Background

Antiretroviral therapy has the potential to influence the fertility intention of PLHIV through improvement in health, quality of life, survival and HIV treatment optimism. However, the effect of HIV treatment optimism on the reproductive decisions of people living with the human immunodeficiency virus (PLHIV) may counter the protective effect of antiretroviral therapy (ART) on reducing transmissibility of HIV. In the context of HIV and highly active antiretroviral therapy (HAART), optimism represents some shifts in attitudes and beliefs (realistic or optimistic) about the sexual and reproductive risk related with HIV/AIDS due to the availability of HAART. HIV treatment optimism reflects individuals’ optimism about the use and efficacy of HAART and corresponding attitude and beliefs concerning sexual and reproductive behaviours. It also represents the potential negative consequences of having an optimistic view of HIV/AIDS as a less severe and less dangerous disease.

This form of perception creates a potential for increased sexual transmission of HIV and other sexually transmitted infections. Little discussion about the possible role of HIV treatment optimism on fertility intention of PLHIV in resource poor settings - like Nigeria where assisted reproductive technology, treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) are in short supply - exists. This study was therefore conducted to determine the association between HIV treatment optimism and fertility intention as well as the predictors of the HIV treatment optimism among PLHIV attending a resource-constraint ART site in South-western, Nigeria.

Methods

A cross-sectional study of 405 reproductive age group heterosexual adults living with HIV was carried out using a mixed-method approach [questionnaire survey and focus group discussion (FGD)].

HIV treatment optimism scores ranged from 5 to 20, scores ≥14 were considered as realistic and >14 as optimistic.

Quantitative data was analysed using descriptive and inferential statistics. Predictors of HIV treatment optimism were determined using logistic regression.

Level of statistical significance was set at 5%. Qualitative data was analysed using thematic approach.

Results

Mean age of the respondents was 35.2 ± 7.4 years, 77.5% were females and 24.0% had completed senior secondary school. (Table 1)

About half (52.3%) were optimistic about HIV treatment. (Table 2)

More than half (56.3%) intended pregnancy. (Table 2)

Optimism about HIV treatment was associated with fertility intention (p<0.05), (Table 4)

Having less than senior secondary education [OR 1.9 (95% CI: 1.072 – 3.272)] and discussion of reproductive decision with health care provider twice [OR 12.1 (95% CI: 5.562 – 26.261)] or more than twice [OR 45.2 (95% CI: 20.991 – 97.502)] in the preceding 12 months predicted optimism about HIV treatment. (Table 5)

The FGD revealed that some respondents were optimistic about HIV treatment, do not have adequate information on methods of conception for PLHIV, were undertaking risky sexual and reproductive behaviours to ensure conception and some of these information were provided by health care workers. (Table 6)

Conclusion

People living with HIV are optimistic about HIV treatment and intend to get pregnant.

To sustain the current gains in the fight against HIV during this era of ART roll out, adequate information, education, communication and training that will bring about safer and healthier reproductive decisions and behaviours are of value and advocated.

Table 1. Socio-demographic characteristics of respondents

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>35.2 ± 7.4</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

References


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