



This Steps to Integration series provides a guide on how to integrate HIV and sexual and reproductive health (SRH) services based on findings from the Integra Initiative.

The Integra Initiative is a research project on the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies. It was managed by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and the Population Council.

Findings from the project show that integrating HIV and SRH services has the potential to:

- ✓ Increase uptake of health services
- ✓ Increase range of services available
- ✓ Improve quality of services and efficient use of resources
- ✓ Enable health systems to respond to client needs and improve overall client satisfaction



## Contraceptive use and fertility intentions among women living with HIV in Kenya and Swaziland

### Introduction

According to the UNAIDS, at the end of 2013, an estimated 35 million people were living with HIV and sub-Saharan Africa continues to be disproportionately affected by the epidemic.

With major efforts directed at expanding access to life-saving antiretroviral therapy (ART) in sub-Saharan Africa, many people on ART are living longer with HIV and leading productive and sexually active lives and face challenges in having pregnancies only when intended.

Unintended pregnancies (this includes both unwanted and mistimed) and the potential of vertical transmission of HIV to the child are some of the challenges faced by women living with HIV.

Understanding the fertility preferences and reproductive decisions of women living with HIV is vital for informing policy and programmatic efforts to enable them to achieve these desires effectively and safely.

### Use of contraception by women living with HIV

Overall contraceptive use is high among women living with HIV, but method mix is limited with the majority encouraged to primarily use condoms to prevent HIV transmission as well as family planning (FP).

In Swaziland, dual method use among women living with HIV was not often practiced due to a number of factors:

- 1) the additional effort needed – “extra money and extra effort”
- 2) fear that dual use could exacerbate men’s refusal to use condoms or
- 3) simply lead to increased inconsistency with condom use.

In Kenya, higher proportion of HIV-positive women were associated with dual

method use compared to HIV-negative women; many women living with HIV recognised that condoms alone are not always the best protection from pregnancy.

We are using condoms and I still use that pill, because condoms prevent germs to enter into me and to him, but this pill is for family planning to prevent getting pregnant if the condom bursts. --FP client, Kenya

However, in both countries the use of shorter-term methods (such as injectables and hormonal pills) rather than more effective long-acting methods was common. Rarely, women reported receiving extensive information on FP from providers on the use and dual use of other FP methods or on switching FP methods.

[my wives were] using pills but then I think they got used to using only condoms so now they're too lazy to go and get pills, or maybe now they think there's no need to bother because now they know we use condoms all the time. --Male Client, Swaziland

## Unintended pregnancies common among women living with HIV

In Kenya, more women living with HIV (43.2% of 250) than HIV-negative women (30.0% of 1,633) reported that their last pregnancy had been unintended (either unwanted ( $p < 0.001$ ) or mistimed ( $p < 0.05$ )).

Among women with unintended pregnancy (regardless of HIV status), a majority reported using short-term family planning methods. This finding suggests that challenges still exist with regard to helping women avoid unintended pregnancies.

In Swaziland, 47.2% of women living with HIV ( $n = 386$ ) and 56.7% of 483 HIV-negative women reported a mistimed pregnancy. A higher proportion of HIV-positive women (20.7%) compared to 13.5% of HIV-negative women said their last pregnancy was unwanted ( $p < 0.01$ ).

## Desire to cease childbearing

In Kenya, almost all women interviewed said that they did not want (more) children after testing positive for HIV. Although they thought it was important that all women had children.

A small number of younger women and women without children did still want children, but all said they would only do so on a doctor's advice in order to ensure a safe pregnancy and birth and thus avoid infecting their baby. There was widespread knowledge of how to have a baby safely.

Evidence from Kenya and Swaziland showed a strong desire to avoid unplanned childbearing. Women feared pregnancy for a range of reasons related (directly or indirectly) to their HIV status: such as financial difficulties (usually resulting from HIV related illness/death) and the negative impact of caring for

children. In Swaziland, it was observed that strong intentions to avoid pregnancy could be driven by fears of and distress of caring for an infant with HIV.

## Dilemma over whether or not to breastfeed

In Kenya, many respondents noted that drugs could prevent a child being born with HIV, but there was a dilemma over whether or not to breastfeed. Many women thought that they would infect their child if they breastfed, but noted that if you avoided breastfeeding you would be stigmatized in the community and automatically labelled as HIV-positive. Some concluded it would be better not to have another child at all in order to avoid this dilemma of either infecting the child or being labelled as 'positive'.

## Key Messages

- More women living with HIV than HIV-negative women had experienced unintended pregnancy.
- Many have a high desire to cease childbearing but this desire to avoid unplanned pregnancies was not matched by appropriate family planning use.
- There is a heavy reliance on condoms for contraceptive to prevent pregnancy.
- Women were using short term methods prior to their most recent (unintended) pregnancy.
- Women living with HIV who desire to cease childbearing need better access to long-acting contraception.
- Need to increase psychosocial support for women living with HIV, particularly around pregnancy intentions.
- Need to decrease stigma in community, especially around fears related to breastfeeding.
- Need to increase use of dual protection among women living with HIV

Facilities and providers need to do more to promote and offer a wider choice of FP methods and improve information and access to long-term methods for women living with HIV who do not want any more children.



### Integra Papers

- Church, K., Wringe, A., Fakudze, P., Kikuyi, J., Nhlabatsi, Z., Masuku, R., Mayhew, S.H., Integra Initiative (2014). Reliance on condoms for contraceptive protection among HIV care and treatment clients: a mixed methods study on contraceptive choice and motivation within a generalised epidemic. *Sex Transm Infect* 2014;90:394-400
- Warren, C.E., Abuya, T., Askew, I., Integra Initiative (2013) Family planning practices and pregnancy intentions among HIV-positive and HIV-negative postpartum women in Swaziland: a cross sectional survey. *BMC Pregnancy and Childbirth* 13 (150)
- Kimani, J., Warren, CE., Abuya, T., Mutemwa, R., Integra Initiative. Mayhew, S., and Askew, I., 2015 Family planning use and fertility desires among women living with HIV in Kenya under review *BMC Public Health*.

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