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Family planning practice and fertility intentions of HIV infected persons attending art clinic at Kogi state university teaching hospital, KSUTH, Anyigba, north central Nigeria

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Abstract

Introduction: The availability of newer information and life prolonging antiretroviral drugs has provided the person living with HIV/AIDS the opportunity to contemplate and actually take the decision to embark on procreation. This study sets out to investigate the family planning practice and fertility desires and intentions of persons living with HIV/AIDS and the factors that influence these desires.

Methods: This study was conducted at Kogi state university Teaching Hospital KSUTH Anyigba, Kogi State, Nigeria. A total of 287 persons who presented for and are on ART who are clinically and /or laboratorily diagnosed as HIV stage 1-3 disease who give their consent were included in the cross sectional study by random sampling. The inclusion criteria were: confirmed HIV disease, Kanoffsky scale not less than 80%, 18 years of age or more but not more than 70 years, on ART and sexually active. A structured questionnaire was administered to the participants seeking to get information about their biodata, attitude to and knowledge of their condition and their family planning practice and fertility intentions.

Results: Two hundred and twenty five valid questionnaires out of the two hundred and eighty seven issued were analyzed and the obtained result is presented below.

The study (Table Ia) showed the age range of respondents in years. Only one (0.4%) person was below 19 years and there was no body above the age of 59 years. There is (Table 1b) a mix of marital status; married, 131 (58.2%) constitute the majority, not married, 65 (28.9%), divorced, 9 (4%) and those in relationship, 20 (8.9%). Women are still more affected by the disease (144 out of 225) than men and the serodiscordance in this study is significant. Although many seropositive persons are aware of family planning services and option only 21.8% of them use any method in this study. The consistent use of condom is only 42.7%. 73.3% of HIV seropositive persons have intention to have children.

Conclusion: Majority of the persons living with HIV/AIDS are aware of family planning services/options. Only few (49) (21.7%) of these people utilize any of the family planning options consistently. This presents a challenge for those saddled with integrating fertility/reproductive health services into HIV/AIDS care programmes. Health communicators also have a challenge to scale up the uptake of these services.

Persons living with HIV/AIDS significantly show desires to have children (73.3%). There is significant association between the desire to have children and duration of antiretroviral therapy and the number of children already gotten by individuals who are HIV seropositive.

Keywords: KSUTH, anyigba, HIV, North central Nigeria

Introduction

The Human Immunodeficiency Virus infection culminating in Acquired Immune deficiency Syndrome (AIDS) have ravaged humanity since it raised its ugly head among American homosexuals in Chicago, USA in 1981. It has continued to spread and has put even human desires in disarray and knocked out some completely [11, 12, 1, 14].

The availability of newer information and life prolonging antiretroviral drugs has provided the person living with HIV/AIDS the opportunity to contemplate and actually take the decision to embark on procreation [1, 3].

This study sets out to investigate the family planning practice and fertility desires and intentions of persons living with HIV/AIDS and the factors that influence these desires.

Materials and method

This study was conducted at Kogi state university Teaching Hospital KSUTH Anyigba, Kogi

State, Nigeria. A total of 287 persons who presented for and are on ART who are clinically and /or laboratorily diagnosed as HIV stage 1-3 disease who give their consent were included in the cross sectional study by random sampling. The inclusion criteria were: confirmed HIV disease, Kanoffsky scale not less than 80%, 18 years of age or more but not more than 70 years, on ART and sexually active. A structured questionnaire was administered to the participants seeking to get information about their biodata, attitude to and knowledge of their condition and their family planning practice and fertility intentions.

Results

Two hundred and twenty five valid questionnaires out of the two hundred and eighty seven issued were analyzed and the obtained result is presented below.

The study (Table 1a) showed the age range of respondents in years. Only one (0.4%) person was below 19 years and there was no body above the age of 59 years. There is (Table 1b) a mix of marital statuses; married, 131 (58.2%) constitute the majority, not married, 65 (28.9%), divorced, 9 (4%) and those in relationship, 20 (8.9%).

Apart from eleven persons (4.9 %) that had no formal education and the sixteen persons (7.1%) that did not disclose their educational status all other respondents have some literacy levels (table 1c). There are more HIV infected females, 144 (64%) than males, 81 (36%) in this population (table 1 d).

The reasons why the respondents took the HIV test ranged from antenatal care visits, 33 (14.7%) to onset of a sickness, 129 (57.3%) and during a counseling and testing session, HCT, 63 (28%) (table 2).

Table 3 displays the duration of knowledge of seropositivity by the respondents, Over 50% greater than one year, while table 4 shows the knowledge of the respondents HIV status by their sex partners, 172, (76.4%). Table 5 shows the knowledge of partners HIV status by the respondents, 143 (63.6%).

Table 6 Shows respondents' awareness of the available family planning services and options available in the facility, 149 (66.2%) while table 7a shows the usage of any of these options by the respondents as at the time of the study, 49 (21.7%). Table 7b shows the various family planning method used by those who utilize any form of family planning.

Table 8 examines the consistent use of the condom during sexual intercourse by these respondents, 96 (42.7%). 71, (31.6%) use condom inconsistently while 58 (25.7%) do not use condom at all.

Table 9 shows the CD4 status of the respondents, 183, (81.3%) have CD4 count above 200, while table 10 indicates their length of Antiretroviral therapy as at the time of the study, 154 (68.4%) have been on ART for more than 1 year at the time of the study.

Table 11 shows the number of respondents among the HIV positive persons whose fertility intention is to have more children and those who donot desire to have have children as at the time of the study. 165 seropositive respondents (73.3%) want to have children.

Table 12 and 13 interrogate separately the Pearson correlation between the desire to have children and the duration of ART and number of living children. There is a significant association between the desire to have children and the duration of ART and number of living children. The longer an individual is on ART the more the likelihood of the desire to have children and the less the number of living children the more the likelihood of the desire to have children, P values are 0.000 and 0.001 respectfully (< 0.05) at 95% confidence interval.

Table 1: Sociodemographic characteristics of respondents

A: Age of respondents in years	n	Percent
1-19	1	0.4
20-39	159	70.7
40-59	65	28.9
60- 79	0	0
80 and above	0	0
Total	225	100
B: Marital status of respondents		
Married	131	58.2
Not married	65	28.9
Divorced	9	4
In a relationship	20	8.9
Total	225	100
C: Educational status of respondents		
No formal education	11	4.9
Primary Education	71	35.0
Secondary Education	79	35.1
Post-secondary Education	48	21.3
No response	16	7.1
Total	225	100
B: Sex distribution of respondents		
Male	81	36
Female	144	64
Total	225	100

Table 2: Reasons for taking hiv test

Reason	n	%
Antenatal care	33	14.7
Sickness	129	57.3
HCT	63	28
Total	225	100

Table 3: Duration of knowledge of HIV Seropositivity by respondents

Duration	N	%
Less than 12 Months	69	30.7
More than 12 Months	156	69.3
Total	225	100

Table 4: Partners knowledge of respondent's hiv positive status

Knowledge	n	%
Yes	172	76.4
No	53	23.6
Total	225	100

Table 5: Partners HIV status

Status	n	%
Positive	49	21.8
Negetive	94	41.8
Undisclosed	82	36.4
Total	225	100

Table 6: Awareness of family planning services/options among respondents

Awareness	n	%
Yes	149	66.2
No	76	33.8
Total	225	100

Table 7a: Family planning usage among respondents

On family planning:	n	%
Yes	49	21.7
No	176	78.3
Total	225	100

Table 7b: Family planning methods used by respondents

Family Planning Method:	n	%
Hormonal Implants(Inplanon)	5	2.2
Intrauterine Device (Copper T380A)	7	3.1
Injectable (DMP)	12	5.3
Barrier Method (Condom)	25	11.1
Oral contraceptives	0	0
Bilateral tubal ligation	0	0
Vasectomy	0	0
Other Methods	0	0
Not on family planning	176	78.3
Total	225	100

Table 8: Consistent use of condom during sex among Respondents

How often do you use condom during sex	n	%
Always	96	42.7
Sometimes	71	31.6
Does not use condom	58	25.7
Total	225	100

Table 9: CD4 count status of Respondents

CD4 Count	N	%
Less than 200	42	18.7
More than 200	183	81.3
Total	225	100

Table 10: Duration of antiretroviral therapy

ART Duration	n	%
Less than 6 Months	20	8.9
Less than 12 Months	51	22.7
Less than 24 Months	89	39.6
Greater than 24 Months	65	28.8
Total	225	100

Table 11: Desire of respondents to have children

Want to have children	n	%
Yes	165	73.3
No	29	13.0
Not sure	31	13.7
Total	225	100

Table 12: Duration of Therapy versus desire for children among respondents

Duration of ART	Desire for more children	
	Yes	%
0- 1 Year	33	14.7
1 - 2 Year	67	30
More than 2 Years	65	28.9

P=0.000 (<0.05)

Discussion

The results presented above (table 1a) revealed that majority of the respondents are in the reproductive age bracket. This means they will have reproductive health needs. These include the management of their fertility desires ranging from family planning (contraception) to their desire to have children that are HIV negative [2, 4, 5, 6, 16, 20].

Only 76.4% (172) of the respondents have disclosed their status to their partners; the remaining 23.6% (53) did not. Only 63.6% (143) of the respondents know their partners status, (table 4 & 5). There is a significant serodiscordance in the population.

The study showed interesting findings (Table 1 d) that reflects the deep emotional and sociocultural issues that surrounds the HIV/AIDS pandemic. Women are still more affected by the

disease (144 out of 225) than men and the serodiscordance in this study (table 5) is scary news when juxtaposed on inconsistent use of condom, poor contraceptive prevalence and a burning desire for procreation among seropositive individuals (tables 7, 8, and 11) [7, 8].

69.3% (156) of the respondents had been diagnosed over 1 Year at the time of the study. 81.3% (183) had CD4 count greater than 200 cell/m³ and a possible correlate of a lower viral load that favors less risk of transmission [1].

68.4% (154) of the respondents had ART for more than 1 Year as at the time of this study and we expected to have a lower viral load.

73.3% (165) of the respondents desire to have more children while 13% (29) don't want to have more children. The other 13.7% are not sure of their fertility desires as at the time of the study. This finding is slightly higher than the finding in the study done by Chen J, Phillips K and Kanousew D, *et al.* [1]. Although the figure of 73.3 % for those who desire pregnancy is higher than the 59% to 69% observed in the Chen J Study, one can advance reason for this; in Africa more premium is place on the number of children one has than in the west.

Only 21.8% (49) of the respondents use any form of family planning (contraception) method. The consistent use of condom among this largely serodiscordant population is abysmally low. The low contraception use may not be unconnected to the peculiar barriers that sustain the 25% unmet needs of contraception in sub-Saharan Africa [2, 9, 12, 18, 19, 20].

Both the desire for children in a significantly discordant population and the low contraceptive use have serious implications for vertical transmission of the HIV infection [2, 4, 19].

The number of living children and length of time on ART showed an association with the desire to have more children (P is less than 0.05). This finding is in agreement with the finding of Chen J *et al.* [1].

The finding that over 70% of these persons desire to have children means that we must strengthen our assisted reproduction techniques and make them accessible and affordable. The problem of discrimination against these persons required to be addressed to reduce unwholesome or risky self help practices among them [3].

Inconsistent use of condom, refusal to use condom, refusal to disclose status to partner may all be landmark signs of desperation to have children since a high premium is placed on children in the African society.

Many HIV seropositive couples have complained of discrimination and denial of assisted reproductive services by almost all the assisted reproduction facilities in Nigeria.

Timed intercourse therefore looks more affordable and practicable by these persons. The study showed that 21.1% of the respondents have CD4 counts lower than 200cell/mm³, a situation that would suggest that they may have progressed to more than stage 1 or 11 diseases with greater risks of transmission. A review of the findings would show that these respondents are among those that desire to have children and those who use condom inconsistently.

The more HIV positive persons that pursue and actualise their desire to have children in our environment with a poor coverage for PMTCT services, the more the HIV positive children that would be born [10, 15, 19]. This will increase our paediatric HIV burden beyond our annual value of over 72,000 and overstretch our health system [4].

HIV positive persons have unmet fertility desires. They have unmet contraceptive needs as indicated by the gap in awareness

and usage of family planning methods [2].

This study attempted to answer some research questions and test two hypotheses;

HIV positive persons are aware and actually use fertility regulation methods and this agrees with the findings of Chen J *et al.* and Fuchs *n et al.* [1].

The uptake is however low. They use fertility regulation methods like the condom albeit inconsistently. This requires further strategic behavioural change communication.

HIV positive persons have fertility desires. The desire to have children is there in over 70% of the respondents and this agrees with the findings of Mona R Loutfy *et al.* [14]. This desire is significantly and strongly affected by the number of children the person has already. Those with none or fewer children tend to desire more children ($P < 0.05$).

Similarly, the longer an individual had been on Antiretroviral therapy appears to influence the desire of the person to have children ($p < 0.05$). This may be due to increasing confidence of survival and disappearance of the initial turmoil of knowledge of infection. Awareness of PMTCT services and knowledge of the possibility of having an HIV negative child may also have positive contributions.

Conclusions

Majority of the persons living with HIV/AIDS are aware of family planning services/options. Only few of these people utilize the services consistently. This presents a challenge for those saddled with intergrating fertility/reproductive health services into HIV/AIDS care programmes. Health communicators also have a challenge to scale up the uptake of these services.

Persons living with HIV/AIDS significantly show desires to have children. There is significant correlation between the desire to have children and duration of antiretroviral therapy and the number of children already gotten by individuals who are HIV seropositive that desire more children.

Declaration

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Conflict of interest: None declared

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