-maker, NGO and provider attitudes to reproductive choice**
- **Are reproductive needs met?**



Design

- **Qualitative study in 2 health centres in Cape Town**
- **In-depth interviews (IDIs) with HIV-infected women (40) and men (20)**
- **50% of respondents on ART > 6 months**
- **IDIs with 12 key provincial policy makers and NGO informants, and 14 IDIs with health care providers**



Sexual Desires

Effect of HIV status on sexual desire unclear:

- **Many women expressed diminished interest, but**
- **For many, no change: “*Life is still going on*”**
- **No significant difference between women on ART and those not on ART**



Reasons for Diminished Desire

- **Complex and numerous, but generally related to HIV status or health issues**
- **Current disinterest thought to be temporary by some, but sometimes part of a more general withdrawal**
- **For some associated with distrust of partner or uncertainty about disclosure**
- **Often contradictory feelings – sex as a source of infection and of pleasure**



Reproductive Intentions

Influenced by:

- **Individual desires and concerns**
- **Social expectations**
- **Provider attitudes**
- **Medical interventions (PMTCT, ART)**



Reproductive Intentions

- Many women do not want children
- Reasons for not wanting children:
 - Fear of infecting partner or baby
 - Anxiety about children becoming orphans,
 - Anxiety about ability to support a family
- *“I would be committing a great sin if I would have another child knowing .. this one is sick and I would be putting responsibility on other people and killing myself.”*



Reproductive Intentions

- **Many women want children:**
 - Children bring happiness, give meaning to life
 - Desire to leave something behind
 - Want to have at least one child
 - Strong family and partner pressure
- **Some men want larger families, pressure to prove their masculinity**



Effect of PMTCT and ART

- **Mixed effect of availability of PMTCT in shaping intentions**
- **More important: effect of ART on own health**
- **Some women worry about effects of ART on unborn child**



Health Care Provider Attitudes

- Intentions often not discussed due to anticipated negative reactions
- Men more likely to feel that provider attitudes are neutral or supportive
- Condoms are strongly promoted – conflict between child wish and safe sex



Knowledge and Experience of RH Services

- **Men: little knowledge of contraception, EC, and TOP services**
- **Women: mostly contraceptive services**
- **Concerns re: side effects of hormonal contraceptives, and drug interactions (for those on ART)**
- **Variable quality – little discussion of dual protection, EC**



Views of Policy Makers, NGO Representatives, Providers

- **Ambivalence: acknowledged reproductive rights, but concerned for public health and ethical reasons**
- **Emphasis on consequences of pregnancy**
- **Some providers acknowledged difficulty in withholding judgment; feelings of anger when women were pregnant and did not want counseling on FP**



Views - continued

- Several respondents stressed the need to be more sympathetic and offer more effective reproductive counselling

“We tend to adopt a medical model and ignore the social and economic factors We don’t see an HIV positive person as a normal person who has normal needs and wants a family ... as needing the full scope advantages that others have.” (public sector manager)



Views on Counseling, Policy and Training

- **Absence of policy or guidelines**
- **Insufficient training in contraception and HIV, and in EC**
- **Unaware of WHO guidelines on contraception for HIV-infected women**
- **Concerned about drug interactions**
- **Need for values clarification**



Views on Training and Services

- **Women discovered HIV status during pregnancy – absence of routine VCT in RH or other services**
- **No integration of RH care into HIV care and treatment – this makes it difficult to meet health needs of HIV-infected individuals comprehensively**



Conclusion

- **HIV-infected men and women may desire children, or not, or want to space and limit the number of children - but lack information to make informed choices**
- **Full advice for these options is lacking, and services often are not easily available**
- **Reproductive intentions not openly dealt with – thus difficult to meet RH needs**



Conclusion - 2

- **Procreation by HIV-infected men and women is highly stigmatized**
- **Health care providers play an important role in reproductive decision-making, but the issue is often framed in ethical or medical terms, and not in terms of the needs or rights of HIV-infected individuals**



Recommendations

- **Policy to ensure reproductive choice and access to services**
- **Training for health service providers and counselors**
- **Values clarification processes for providers and policy makers**
- **Health service provision, esp. integration**
- **Research: e.g., generalizability of findings; testing service models; effect of violence; id. information and service gaps**



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