

Examining the evidence: Fertility desires and family planning needs of people with HIV

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***Naomi Rutenberg,¹ Duff Gillespie,² Elizabeth Flanagan,²
Sabrina Karklins,² Heather Bradley,² and Rachel Sturke²***

¹ Population Council

² Johns Hopkins University

Data for informing SRH and HIV integration policies and planning

- An important rationale for integration is to meet the fertility desires and family planning needs of persons living with HIV (PLHIV).
 - Providing effective services to PLHIVs requires that health providers understand PLHIV fertility desires and behavior.
 - We conducted a systematic literature review to determine what is known about how HIV affects PLHIV's reproductive desires and behavior.
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Difficult to determine effects of HIV on reproductive desires and behavior

- Respondents to surveys on contraceptive intention and practice rarely know their status
 - HIV/AIDS programs generally do not collect information on fertility intentions and behavior
 - Family planning programs do not collect data on HIV status
 - Many assumptions and opinions about what PLHIV should do
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Systematically reviewed literature to assess state of knowledge

- Focused on association between HIV status and fertility mediated by behavior:
 1. Fertility intentions
 2. Contraceptive use
 3. Pregnancy incidence
 4. Abortion
 - Developed and developing country studies
 - Interested in how HAART might affect intentions and behavior
 - Draws upon a kaleidoscope of service-based programs where clients were asked about fertility intentions and behavior.
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Search Methodology

Keywords

HIV (or human immunodeficiency virus)
status/positive/infected/discordant women/persons/couples

and

fertility

fertility intentions/desires/behavior

reproductive decisions/decision-making/choices/health

contraceptive/contraceptive use/contraceptive behavior

family planning/family planning behavior

pregnancy/pregnancy desires/pregnancy outcomes

Search Engines

PubMed, Scopus (with web links), Embase, Synergy, PopLine

Search Description

Gray literature, author, relevant articles, cross-bibliography

Literature Classification

**208 Articles
Identified**

77 Reviewed
58 MDC setting
19 LDC setting

131 Statements of
Problem, Reviews,
Other Fertility Outcomes

55 Quantitative

22 Qualitative

Sex Composition of Study Populations

Women only	63
Men only	2 (Both qualitative)
Couples	6
Women and men (not necessarily couples)	6
Total	77

Types of Research Designs among 55 Quantitative Studies

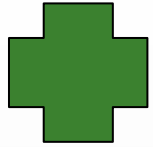
- 26 studies followed study participants over time, including 3 randomized control trials
 - 28 retrospective or cross-sectional studies, including 7 based on records
 - 31 studies had a comparison group
 - HIV+ vs. HIV- women
 - HIV+ women before and after they learned their HIV status
 - HIV+ women who did and did not become pregnant
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Types of Research Designs

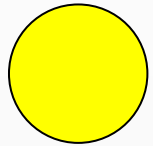
(continued)

- 15 studies had an intervention component
 - Voluntary counseling and testing (VCT)
 - Prevention of mother to child transmission (PMTCT)
 - Family planning which included VCT and info about HIV and childbearing
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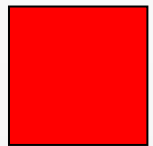
Research Summary - Coding



GREEN Consistent Findings



YELLOW Suggestive Findings, but Inconclusive



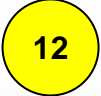







RED Contradictory Findings



BLACK Not Addressed

Summary of State of knowledge

	Fertility Intentions	Contraceptive Use	Pregnancy Incidence	Abortion
Developing countries	 10	 15	 12	 4
Developed countries	 27	 21	 17	 19

HIV Status and Fertility Intentions: Developing Countries

10

Consensus among diverse studies

- ❑ HIV status does not appear to have an effect on fertility intentions
 - ❑ Community norms about childbearing (disregarding HIV) and health trump HIV status
 - ❑ Reported intentions from women living with HIV/AIDS are to continue to bear children, at odds with opinions of health professionals and general public
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HIV Status and Contraceptive Use: Developing Countries

15

Contradictory Findings

- ❑ Six cross-sectional studies of HIV+ women find very low contraceptive use but cannot attribute to HIV status
 - ❑ Among the 9 studies with a comparison group,
 - 3 studies that included VCT intervention found that contraceptive use among HIV+ women increased after VCT
 - 6 studies (both with and without an intervention) found that HIV+ women were no more likely to use contraception than HIV- women with similar characteristics
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HIV Status and Pregnancy Incidence: Developing Countries

12 Suggestive but not Conclusive

- ❑ No studies found changes in pregnancy rates associated with behavioral changes
 - ❑ Caution:
 - Only 8 studies related pregnancy incidence to HIV status (remaining four described pregnancy incidence)
 - 5 of 8 more than 10 years old
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HIV Status and Contraceptive Use: Developed Countries

21

Complex Findings

- ❑ Condom use frequently reported
 - Unclear what is motivation for condom use—fertility control or prevent HIV transmission
 - Condom use is often inconsistent
 - ❑ More female sterilization among HIV-infected women
 - Studies are from countries with high rates
 - ❑ No evidence for association of HIV status and use of other contraceptive methods
 - ❑ Method choice differed by partner serostatus
 - Seroconcordant couples more likely to use OCs, IUD
 - Serodiscordant couples more likely to use condoms
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HIV Status and Fertility Intentions: Developed Countries

27 Suggestive but not Conclusive

- ❑ Pregnancy intentions of women and men living with HIV are similar to those of uninfected, though HIV status may be linked to reduced desire for children for some
 - ❑ PMTCT and ARV availability is associated with increased fertility desires, based on small number of small studies and inference from trends
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HIV Status and Pregnancy Incidence: Developed Countries

17

Suggestion of negative impact on pregnancy possibly reversed by introduction of HAART, but inconclusive

- ❑ Prospective studies found lower pregnancy rates post-diagnosis—but due to biology or behavior?
 - ❑ Cross-sectional analyses found a non-significant association between pregnancy incidence and HIV infection (i.e., lower pregnancy rates among HIV+)
 - ❑ Insufficient evidence to make conclusions about the impact of HAART on pregnancy rates
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HIV Status and Abortion

4

Developing countries: Almost no information due to illegal status in most countries and limited access, even where legal

19

Developed countries: Fairly clear picture

- Prior to ARVs, voluntary termination rates among HIV+ women were higher than general population
 - Introduction of HAART associated with a decrease in voluntary termination
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Key Results

- State of knowledge of HIV impacts on fertility intentions and contraceptive use is **poor**
 - Fertility intentions of HIV-infected women and men are generally similar to uninfected. Some HIV-specific influences:
 - Knowledge of prevention of vertical transmission
 - Perception of prospects for baby of HIV+ mother
 - Personal health
 - Community stigma and provider pressure
 - Linked family planning and VCT may increase contraceptive use among HIV-infected
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Important Lessons from Settings with more Options and Resources

- In developed countries, knowledge of HIV status most likely to affect use of condoms and female sterilization but not other methods
 - Abortion plays a role in reducing pregnancy incidence, where available
 - Introducing HAART appears to have changed the dynamics of fertility behavior in developed countries
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Research Gaps: Designs

- Developing country studies
 - Concentrated in 6 countries
 - Conducted in settings where demand for and use of contraception is fragile
 - Few studies
 - Included a family planning intervention
 - Distinguished between use of condoms for disease and pregnancy prevention
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Research Gaps: Methods

- Studies have small sample sizes
 - Many studies draw on a clinic-based population and lack generalizability
 - Many are descriptive studies with no comparison population
 - Short periods of follow-up to capture contraceptive use or pregnancy
 - Measurement
 - Self-reported behaviors
 - Reported fertility intentions and intention to use contraception
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Research Gaps: Topics

- HIV+ individuals and fertility intentions in the context of ARV introduction in developing countries
 - Discordant couples, contraception, and condom use
 - Contraceptive continuation and exploration of long-term and permanent methods
 - Different intervention protocols for contraceptive continuation—e.g., community-based follow up, couple counseling, improving contraceptive choice
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Programmatic Implications

- Don't make assumptions about fertility desires and unmet need for contraception among women and men living with HIV
 - In both HIV and family planning service settings, providers:
 - Should probe intentions/desires for HIV+ clients to determine needs
 - Need the knowledge and skills to be able to counsel HIV-positive individuals who want to become pregnant and have children
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Take Home Message

- A better and evidence-based understanding of fertility intentions and demand for contraception is needed to promote and protect the rights of women and men living with HIV/AIDS to make informed decisions about reproduction and to have access to appropriate sexual and reproductive health services.
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