

HIV Infection and Zimbabwean Women's Desire for Future Pregnancy



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International Conference on Family Planning
Kampala, Uganda
16 November 2009



The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention or the Agency for Toxic Substances and Disease Registry.



Background

- Providing family planning services at HIV services could save almost \$25 dollars for every dollar spent (Stover et al. 2004)
- Ethical imperative to counsel women about the risk of vertical HIV transmission, so that they are able to make informed decisions about childbearing (FIGO 2009)



Background

- Need to better understand the reproductive desires of HIV-positive women
- Existing research shows mixed results
 - Some studies show decreased desire for children
 - Other studies show continued desire for children; use of ART has resulted in increased desire for pregnancy
- Qualitative research has shown a number of barriers to use of contraception for HIV-positive women:
 - Spousal, familial, societal and cultural pressures to continue childbearing
 - Fear that a cessation of childbearing will result in others learning their HIV status



Background

- Limitations of existing research
 - Convenience rather than representative samples
 - Seldom include comparison group of HIV-negative women
 - Limited exploration of psychosocial variables that may influence desire for future pregnancy



Study Questions

- Are HIV-positive women less likely to desire a future pregnancy than HIV-negative women?
- What other factors (biomedical, individual, social) are associated with a desire to have children in the future?
- How does a woman's HIV status interact with those other factors to influence her desire for future pregnancy?



Methods

Zimbabwe:

- HIV seroprevalence was 20.1% in 2006 [UNAIDS, 2006]
- Use of modern contraception among married women 58.4% (ZDHS 2005-06)

Data/Sample:

- Zimbabwe DHS 2005-06 (survey, HIV test results)
- Exclusion criteria:
 - never had sex
 - sterilized or declared infecund
 - HIV test results not available
- 5159 women 15-49 years of age



Methods

Dependent variable = woman's desire for any future pregnancy

Biomedical = HIV status

Individual influences:

- Age, education, residence, parity, SES
- Perceived risk of HIV infection
- Knowledge of mother-to-child transmission & ART
- HIV testing history

Social influences:

- Marital status
- Whether her partner had been tested for HIV
- Decision-making autonomy
- Experience with domestic violence
- Perceived community stigmatization of HIV infected individuals



Methods

- Standard bivariate & multivariate analyses (logistic regression)
- Calculated odds ratios and 95% confidence intervals
- Tested for interaction between HIV status and all other independent variables



Results

- HIV-positive women less likely than HIV-negative to want a child in the future (40.4% vs 58.5%, $p < .001$)
- HIV-positive AOR = 0.48 (95% CI 0.40-0.58)
- Other significant associations with age, education, marital status, parity
- Other hypothesized influences were not significant (e.g., HIV testing, risk perception, knowledge of MTCT & ART)



Results

- Interactions between HIV status and residence

	OR (95% CI)
HIV- : Rural vs Urban	1.05 (0.71-1.56)
HIV+ : Rural vs Urban	2.27 (1.38-3.72)



Results

- Interactions between HIV status and SES

	OR (95% CI)
HIV-negative: Poorer vs Poorest	0.98 (0.74-1.31)
HIV-negative: Middle vs Poorest	0.82 (0.60-1.13)
HIV-negative: Richer vs Poorest	0.50 (0.34-0.74)
HIV-negative: Richest vs Poorest	0.36 (0.23-0.59)



Results

- Interactions between HIV status and SES

	OR (95% CI)
HIV-positive: Poorer vs Poorest	0.74 (0.42-1.28)
HIV-positive: Middle vs Poorest	0.64 (0.39-1.03)
HIV-positive: Richer vs Poorest	0.78 (0.45-1.34)
HIV-positive: Richest vs Poorest	1.02 (0.53-1.95)



Results

- About one-third of women who were sexually active but did not desire any future pregnancy were not using a modern method of contraception:

HIV-positive = 31.6%

HIV-negative = 32.6%

($p=0.68$)



Summary

- This nationally representative analysis showed that HIV infection is associated with reduced desire for future pregnancy.
- Priorities -- HIV-positive women living in urban areas and all income groups.
- Other hypothesized variables (e.g., HIV testing, risk perception, knowledge of PMTCT) were not significant
- About one-third of HIV-positive women who are sexually active but do not desire future pregnancy are not using contraception



Discussion

- Improve access to family planning services to support the fertility decisions of HIV-positive women, e.g.:
 - Expand traditional family planning services
 - Provide family planning services within the context of HIV/AIDS services
 - Integration with other services
- Future research should examine the role of other influences on desire for future pregnancy among HIV-positive women



Limitations

- Cross-sectional study
- Social desirability bias



Thank you!

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