



Reproductive Health Decision-Making among Women Living with HIV

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RH decision-making along a continuum

- + Desire for children
- + Sexual and reproductive rights
- + Major challenges:
 - + Testing
 - + Retention in care
 - + ART initiation
 - + ART adherence

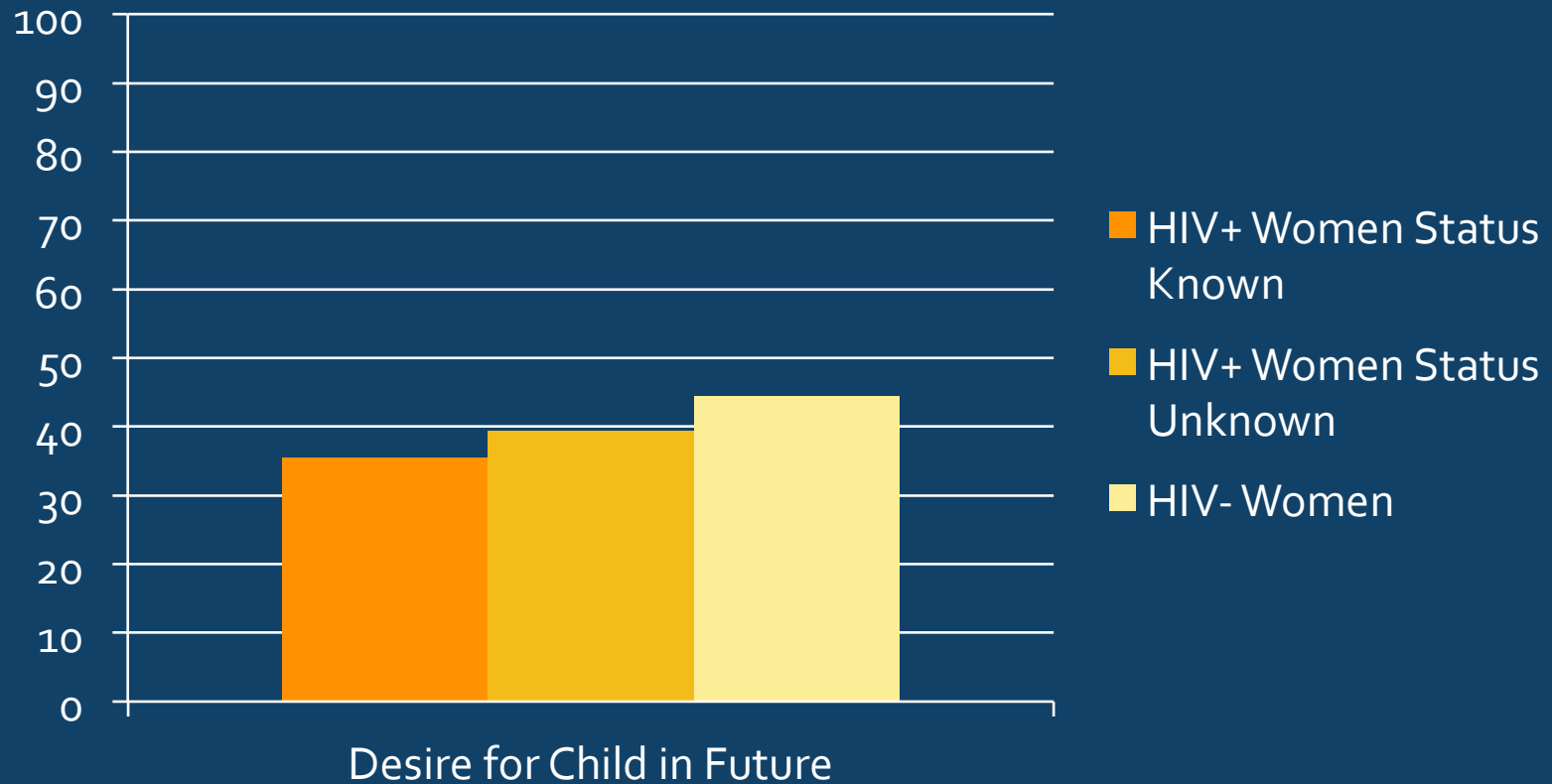
Desire for children

- + *Desire* for children for both HIV- and HIV+ women is influenced by a range of factors and circumstances such as
 - + Age, marital status, number of living children
 - + Economics
 - + Family size norms and fertility expectations.
- + Living with HIV is an additional consideration

Living with HIV: additional factors in RH decision-making

- + Availability of antiretroviral therapy for PMTCT *and* long-term treatment for women
- + Death of a child/ren from HIV-related causes
- + HIV status of partner
- + Stigma and discrimination – family, friends, providers and community
- + Fear of infecting partner, child, orphaning children
- + Intimate partner violence and abandonment as a result of disclosure of woman's HIV status
- + Additional social and economic factors: fear of disclosure in community and fear of inability to support family

Example: Percent of Women 15-49 who desire a child in the future by HIV status. Lesotho 2004



Based on Adair, 2007. DHS working paper

Access to ART – an enabling factor for living positively with HIV

- + For those with access to ART, HIV becomes a chronic condition
- + Possibility of living a healthy life, including a healthy sexual and reproductive life
- + Reduces likelihood of transmission between discordant partners
- + Reduces likelihood of transmission to babies

Logistic Regression: Variables associated with the desire for children among 300 HIV+ women in Vietnam

	Desire to have a child or more children
N with outcome	43 (15%)
Age	
18-24 (R)	1.00
25-29	1.29
30-34	0.89
35+	0.18
Marital Status	
Never Married (R)	1.00
Married	0.24*
Divorced	0.12*
Widowed	0.10*
ART Use	
Woman not on ART (R)	1.00
Woman on ART	2.12*
Living Child	
No living child (R)	1.00
≥1 living child	0.16*

*significant at 95% confidence interval. Source: Messersmith, et al. 2012. Women Living with HIV/AIDS in Vietnam: Desire for Children, Use of SRH Services and Advice from Providers. *Reproductive Health Matters*, Vol. 22(39):27-38.

Reproductive health programs and policies

- + Are they based on evidence?
- + Are they rights-based?
- + Are they based on ICPD and Beijing principles?
 - + Client-centered
 - + Support reproductive health and rights

International treaties and conventions: human rights approach to sexuality and RH

- + United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)
- + Convention on the Rights of the Child (1989)
- + Convention on the Rights of Persons with Disabilities (2006)
- + Programme of Action of the International Conference on Population and Development (1994)
- + Platform for Action of the Fourth World Conference on Women (1995)

Sexual and reproductive rights: Contested domains for women living with HIV

- + Right to live a healthy sexual life
- + Right to decide to have/not to have children and to information and services
 - + Desire for children: access to ART for PMTCT
 - + Desire not to have children: access to contraception and safe abortion
- + Right Health: to ART for long-term treatment and prevention between discordant couples

Types of violations of SRH rights and principles in health care for women living with HIV

- + Pressure to abstain from sex
- + Withholding information or services related to safe conception, contraception and legal and safe abortion
- + Coerced abortion
- + Coerced or uninformed sterilization (e.g. during caesarian delivery)

Vietnam National Survey of PLHIV: Nearly 1/3 of 1200 advised to abstain from sex in last 12 months due to HIV status

35.1% of HIV+ women; 29.2% of HIV+ men

Source of Advice	Male (%) (n=236)	Female (%) (n=164)
Health Care Provider	67.3	80.8
Peer Educator	19.2	9.8
Spouse	4.9	3.4
Family Member	30.0	28.4
Friend	21.8	10.8
Other	1.0	0.8

Major challenges: Testing, retention in care and ART Initiation

- + Women unaccounted for – those who do not access maternal health services
- + For those in antenatal care, only 35% of pregnant women are tested for HIV.
- + Returning for HIV test results and enrolling and remaining in care.
- + ART Initiation
 - + Systematic review found 38-88% of ART eligible women failed to initiate ART
 - + Only 4% of women in Kenyan study

ART adherence in pregnant and postpartum women

- + A systematic review and meta-analysis of 51 studies found only 76% of pregnant women and 53% of postpartum women were at least 80% adherent.
- + In North America, ART adherence is higher in pregnant than in postpartum women
 - + motivation to prevent transmission to babies during pregnancy
- + Low ART adherence is common, especially in those with less advanced disease.

Consequences of poor ART adherence in pregnant and postpartum women

- + Disease progression and death
- + HIV infection, death and orphanhood for infants
- + Increased prevalence of drug-resistant HIV

Behavioral and social barriers to retention in care and adherence

- + Lack of knowledge about HIV and ART
- + Impact of HIV status on relationships, gender-based violence
- + Mobility
- + Economic factors (e.g. transport costs)
- + Social factors (e.g. stigma)
- + Psychological factors (incl. postpartum depression)
- + Fear of disclosure
- + Forgetfulness regarding ART regimen
- + Frequency of doses or pill burden
- + Negative side effects and hunger
- + Daily family care responsibilities
- + Gender power dynamics: need to seek husband/family approval to seek and stay in care

Structural & health systems barriers to retention in care and ART adherence

- + Fragmentation of ANC and HIV services
- + Gaps in referral process between ANC and ART services
- + Lack of continuity of care
- + Inadequate time in consultation with providers
- + Lack of follow-up and counseling
- + Negative provider-client interactions
- + Discrimination in health services
- + Failure of health system to consider economic and social factors influencing behavior

Behavioral facilitating factors for retention in care and adherence

- + Accurate information about ART
- + Witnessing improved health in those on ART
- + Feeling better
- + Having hope for living longer
- + Support from partners, family and friends

Structural & health systems factors facilitating retention and adherence

- + “Family-focused care”: enrolling all infected family members
- + Testing for ART eligibility and ART initiation within PMTCT/ANC/reproductive health settings
- + Escorting women between ART and ANC services
- + Counseling services that highlight the benefits of ART
- + Peer support and counseling
- + Point of care CD4 testing
- + Linkage to long term care and support services postpartum (e.g. breastfeeding support, contraception, gender-based violence services, economic strengthening)



Thank you!

Reproductive Rights: ICPD and Beijing

- + *“the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.... It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence as expressed in human rights documents.”* (ICPD POA Chapter 7)
- + *“right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.”* (Para 96, Beijing POA)