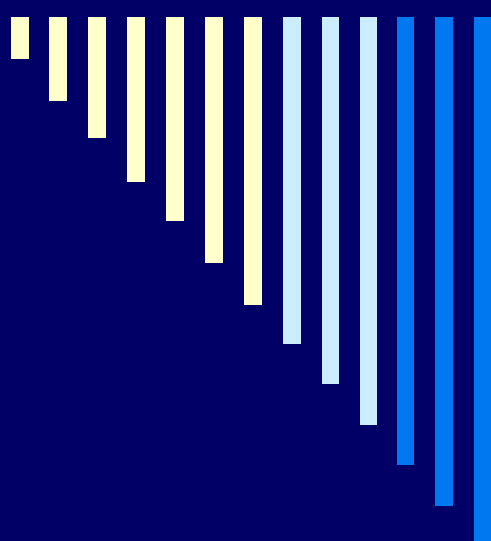


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# Factors Influencing Contraceptive Choice and Discontinuation Among HIV+ Women in Rio de Janeiro, Brazil

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# HIV/AIDS in Brazil



- Concentrated epidemic
  - Cumulative number of cases (1980 - 2005): 403,145
  - Estimate PLWHA: 600,000
  - Prevalence (2008): 0.61% (pop. 15 a 49 yrs)
    - Female – 0.42%
    - Male – 0.80%
  - Mortality rate (2008): 6.0/100,000
  - New cases/year: ~20,000
-



# HIV/AIDS in Brazil

- Direct and open prevention strategies
  - Mass media campaigns, condom distribution, school-based activities, NEPs supported by the BMofH...
- First developing country to provide free and universal ART access, in 1996
  - **~200,000 PLWHAs (2009)<sup>1</sup>**
- Free HAART, CD4+ counts, viral load
- Free genotyping for those facing clinical and virological failure

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1. Nunn AS, et al. AIDS treatment in Brazil: impacts and challenges. Health Affairs (Millwood), 2009; 28: 1103-13.



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## **HIV/AIDS in Brazil - Targeting women**

- ✓ **1980's: "risk groups" – the few HIV + women were sex workers; sexual partners of IDU, hemophilic or bisexual men**
- ✓ **1990's onwards: heterosexual epidemic**

**AIDS and women – low perception of risk**

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# HIV/AIDS in Brazil - Targeting women

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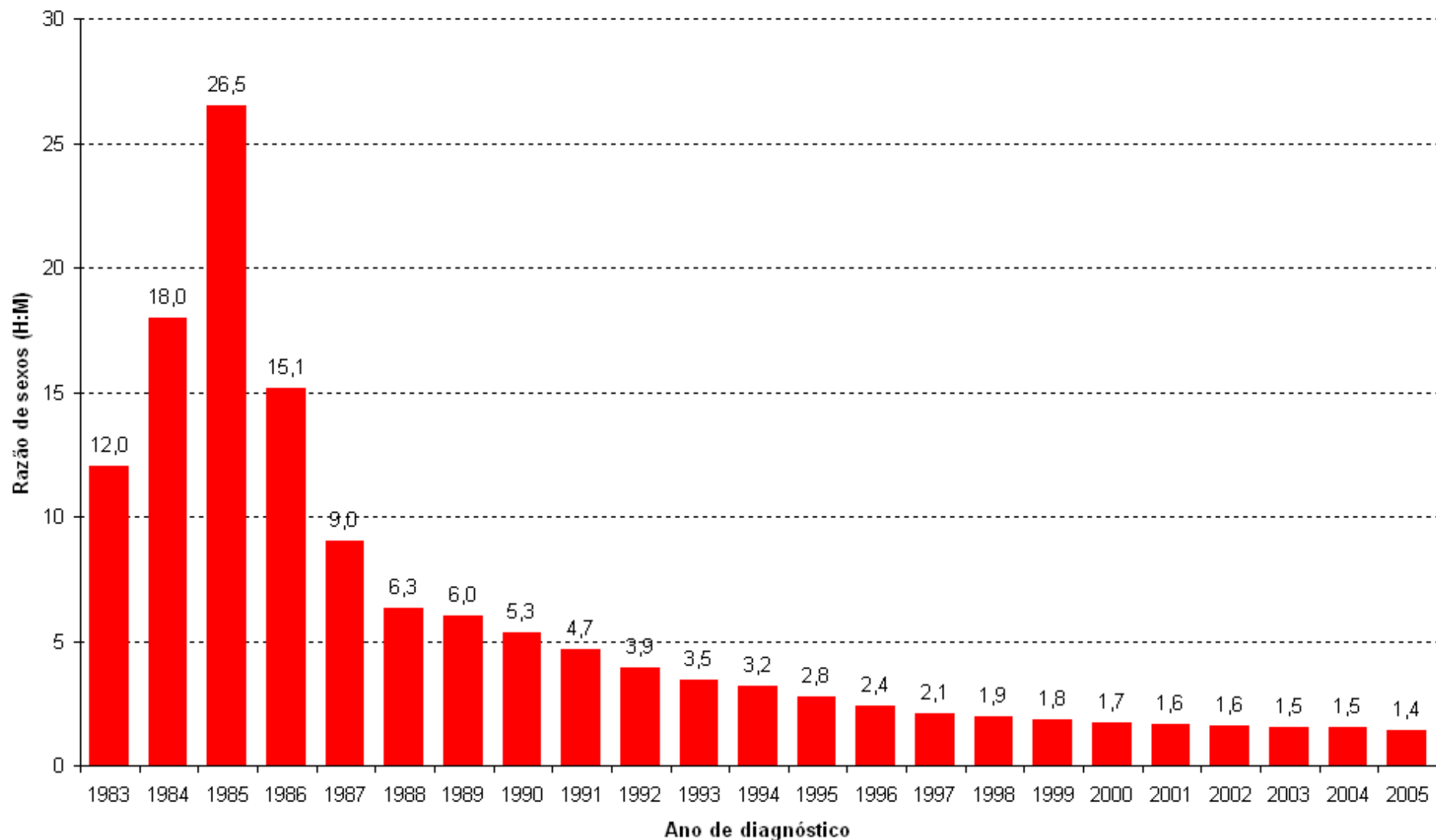
## Recent national household survey

- ✓ 92% of the population knows AIDS is sexually transmitted
- ✓ 94% know AIDS can be prevented by condom use

## Boys and Girls aged 16-24 yrs

- ✓ Reasons for not using condoms:
    - ✓ trust their partner: boys 7.1% - girls 27%
    - ✓ didn't have a condom at the moment – boys & girls ~40%
-

# Sex ratio/incidence /year of diagnosis Brazil, 1983-2005.



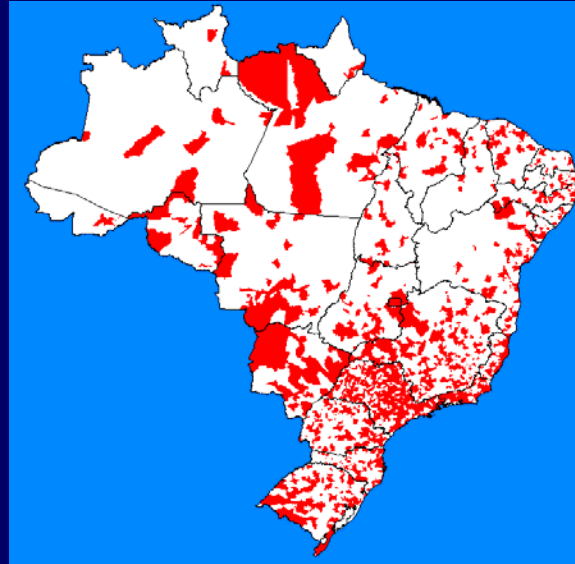
\* Casos notificados no SINAN e registrados no SISCEL até 31/12/2005 e SIM de 2000 a 2004.

Fonte: MS/SVS/PN-DST/AIDS.

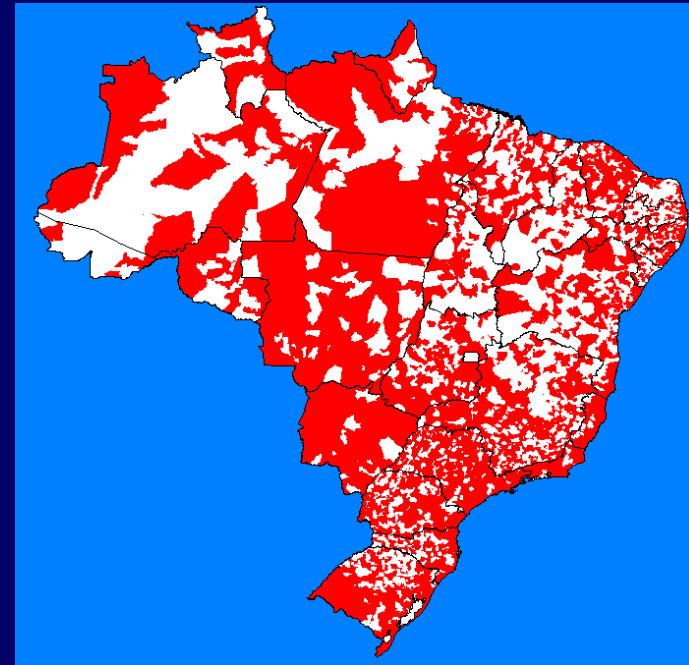
# Cities with at least 1 case in women



1980-1989



1990-1995



2001-2005



# HIV/AIDS in Brazil - Targeting women

- Rio de Janeiro, in southeastern Brazil, has a metropolitan population of approximately 10 million; antenatal HIV prevalence for this area was 0.537% in 2004.<sup>2</sup>
- The national contraceptive prevalence rate (CPR) in 2006 was 81%;<sup>2</sup> reversible methods and sterilization are publicly funded and pregnancy termination is illegal.
- It is estimated that over 1 million illegal abortions are conducted every year in Brazil<sup>3</sup>, comprising the **major cause of maternal mortality**
- In 2006, a national household survey identified that ~30% of Brazilian women reported **sterilization** as their 1<sup>st</sup> contraceptive method of choice<sup>4</sup>

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2. Country Progress Report: Brazil. [data.unaids.org/pub/Report/2008/](http://data.unaids.org/pub/Report/2008/)

3. Fusco et al. Rev Bras Epidemiology; 11(1):78-88, 2008.

4. Macro International Inc, 2008. MEASURE DHS STATcompiler. <http://www.measuredhs.com>



# Purpose & Rationale

- The study purpose is to describe the relative importance of HIV infection and culture regarding contraceptive choice, utilization, and discontinuation among HIV+ women in Rio de Janeiro. The results may guide both culturally-informed counseling efforts and contraceptive method selection better tailored to HIV-infected women.
- Contraceptive coverage remains an issue for HIV+ women in Rio de Janeiro, where 6.9 pregnancies/100 woman-years occurred between 1996 and 2003 among HIV+ women on ART.<sup>3</sup> This study attempts to determine causal factors for unmet need via discontinuation for purposes of improving counseling & care.

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3. Friedman R, et al. Pregnancy predictors in an urban HIV infected women cohort in Rio de Janeiro-Brazil . Poster Exhibition: The 3rd IAS Conference on HIV Pathogenesis and Treatment: Abstract no. TuPe5.5P11



# Methods

- Data is derived from the Rio de Janeiro site in a larger, 3 site qualitative study of contraceptive use and discontinuation among HIV+ women.
  - Participants completed a standardized screening questionnaire about HAART, RH history, partnership status & fertility desire.
  - 3 focus groups (1/age stratum; 3 strata: <22, 23-30, >30 years) were conducted to determine main themes, followed by 15 in-depth interviews (5/ stratum) to obtain further depth and explore themes.
  - Transcripts were coded using a grounded theory approach & grouped into themes. Coded quotations were also analyzed for impact of various demographic factors (e.g. age, parity, & HAART status) on themes (such as meaning of menstruation).
  - Analysis was performed with ATLAS-ti software
-



## Participant Characteristics & Contraceptive Utilization (N=34)

Variable	%, N	Mean	Range
Age (Years)		28.4	IQR: 23-33
Years since HIV Diagnosis		5.2	0 - 19
Participants on ART	61.8%, 21		
Prior pregnancies		1.5	0-5
Prior terminations		0.06	0-1
Most recently used contraceptive method* (Total>100 due to use of condoms with additional method); 12 women were pregnant at interview.			
Male condoms	61.8%, 21		
Oral contraceptives	29.4%, 10		
Sterilization	32.4%, 11		



# Emergent Themes

- When listing known methods, condoms and OCs were the most familiar. Most participants had no experience with injectable contraception. Post-coital OCs were mentioned by a few as an alternative method or emergency measure. Some participants mentioned barriers to use of a specific method:

*“...I would like to use those injections. Those that chicks take just once a month, but it’s expensive... My man used to pay for it, but it’s expensive you know? Now I use pills, but sometimes I forget to take them, then take two on the next day... It’s a big mess...”* FG, 25 years, 3 children.



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# Rationale for Method Use: Condoms

- Male condoms were believed to be the best overall method due to lack of side effects and protection from infection.
  - However, some complained about lack of sensation and most acknowledged that obtaining partner agreement was challenging, particularly in long-term relationships.
  - Many participants also commented that their HIV status led them to choose condoms over other methods due to dual protection.
-



# Rationale for Method Use: Oral contraceptives

- Regarding OCs, many cited daily dosing and concerns about ART interactions as reasons for discontinuation. The longer duration of injectable contraceptives was perceived positively; however, this method, and, to a lesser degree, OCs were associated with undesirable side effects:

*“There are a lot of side effects, you feel like your belly swells, you can have some cardiovascular diseases if you keep using them for a long time, and some studies even relate those contraceptives with breast cancer.”* FG, 22 years, 1 child.

- Discontinuation due to menstrual disturbances was rare; contraceptive amenorrhea was seen as positive, particularly by IDI participants. Some reported using OCs to delay menstruation to go to the beach or Carnival, a common practice for teenagers.
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# Rationale for Method Use: Sterilization

- Sterilization was more common among older participants, with most stating satisfaction with the decision. Age did not otherwise alter perspectives on method choice or discontinuation. A few mentioned the physician's role in their decision.
  - Following sterilization, a few women expressed regret, usually linked to new partnerships. Though most participants stated that their fertility desire decreased with HIV diagnosis, a few women reported increased desire for future childbearing.
-



# Barriers to method use

- Unfavorable partner reaction, including domestic violence, was cited as a barrier to condom use:

*“You need to take care of your health, so condoms will be the best one. But you also need to look for your safety, and condoms might be dangerous...Like, if I ask my boyfriend to use a condom, he will beat me, as if I was thinking that he is having affairs and might transmit something to me.”* (30 years old, Pregnant, on HAART)
- Often physicians were reported as resisting patient desire for sterilization if the participant was perceived to be young. Some women reported desiring sterilization and encountering financial or provider-mediated barriers, one of which was directly attributable to HIV status:

*“He (the physician) said women using this method don’t use condoms anymore, understand? He said many things I did not agree but... I don’t have money to do it on my own [in a private clinic], but I would like to do it.”*[36 years, 2 children, on HAART]



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## Key findings

- HIV status has some impact but is not the most important determinant of contraceptive choice among HIV-positive women in Brazil.
  - Condom use is largely mentioned as the best method, due to dual protection
  - However condom use is sometimes influenced by fear of domestic violence
  - Older women desire sterilization as means of limiting family size, a desire not directly related to HIV infection
-



# Limitations

- Lack of comparative groups of HIV-uninfected women & small sample size which was limited only to clinic attendees may have introduced bias. Saturation was reached in IDIs for main themes.
  - Non-random sampling was employed to represent women across the reproductive span, thereby limiting age effect.
  - The large number of pregnant participants and dynamics in FGDs may have biased some responses, particularly about reasons for contraceptive discontinuation.
  - We employed female staff to reduce inhibition and possible socially-desirable responses.
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# Conclusions

Our findings emphasize that providers should consider many factors in contraceptive counseling with women living with HIV/AIDS **and** under HAART for a long time

It is desirable to work with clients on condom negotiation strategies, and provide a range of methods to address changing needs throughout the reproductive lifespan.

Integrating reproductive health strategies with HIV/AIDS counseling, treatment and care is urgently needed, a persistent problem even in a setting providing free/universal ART for over 10 years.

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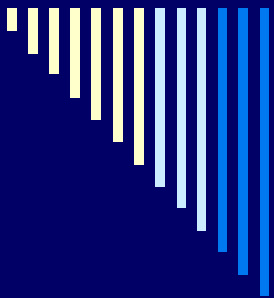


# Acknowledgments

- This study was supported by the Morris S. Smith Foundation, the Doris Duke Charitable Foundation, and Special Programme of Research, Development and Research Training in Human Reproduction, World Health Organization.
  - We thank our participants for their time and trust with a variety of sensitive issues.
-

Brazilian successful AIDS Program is based on human rights principals, therefore we stand against the anti-homosexuality bill which has been tabled in the Ugandan parliament, that include a life sentence for people who are guilty of *“the act of homosexuality”*, and the death penalty for *“aggravated homosexuality”*.





## Thank You

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