Institutional and Sociocultural Constraints on Family Planning Services for HIV-Positive Women in Mozambique

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Background

- As the HIV/AIDS becomes a chronic condition, there has been increased interest in reproductive and sexual health of people living with HIV/AIDS in resource-limited settings.
- Integration of HIV and family planning services has been widely promoted.
- Most attention of researchers and policy makers has focused on logistical and pecuniary barriers to effective delivery of integrated services.
- However, institutional and sociocultural challenges, while less easily tractable, may be equally daunting.
Research focus

• How cognitive dissonance between providers and clients is produced and perpetuated in the clinic setting
  ✴ Looked at from the provider’s perspective

• The roots of this dissonance:
  ✴ Institutional constraints that feed into sociocultural stereotypes
  ✴ The socially constructed cultural distance between providers and clients
  ✴ The cultural ambiguity of the reproductive messages that the providers are expected to convey to their clients.
Setting: Southern Mozambique

- Four contiguous districts in Gaza Province (pop. 625,000)
- Patrilineal, bridewealth-based marriage
- Predominantly Christian
- Local economy: subsistence agriculture
- Large-scale male labor migration to South Africa
- High fertility: TFR 5.4 children; MCPR 15% (2005)
- Adult HIV prevalence: 25%
Data

• Surveys of all maternal and child health clinics (n=52) in the study area
  ✴ Three waves:
    ✴ 2008-9
    ✴ 2010
    ✴ 2011
  ✴ Mix of close- and open-ended questions

• In 2009 and 2011, two waves of population-based survey of women of reproductive age
Institutional constraints

• Most clinics have one or two nurses on staff who are responsible for the provision of all health services
• The integration of SRH and HIV services has significantly increased the staff workload
• The staff salaries have not been adjusted accordingly
• Most nurses are transplants from urban areas, with no adequate housing and sources of sustenance
• Nurses are frequently absent from the clinics: “business trips” to district centers offer respite from grueling workload and inconveniences of rural life
Incompatible narratives

• Nurses are well aware of their rural HIV+ clients’ circumstances and needs
• They strive to implement postpartum guidelines and recommendations issued by the Ministry of Health
• However, they also doubt that their HIV+ rural clients are fully capable of carrying out these guidelines and recommendations
The cultural divide

- Nurses are typically much better educated than their clients.
- Because many nurses are of urban background, the educational gap is often amplified by negative stereotypes about “backward” rural people.
- Nurses therefore often think that rural clients are incapable of making and carrying through optimal decisions about their reproductive health, including choice and use of FP methods.
Gender Ideology

- Nurses tend to think that their clients are completely controlled by their husbands and their husbands’ families.
- They tend to believe that rural HIV+ women do not disclose their status to husbands out of fear.
- Rural men are assumed to be generally opposed to fertility regulation and family planning use.

★ Men who work in South Africa as labor migrants are seen as particularly dominating and intransigent.
Distrust of the health sector

- The relationship between the nurses and clients is often pictured by the former as antagonistic.
- Nurses often view their clients as doubting both the intentions and competence of the clinic staff.
- They believe that many HIV+ clients dismiss HIV specific instructions and even the validity of the HIV diagnosis.
- Therefore rural women are thought to be in constant need of HIV/AIDS education.
Impracticality of reproductive advice

• The main message that nurses are supposed to convey to HIV+ positive clients is to end childbearing and to use condoms to achieve this aim.

• Yet, they also doubt the practical acceptability of these aim and means for their clients.
  ✴ Ceasing childbearing is incompatible with pronatalist traditional culture
  ✴ Using condom is deemed unfeasible in the context of marriage.
Conclusions and recommendations

• Institutional and sociocultural challenges and pressures intertwine to constrain rural HIV+ women’s access to contraception
• As demand for both HIV and family planning services rise, the institutional and sociocultural factors may amplify the socioeconomic barriers to viable and effective contraceptive options
• To reduce the cognitive dissonance fueled by institutional and sociocultural factors, policies should focus on:
  ∗ Improving working conditions and pay of the clinic staff
  ∗ Educating the staff to foster greater understanding and sensitivity of social and cultural obstacles to family planning among the rural population
Next steps

- Integrating analysis of clinic survey data with that of the three waves of the population-based survey of rural women
- Directly matching the providers’ and clients’ perspectives by surveying both
Thank you!