Stated fertility intentions among post-natal HIV-positive women do not match family planning methods chosen in Kampala, Uganda

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Background – HIV and Fertility in Uganda

• HIV prevalence of 6.4%

• Highest prevalence among people in reproductive years

• High fertility rate - 6.7 children per woman

• Low levels of FP use
Background – Fertility Intentions and Reproductive and HIV care concerns

• Desire for children among HIV+ women and men ranges from 7% - 63%

• HIV infection does not necessarily alter one’s childbearing intentions, incidence of pregnancy or translate into contraceptive usage

• Limiting unwanted pregnancies in HIV+ women helps limit HIV epidemic among children and critical to enhancing women’s reproductive health and rights
Study Design

Cross-sectional study to assess the fertility intentions and FP methods administered to post-natal HIV-infected Ugandan women.

- Provide preliminary data and highlight gaps in provision of FP
- Inform design of interventions to promote increased uptake of appropriate FP methods that suit needs of HIV+ women that access these services.
Study Setting and Population

- Mulago Hospital - Upper Mulago Family Planning Clinic and the Old Mulago Family Planning Clinic (IPH)

- HIV-positive, aged 18-49, recently given birth within last 4-12 weeks at Mulago Hospital, seeking post-natal care at hospital FP clinics.
Methods

- **Sampling Strategy** - HIV+ women identified by code on discharge form or through disclosure to health personnel during FP counselling session.

- **Data Collection** – 30 minute anonymous interviewer administered structured questionnaire in English or Luganda with 431 HIV-infected post-partum women.

- **Data Analysis** - Data entered into custom-designed database by trained data entry clerk. Data analyzed using Stata 11.
Results: Demographics

- Mean age – 27.3 years (SD=5.3)
- 78% urban areas - 78% from Kampala, 99.3% from central region
- Religion – 32% Catholic, 33% Protestant, 23% Muslim, 12% Other
- Level of Education – 51% primary, 42% secondary or higher
- Employment status – 71% unemployed, 76% spouse main source of income
- 78% married, 85% currently in sexual relationship
Results: Reproductive and Sexual Characteristics

- Mean age at first sex – 17 years (SD=2.2)
- Mean age at first pregnancy – 19 years (SD=3.3)
- Mean total # pregnancies – 3.4 (SD=2.0)
- Mean # biological children – 2.8 (SD=1.6)
- 33% experienced death of a child
- 37% know HIV-status of partner, 32% discordant
Results: Past Fertility and Future Intentions

- 58% reported an unplanned pregnancy

- Last pregnancy – 26% were mistimed, 19% did not want more children

- Desire for more children

- 88% who intended to have more children said they would be upset if became pregnant within a year (p=0.001)
Results: FP Knowledge

![Bar chart showing percentages of methods mentioned.]

- **Male condom**: 90%
- **Injectable**: 100%
- **OCP**: 100%
- **IUD**: 60%
- **Implant**: 50%
- **TL (LAPM)**: 30%

**Short-acting methods** include Male condom, Injectable, OCP, IUD, Implant.

**LAPM** includes TL (long acting progestin method).
Results: FP Methods Chosen

![Graph showing FP methods chosen](chart.png)
Results: FP chosen among those who DO NOT desire more children

- For those who do not desire more children, most choose short-acting methods
Results: FP chosen among those who desire more children

- Most chose short-acting methods, despite majority (74%) desire to delay childbearing for 3 yrs or more
- Overall, 78% administered FP
Conclusions

- Although majority of participants intended to use FP, method chosen did not agree with stated fertility desires

- Most wanted to stop childbearing or delay future pregnancy at least 2 years - almost 100% need for LAPMs

- Gap between fertility desires and FP method choice

- Discussing fertility intentions and FP needs during PMTCT programs and following up with readily available methods during post-natal care may help get women FP methods that match their fertility goals
Limitations and Challenges

- Sample predominantly urban and central region - results may not be representative of other Ugandan populations
- Accessing services at Mulago vs. private doctors - cannot generalize results to all populations
- May be biased population - more likely to choose FP
- Social desirability bias – under-reporting of desire for more children
- Did not measure how long women aware of HIV-status or ART status / length of use
- At two clinics, information/counseling women received may not have been exactly the same
Recommendations

• Put FP more firmly within PMTCT program so talk about FP all along – more exposure to FP prior to post-natal visit

• Offer information during pre-natal / PMTCT and offer methods during post-natal

• More information needed on best time to target men/male partner involvement in fertility intentions

• Need to emphasize FP – promote LAPM
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Questions and Comments

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