Factors Influencing Contraceptive Choice & Discontinuation Among HIV+ Women in Kericho, Kenya

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Kericho District, in Western Kenya’s Rift Valley Province, has a population of approximately 469,000. HIV prevalence among adult women ranges from 17.4 – 19.1%.\textsuperscript{1,2}

In Rift Valley Province, the CPR in 2008 was 46%; modern methods are available at no cost through the government health system and pregnancy termination is legal under extremely limited circumstances.\textsuperscript{3}

In Eldoret area, another Rift Valley site, pregnancy incidence among HIV-infected women increased from 2002 to 2007, particularly among ART-naïve women.\textsuperscript{4}

References:
The study objective was to determine the impact of gender roles, ethnic identity, & HIV status on contraceptive utilization among HIV-positive women in Kericho, Kenya.

RH & HIV services have traditionally been separate from HIV services & efforts to integrate services rely on identification of factors impairing contraceptive utilization.
METHODS

- Data is derived from the Kericho site in a larger, 3 country 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 future fertility desire). Analysis was performed with ATLAS-ti (ATLAS-ti Center, Berlin).
## PARTICIPANT CHARACTERISTICS (N=47)

<table>
<thead>
<tr>
<th>Variable</th>
<th>%, N</th>
<th>Mean</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>31.8</td>
<td></td>
<td>21 - 46</td>
</tr>
<tr>
<td>Number prior pregnancies</td>
<td>2.34</td>
<td></td>
<td>0 – 6</td>
</tr>
<tr>
<td>Of IDIs (N=15):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Years since HIV diagnosis</td>
<td>4.47</td>
<td></td>
<td>0 - 12</td>
</tr>
<tr>
<td>Taking ART</td>
<td>53.3%, 8</td>
<td></td>
<td></td>
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<tr>
<td>Contraceptive Method Used (N=15):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DMPA</td>
<td>20%, 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male condoms</td>
<td>20%, 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCPs</td>
<td>13.3%, 2</td>
<td></td>
<td></td>
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<tr>
<td>Sterilization</td>
<td>6.7%, 1</td>
<td></td>
<td></td>
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<tr>
<td>No method</td>
<td>40%, 6</td>
<td></td>
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</table>
Fertility & menstrual philosophies:

Many participants held medically inaccurate beliefs about fertility and timing of intercourse to avoid conception.

“Some conceive when they have intercourse during menses, others may not conceive during this time. Other women say that whenever they are on their menses it’s a must that they sleep in separate beds so that they don’t conceive, others prefer to sleep in one bed because during this time …their libido is high so they sleep in one bed so that they can have sex with their partners.” #1033, <22 years, 1 child.

Other medically inaccurate beliefs included the idea that waiting a week after menstruation before resuming sexual activity would help prevent sexually transmitted infections (STIs) or that the IUD would prevent STIs.
Men opposed condoms due to decreased sensation; hormonal contraceptives due to diminishing women’s libido and making sex less pleasurable; and sterilization due to its permanence. These attitudes potentially reduce women’s ability to use these methods.

HIV diagnosis made some difference in these attitudes where women became more assertive about protecting themselves through abstinence, particularly widows:

“… I refused to be inherited because I could infect the other person who could inherit me. In my community people don’t know much about HIV/AIDS and when a person approaches me for a relationship, I tell them openly that I am infected with HIV/AIDS and they really fear me.” #1034, age 37, 2 children
Perceived side effects (like back pain or low libido), having met desired parity, & menstrual changes were all cited as reasons for method discontinuation.

Among most participants, amenorrhea was not desirable because: the “dirty blood” would not get out; the husband/partner would know that birth control was being used; and, in Luo culture, “a woman should not stop menstruating before her mother-in-law stops”.

The concern for or opinion of the male partner plays a predominant role in contraceptive utilization decisions in Kericho. Cultural practices or incorrect beliefs about contraception may impair correct use of some methods, particularly periodic abstinence.

Some beliefs, like fertility being highest during menstruation, may increase risk of HIV re-infection.

Age and parity did not appear to affect contraceptive knowledge or perceptions about side-effects.
LIMITATIONS

- Some bias may have been introduced through the large number of widowed participants, many of whom reported current abstinence.
- Focus group dynamics may have prevented some sub-themes from emerging.
- We attempted to prevent bias by:
  - Purposive selection by age strata was employed to represent women across the reproductive span, thereby limiting age effect.
  - Female staff conducted interviews to reduce inhibition and possible socially-desirable responses.
CONCLUSIONS

- Women’s ability to negotiate contraceptive use may be limited; providers should consider gender roles when discussing method choice with patients.
- Patient education of both men and women and public awareness campaigns to dispel inaccurate beliefs about available contraceptive methods may optimize utilization in this setting.
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We thank our participants for their time and trust with a variety of sensitive issues.

THANK YOU FOR YOUR TIME AND ATTENTION!