

HIV Status, Fertility Intentions, and the Demand for Contraception:  
Assessing the Current Research to Improve the Integration of Reproductive Health and HIV Programs

Naomi Rutenberg,<sup>1</sup> Duff Gillespie, Elizabeth Flanagan, Sabrina Karklins, and Heather Bradley

The potential synergies between reproductive health and HIV programs are receiving increasing attention. Program planners and implementers are particularly interested in the prospect of integrated services for increasing the coverage and effectiveness of both sexual and reproductive health services and HIV programs. Integration is viewed as a way to expand the entry points for both kinds of services, improve quality of care for clients and leverage past investments in reproductive health services and current and future investments in HIV. There are multiple possible directions for integration. For example, family planning services can be a platform for HIV prevention in high HIV prevalence settings. One possible integration activity of this type is for HIV counseling and testing or referral for testing to be introduced into family planning counseling, in order to promote dual protection and to broach the issue of how knowing one's HIV status may help a woman or couple make better informed decisions about whether to have another child or what contraceptive to use. HIV services can also be an entry point to reach a population at high risk of an unwanted pregnancy. For instance, family planning services can be added to voluntary HIV counseling and testing to tap into a client population, which is dominated by sexually active adults who practice unprotected sex and are at risk of an unwanted pregnancy as well as HIV acquisition.

Yet another direction is the integration of family planning and other reproductive health services into HIV services for women and men living with HIV. The prevention of unwanted pregnancies through the delivery of effective contraception among HIV-positive women is considered to be a core strategy for the prevention of mother to child transmission of HIV as well as for the reduction of pregnancy related morbidities among this immune compromised group. But there is also a danger that provider and community norms against people living with HIV/AIDS (PLHAs) bearing children will impede on the rights of women and men living with HIV to exercise their right to choose to have a child (or children). In order to design reproductive health services for HIV+ women and men appropriately, it is important to understand their fertility intentions and demand for contraception. However, information on this demand is not systematically available, particularly for the developing world. Because only a tiny fraction of women and men in the childbearing age know their HIV status, such information is not available from standard KAP surveys, such as the Demographic and Health Surveys, for which we usually rely to provide measures of demand. Rather the results of investigations of this question are scattered among smaller quantitative and qualitative studies and the occasional operations research study. In the absence of a systematic collection and assessment of these data, discussions on the integration of reproductive health services and HIV care are often guided more by assumptions and opinion than evidence.

In order to assess what information can currently be brought to bear on the question of demand for children and contraception among PLHA, what can be learned from the existing research and what are the gaps in our knowledge, we undertook a literature review. Relevant articles were identified through keyword and topic searches in PubMed, through authors and cross-bibliography search, and through searches of some individual publications and conference presentations. Key search words included HIV, pregnancy, fertility reproduction, contraceptive behavior, family planning services, decision-making, and condoms. More than 190 articles have been identified to date. 131 articles which present data and findings were coded by two coders along the themes of fertility intentions, fertility behavior/contraceptive use, pregnancy and outcomes as well as for context, e.g., HIV prevalence, availability of ART, developed or developing country, key individual characteristics (e.g., age, parity, relationship status) considered in the design and/or analysis of the study and methods of data collection and analysis. Where possible, indicators of HIV status, fertility intention and demand for contraception are extracted or deduced from the study results. The analysis is exploring associations between the HIV and fertility indicators and identifying the key confounders and conditioning factors.

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<sup>1</sup> Population Council, 4301 Connecticut Avenue NW, Suite 280, Washington, DC 20008,  
Tel: 202 237 9405, nrutenberg@pcdc.org

Preliminary analysis suggests that based on the published literature there is a considerable amount of heterogeneity in the effect of HIV status on fertility intentions, contraceptive use and pregnancy. For example, among the first 27 articles coded, seven studies (three developing countries, four developed) concluded that pregnancy rates were more reflective of age, number of children, and intrapersonal motivation to bear children rather than knowledge of HIV status. Four studies on HIV-positive women and contraceptive use noted an increase in condom use in serodiscordant couples and an increase in contraception in HIV+ women with children after learning their HIV status but still a significant group of women were using neither condoms nor contraceptives (two developing, two developed). In studies from developed countries, an association was found between knowing HIV-positive status and decreased pregnancy rates through increased contraception or increased termination of pregnancy prior to the introduction of highly effective antiretroviral therapy but not after, while no such dampening effect of HIV status on pregnancy rates was found in developing countries.

One of the main outcomes of this analysis will be a mapping of what we know about HIV status and fertility intentions and behavior and what are the gaps and priorities for future research. However, even if our knowledge remains spotty, the results of this analysis will be very useful in informing and framing the current discussions about what to integrate, for whom and how to effectively use both reproductive health and HIV program resources. Most importantly, a better and evidence-based understanding of fertility intentions and demand for contraception will contribute towards promoting and protecting the rights of women and men living with HIV/AIDS to make informed decisions about reproduction and to have access to appropriate sexual and reproductive health services.