PARENTHOOD IN THE TIME OF AIDS

DESIRE FOR CHILDREN AMONG HIV POSITIVE AND HIV NEGATIVE YOUTH IN RURAL UGANDA

Sanyukta Mathur, John Santelli, Jennifer Higgins, Ying Wei, Mark Orr, Neema Nakyamjjo, Fred Nalugoda, Ron Gray, Maria Wawer

sm2892@columbia.edu

Childbearing is an important aspect of life in Sub Saharan Africa

Many youth in SSA begin their reproductive lives in communities with high HIV prevalence.

This context has changed dramatically over the last decade (PMTCT, ARV therapy, circumcision)

Many people of reproductive age will live with HIV for many years.

How does HIV status within the changing context of HIV over time shape pregnancy and parenthood desires of youth?
Fertility Desires among PLWHA

- Previous research on factors that influence desire for children among PLWHA (see Nattabi 2009 for a review)

<table>
<thead>
<tr>
<th>Increase Desire for Children</th>
<th>Decrease Desire for Childn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older age</td>
<td>Health-related concerns</td>
</tr>
<tr>
<td>Low parity</td>
<td>Health worker attitudes</td>
</tr>
<tr>
<td>Availability of MTCT &amp; ART</td>
<td>Experience with HIV-related</td>
</tr>
<tr>
<td>Cultural &amp; religious influences</td>
<td>mortality &amp; orphanhood</td>
</tr>
<tr>
<td>Social desirability &amp; stigma avoidance</td>
<td></td>
</tr>
<tr>
<td>Social support availability</td>
<td></td>
</tr>
</tbody>
</table>

- Longitudinal studies highlight importance of HIV test results and ART treatments on desire (e.g. Yeatman; Homsy; Cooper; Keough)
Filling the Gap

My research examines the intersection of HIV risk and parenthood desire in Rakai, Uganda.

- Young women & men as they enter their sexual and reproductive lives

- Mixed-methods research approach
  - Individual-level socio-demographic factors associated with desire
  - Desire within the context of individual partnerships
  - Desire within the changing context of HIV/AIDS programs
Fertility in Uganda

- **Fertility:**
  - TFR at 6.7 births per woman
  - 25.7% of adolescent girls (15-19 years) having already begun childbearing
  - 80% of all women currently do not use any contraception
  - 41% of married women want to delay next birth or stop childbearing
HIV/AIDS Context in Uganda

- HIV Prevalence among youth has hovered around 3-4% in the last decade
- Currently 1.5% among 15-19 y.o. & 4.7% among 20-24 y.o.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Prevention Campaigns</th>
<th>Introduction of Technological Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986-1992</td>
<td>zero-grazing</td>
<td>HIV testing</td>
</tr>
<tr>
<td>2009-present</td>
<td>Testing for Prevention, Get off the Sexual Network</td>
<td>Male circumcision (2008)</td>
</tr>
</tbody>
</table>
Mixed-Method Study Approach

Quantitative

- Rakai Community Cohort Survey data (2001-2008)
- Data from 15-24 year old young women (15,242 person rounds)
- multi-stage logistic regressions (GEE) to assess if HIV status impacts the desire for children among young women.
- (Men were not asked about their desire for children in the survey)

Qualitative

- Life History in-depth interviews (2010-2011)
- 30 matched pairs: HIV incident respondents matched with HIV negative respondents on the basis of age, marital status, & region; all sexually active
  - Interviewers blinded to HIV status of respondents
- Analysis of themes on pregnancy and parenting experiences, desire for children, and norms within a relationship context

Research ethics approval from Columbia University Medical Center IRB, Johns Hopkins IRB, Ugandan Science and Ethics Committee, & Ugandan National Council of Science & Technology
Select Findings
High & Increasing Desire for Children Over Time

… Nobody will listen to someone who has no family or children. There is no way you can contribute if you have no family and children. (Young Man, HIV-)

[Graph showing increasing desire for children over time, separated by HIV status]
HIV Status Impacts the Desire for Children

- HIV negatively impacts young women's child bearing desires
  - HIV positive young women are significantly less likely to want a, or another, child compared to HIV negative young women (OR=0.48, P=0.000)
  - Other factors that decrease the desire for children:
    - Being of older age (20-24 years)
    - Ever having had a pregnancy experience
    - Current use of modern family planning methods
    - Being separated or widowed
  - Other factors that increase the desire for children:
    - Being currently married
    - HIV+ women in survey rounds after 2005 (associated with roll-out of ART)
Supportive Attitudes towards HIV+ & Pregnant

- All qualitative respondents support PLWHA to have children
  
  *I am sure a woman has to produce children. All she needs is to produce (deliver) from the correct place as I told you earlier. Once a woman delivers from a health unit, health workers there might be so careful and the baby does not get HIV.***" (Young Man, HIV+)

- Support is conditional: children, use of health services, and affordability

- Additional distinctions by gender
  
  - HIV+ and HIV- women were more likely to suggest delaying or stopping childbearing altogether.
  
  - Especially true among HIV+ women who knew or suspected their HIV+ status.

  - Not true for HIV+ men
Considerable biomedical knowledge

Personally I think they [HIV-positive women] should deliver....If she gets to know that she is infected she can go for treatment when she is pregnant and she may be able to give birth to a healthy baby [without HIV] and so the baby may not even be bothered by opportunistic infections like fever and even general body weakness. (Young Woman, HIV+)

For women, a major concern related to an HIV positive pregnancy was their own biological vulnerability

...whenever a woman becomes pregnant she weakens, she loses a lot of energy even when she gives birth, a lot of energy is lost. (Young Woman, HIV-)

Imperative to (1) know one’s status, (2) be personally responsible for seeking treatment to ensure that parent to child HIV transmission does not occur, (3) deliver in a health facility, and (4) ensure proper care for oneself and child.
Connecting Desire for Children to Intentions

Among young women who desire children, HIV+ are much more likely than HIV- to be currently trying to get pregnant

- OR: 2.24 (CI: 1.56-3.22), controlling for age and survey time
- Similar results when controlling for pregnancy experience and parity

HIV+ young women want their next child earlier (within the next 2 years) than HIV- young women

- 24% of HIV+ vs. 13% of HIV- (p=0.00)
Childbearing within Relationship Context

HIV-positive

- HIV+ mixed on delaying pregnancy – women want to delay, men do not
  - Limited or no couple communication around pregnancy prevention and spacing
  - Inconsistent FP use
  - Do not know, but suspect their own HIV+ status
  - Do not know partner’s HIV status

HIV-negative

- HIV- want to delay pregnancy – men and women
  - Couple communication on pregnancy prevention, child spacing, & HIV prevention
  - More consistent FP use
  - Know own HIV status
  - Know partner’s HIV status
Some Concluding Thoughts

- Youth had a fairly pragmatic assessment of their own HIV risk and status, yet having children and becoming a parent continued to be very important to young men and young women in rural Uganda.

- HIV reduced desire for children among young women but not young men.
  - For young women desires ≠ intentions.
  - Type and stage of primary partnerships determined use of pregnancy prevention strategies.

- Potential ‘ART treatment optimism’ is countered by fears of HIV and the effect of pregnancy on the body.
Moving Forward

- Greater exploration of the impact of treatment availability of reproductive decisions among youth
- Providing youth with effective fertility counseling within the context of potential HIV risk and types of concurrent partnerships
- Encouraging HIV testing and receipt of results, especially among unmarried youth
- Engagement of male partners on child spacing and family planning
• Rakai Youth Project (RYP): Elizabeth Eckel, Laura Kelley, & Wenfei Zhang

• Rakai Health Sciences Project, Uganda:
  • ETT team (Richard Sekamwa, Josphine Namatovu, William Ddaaki, Rosette Nakubulwa), Tom Lutalo, Joseph Sekasanvu, Robert Mukosova, & the RCCS participants

• Funding support through RYP (NIH/NICHD)