



**FERTILITY INTENTIONS AND FAMILY PLANNING DEMAND AMONG
HIV POSITIVE MEN AND WOMEN IN OBAFEMI AWOLOWO
UNIVERSITY TEACHING HOSPITALS COMPLEX, ILE-IFE, OSUN
STATE, NIGERIA**

BY

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**A THESIS SUBMITTED TO THE DEPARTMENT OF COMMUNITY HEALTH,
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CERTIFICATION

This is to certify that this work was carried out by DARAMOLA, OLUWADUNSIN ORE under our supervision in the Department of Community Health, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria.

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DEDICATION

I dedicate this project to God Almighty, my lovely husband, Akintoye Ogundola and my son, Amioluwa Ogundola.

OBAFEMI AWOLOWO UNIVERSITY

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TABLE OF CONTENTS

	Page
TITLE PAGE	i
AUTHORIZATION TO COPY	ii
DECLARATION	iii
CERTIFICATION	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
TABLE OF CONTENTS	vii
ABBREVIATIONS	x
LIST OF TABLES	xi
ABSTRACT	xii
CHAPTER ONE INTRODUCTION	
1.1 Background to the study	1
1.2 Statement of the problem	2

1.3	Justification for the study	4
1.4	Aim and Objectives	5
1.5	Expected contribution to knowledge	5

CHAPTER TWO LITERATURE REVIEW

2.1	Global context of HIV/AIDS	6
2.2	Fertility Intentions	7
2.3	Effect of HIV infection on fertility	9
2.4	Factors that influence fertility intentions of HIV infected persons	10
2.5	Demand for Family Planning	13
2.6	Fertility, Family Planning and sexual behaviour among persons with HIV	15
2.7	Importance of integration of Family Planning and HIV care	18

CHAPTER THREE METHODOLOGY

3.1	Study Location	20
3.2	Study Design	20
3.3	Study Population	20
3.3.1	Inclusion Criteria	21
3.3.2	Exclusion Criteria	21
3.4	Sample Size Estimation	21
3.5	Sampling Technique	22
3.6	Data Collection	22
3.6.1	Research Instruments	22
3.6.2	Pre-test	23

3.6.3	Data Collection Method	23
3.7	Data Analysis	23
3.8	Ethical Consideration	24
3.9	Limitation to the study	24

CHAPTER FOUR RESULTS

4.0	Results	25
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CHAPTER FIVE – DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1	Discussion	46
5.2	Conclusions	53
5.3	Recommendations	54

REFERENCES 55

APPENDICES

APPENDIX 1 - Informed consent form	62
APPENDIX 2 - Questionnaires on fertility intentions and family planning demand	64
APPENDIX 3 - In depth interview guide	71
APPENDIX 4 - Ethical clearance	72

ABBREVIATIONS

AIDS:	Acquired Immune Deficiency Syndrome
ARV:	Anti-retroviral
ART:	Anti-retroviral Therapy
DMPA:	Depot Medroxy Progesterone Acetate
FP:	Family Planning
HAART:	Highly Active Antiretroviral Therapy
HIV:	Human Immunodeficiency Virus
IHVN:	Institute of Human Virology of Nigeria
IUCD:	Intra-uterine contraceptive device
MDGs:	Millennium Development Goals
NDHS:	Nigerian Demographic and Health Survey
OAUTHC:	Obafemi Awolowo University Teaching Hospitals Complex
PLWHA:	People Living with HIV/AIDS
PMTCT:	Prevention of Mother to Child Transmission of HIV
SRH:	Sexual Reproductive Health
STIs:	Sexually Transmitted Infections
UNFPA:	United Nation Population Fund
UNAIDS:	The Joint United Nations Programme on HIV/AIDS

WHO: World Health Organization

LIST OF TABLES

Table	Title	Page
1.	Socio-demographic characteristics of respondents	26
2.	HIV/AIDS diagnosis and treatment history of respondents	27
3.	Current fertility status of the respondents	28
4.	Fertility intentions of the respondents	30
5.	Fertility intentions by socio-demographic characteristics	31
6.	Fertility intentions by selected characteristics	32
7.	Respondents' pattern of contraceptive use and demand	34
8.	Demand for contraception by socio-demographic characteristics	35
9.	Demand for contraception by selected characteristics	36
10.	Factors influencing current contraceptive use among respondents	37
12.	Comparison of the pattern of fertility intentions among male and female respondents	38
13.	Comparison of the pattern of contraception among male and female respondents	39
14.	Determinants of fertility intentions	40
15.	Determinants of future family planning use	41

ABSTRACT

This study assessed the fertility intentions among HIV positive men and women, assessed their demand for contraception. The study also ascertained factors that influenced their fertility intentions and contraceptive demand, compare patterns of contraception and fertility intentions between male and female HIV clients attending the Institute of Human Virology of Obafemi Awolowo University Teaching Hospitals Complex with a view of providing information that will help in proposing strategies tailored towards counselling and service needs of the clients.

The study was a cross-sectional survey carried out among 300 HIV positive men and women accessing care in the institute. The study employed quantitative and qualitative survey design. The data collection took place over 20 clinic days and 15 respondents were recruited on each clinic day ($300/20=15$). A sampling interval (k) of 5 was determined as an average of 80 clients were being attended to on each clinic day ($80/15=5$). The first enrollee on each day of data collection was selected by simple random sampling from the first 5 clients, every 5th patient after that was enrolled into the study until 15 respondents had been selected. For the qualitative survey, key informant interview was conducted with a senior resident doctor rotating from obstetrics and gynaecology, a senior resident doctor from venereal and dermatology, the matron in charge of clinical care and counselling services and a nurse. Univariate, bivariate and multivariate analyses were done and degree of statistical significance was accepted at p -value less than 0.05. The qualitative data was analysed using content analysis.

One hundred and eighty-one (60.3%) comprising 32 (56.1%) male and 149 (61.3%) female respondents expressed desire for children. The respondents aged 20-29 years [OR = 10.74, 95% CI: 2.76 – 41.70] and 30-39 years [OR = 2.76, 95% CI: 1.51 -5.03] were ten times and three

times more likely to desire children when compared to those aged 40 years and above. Respondents who had no children [OR= 41.36, 95% CI: 4.75-360.18] were forty-one times more likely to desire children compared to those who had 1 or more children. One hundred and eighty-four (61.3%) of the respondents were using family planning methods during the study period and 38.7% were not using family planning methods. Sixty-six percent of non-users expressed desire to use family planning methods in future. Respondents with 3 or more living children [OR=0.14, 95% CI: 0.04-0.54] were 0.14 times less likely to desire to use family planning methods when compared to those who had none. Current family planning users [OR=5.48, CI: 2.86-10.52] were 5 times more likely to express desire to continue using family planning in future compared to non-current users.

The study showed that the factors that influenced fertility intentions were age and number of living children. The factors that influenced contraceptive demand were number of living children and current use of family planning. Family planning services should be integrated into HIV treatment and care so as to promote a “one-stop shopping” for both HIV/AIDS care and Reproductive health services for PLWHA.

CHAPTER ONE

INTRODUCTION

1.1. Background to the study

Since the beginning of the pandemic, HIV/AIDS has been spreading at an alarming rate worldwide, and it has created enormous challenges on the survival of mankind. An estimated total of 35 million people are living with HIV/AIDS worldwide and Sub-Saharan Africa with only 10% of the population of the world is home to 60% of people living with HIV/AIDS (UNAIDS, 2014).

Worldwide, Nigeria has the second highest population of people living with HIV after South Africa (UNAIDS, 2014). The HIV prevalence increased from 1.8% in 1991 to 5.8% in 2001 and then declined to 5.0% in 2003 and further to 4.4% in 2005. This was followed by a rise to 4.6% in 2008 and then a recent decline to 3.4% in 2012 (FMOH, 2014). The introduction of antiretroviral therapy (ART) has improved the health status and life expectancy of people living with HIV/AIDS (PLWHA) thereby making them to enjoy life similar to uninfected individuals (Nattabi et al, 2009). Studies have even reported that some antiretroviral drugs may increase sexual activity among women with a possible increase in their likelihood of pregnancies (Wilson et al, 2004). Prior to the advent and availability of antiretroviral therapy, HIV-infected women had a 25% chance of delivering HIV-infected children, but the advance in treatment together with caesarean section and breast milk substitution has decreased vertical transmission to about 2% making parenting a viable option among HIV-infected individuals. Studies have also showed

that PLWHA desire and continue to have children compared to those without HIV infection (Cooper et al, 2007; Ogilvie 2007).

While many PLWHA do not wish to have children, others desire children despite their sero-status. The desire and intent to have children among HIV infected individuals may increase because of the improved quality of life and survival following commencement of ART.

Despite the fact that HIV positive people still express the desire to bear children in the future, they also express the need to prevent unplanned pregnancy, to space their children or stop childbearing (Baek and Rutenberg, 2005). While some studies showed relatively higher contraceptive use among PLWHA compared to the general population, others do not find any consistent significant difference when compared to their HIV – negative counterparts (Rutenberg and Baek, 2005; Wanyenze et al, 2011). Contraceptive use among HIV-positive individual is usually low when there is a desire for additional children indicating that HIV status does not always have a negative effect on fertility intention (Cooper et al, 2007).

People living with HIV have the same reasons to have children or to prevent pregnancy as everyone else, but they have important additional issues to contend with. These may include among others the possibility of transmitting the virus to their babies, and partners in case of discordant relationships. It is therefore essential that they are empowered to make informed choices relating to their reproductive lives.

1.2 Statement of the Problem

The intention of HIV-infected persons to bear children has significant implications for transmission of HIV to their sexual partners and newborns. Although the risk of transmission of

HIV from mother to infant can be reduced with prophylactic treatment, it is pertinent to note that maternal transmission accounts for almost all new HIV infections in children (UNAIDS, 2012).

Nigeria has the second highest number of new infections reported each year, and around 60,000 babies in Nigeria are born with HIV each year (UNAIDS, 2012). The major mode of HIV transmission in Nigeria is unprotected heterosexual intercourse which accounts for 80% of HIV infection and mother to child transmission accounts for 10% (UNAIDS 2012). The risk of HIV transmission among people is likely to rise as more infected individuals choose to have children. In view of this, many children of infected parents are likely to need social support services, including income supplementation, child care and, for those who lose one or both parents, bereavement support, foster care or adoption.

Unintended pregnancies were estimated to account for 14-58% of all pregnancies in sub-Saharan Africa (Reynolds, 2008). Evidence suggested an even higher burden of unintended pregnancy among women living with HIV showing unmet need for contraception (Homsy et al, 2009).

The unprecedented increase in ART access creates new possibilities, challenges and potential problems. The primary aim of ART is to reduce HIV-related morbidity and mortality and to extend the survival of PLWHA (Cooper et al. 2007; Mocroft et al. 2003). There are however, emergent public health and demographic consequences of ART that may not have been considered. In particular, as PLWHA realize that with treatment, HIV infection is no longer a death sentence, they endeavor to actualize their normal life obligations and prospects, which may include resumption of sexual relations and future fertility intentions (Smith and Mbakweem, 2010).

Even if some HIV positive women do not want to have children in the future or they want to space their births, unmet need for contraception may still put them at risk of pregnancy. A recent

study by Olowokere et al, (2013) suggested that the contraceptive needs of PLWHA should be identified. From both reproductive rights-based and public health perspectives, the

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