

Extended Abstract

Title: Parenthood in the Time of AIDS: Desire for Children among HIV Positive and HIV Negative Young Women in Rural Uganda

Authors: Sanyukta Mathur, John Santelli, Jenny Higgins, Ying Wei, Mark Orr, Neema Nakyanjo, Fred Nalugoda, Ron Gray and Maria Wawer

Significance

Many youth in Sub Saharan Africa begin their reproductive lives in communities with high HIV prevalence. This context has changed dramatically over the last decade (e.g. the increasing availability and effectiveness of HIV treatments) and many people of reproductive age will live with HIV for many years. This provides us with an unprecedented opportunity to understand how becoming HIV-positive and the changing context of HIV over time shape pregnancy and parenthood desires of youth. Yet, the aspirations of young men and women around childbearing within the context of HIV have not been well studied or understood.

Main hypothesis

This study examined the impact of HIV on the fertility desires of youth (aged 15-24 years) in Rakai, Uganda. We hypothesized that desire for children would not substantially diminish due to HIV in this community because of the importance of childbearing and parenthood within this community, and as a function of the increasing acceptance and availability of HIV treatments.

Methodology

This study used a mixed-method study design to explore pregnancy and parenthood desires among young men and women within the context of a stable and generalized HIV epidemic in the Rakai district of Uganda. We used longitudinal cohort survey data collected between 2001 and 2008 among youth that includes socio-demographic, behavioral, and partnership measures. Using data from 15,242 person rounds we employed multi-stage logistic regression to assess if HIV status impacts the desire for children among young women. We also conducted 12 qualitative in-depth interviews with youth who recently acquired HIV and 12 interviews with their HIV-negative counterparts. The interviews collected data on a range of life goals, pregnancy and parenthood desires and experiences, attitudes toward HIV, and recent sexual partnerships. We analyzed the qualitative data to gain a nuanced understanding of parenthood desires within relationship contexts among young adults in rural Uganda and to help explain trends found in the quantitative data.

Results

The quantitative data showed that young women who have HIV are less likely to want a child when compared to young women who do not have HIV (see Table 1). We found that HIV-positive young women have lower desire for children (OR 0.46, P=.00) when compared to HIV-negative young women, even when controlling for age and a host of socio-demographic factors. We also found that increasing age, ever having a pregnancy, being married, and the use of modern family planning methods continued to exert independent influence on the desire for children even when HIV was included in the model. In other words, HIV status did impact the desire for children; however, demographic and social factors continued to be important in shaping the desire for children among young women.

Table 1. Multivariate regression results exploring the factors associated with desire for children among young women aged 15-24 years (2001-2008)

		<i>Proportions across survey rounds</i>	MV regression results	
			5856	N (person- rounds)
			3819	<i>n</i>
Variables				
Age of respondent	15-19	41.56	1.00	
	20-24	58.44	0.46	***
	N (person-rounds)	15242		
HIV case	no	92.71	1.00	
	yes	7.29	0.48	***
	N (person-rounds)	13733		
Time	2001~2002 (ref)	24.56	1.00	
	2002~2003	17.71	1.49	***
	2003~2004	17.62	1.47	***
	2005~2006	18.90	2.08	***
	2006~2008	21.22	3.12	***
	N (person-rounds)	15242		
Ever been pregnant	no (ref)	30.17	1.00	
	yes	69.83	0.21	***
	N (person-rounds)	15242		
Use Family Planning	no (ref)	63.73	1.00	
	Traditional Methods	7.32	1.29	
	Modern Methods	28.95	0.80	**
	N (person-rounds)	7434		
Marital Status	never married (ref)	38.16	1.00	
	married	57.22	1.80	***
	separated widowed	4.63	0.44	***
	N (person-rounds)	15242		
*** p=.000				
** p=.01				

We were surprised to find an independent effect of survey time on the desire for children, even when controlling for socio-demographic factors and HIV status. The data showed a steady and significant increase over time in the desire for children. Testing the interaction of HIV over time revealed non-significant results. This increasing desire for children since 2000 appears to coincide with the availability in Rakai of PMTCT in 2000 and appears to have accelerated after ARV treatment became available in 2004. This potentially indicates the influence of ARV prevention and treatment on parenthood desire in a setting where fertility is highly prized.

The qualitative data seems to augment the quantitative findings. We found that that both men and women were strongly motivated to have children, even with the persistent threat of or lived experience with HIV/AIDS. Young women expressed largely supportive attitudes towards youth who are HIV-positive and want to have children, as exemplified in this quote by a young HIV-positive woman, who thinks that HIV-positive women should have children.

NS: Personally I think they [HIV-positive women] should deliver.

SN: Why do you think so?

NS: If she gets to know that she is infected she can go for treatment when she is pregnant and she may be able to give birth to a healthy baby [without HIV] and so the baby may not even be bothered by opportunistic infections like fever and even general body weakness.

(HIV-positive young woman)

The above quote also demonstrates the considerable biomedical knowledge that youth have about the use of anti-retroviral therapies and the prevention of mother to child transmission in their community.

The qualitative data showed that although youth had a fairly pragmatic assessment of their own HIV risk and status, having children and becoming a parent continued to be very important to young men and young women in rural Uganda. For both young men and women, the transition to parenthood was unequivocally tied to the transition to adulthood and the birth of a child further solidified a relationship. For young men, children represented status in the household and community. For young women, children represented their role as women and as wives – their fecundity at times served as an approach to secure a relationship. The quote below from an HIV negative young woman demonstrates this complexity. The need for children is paramount, only once that need has been satisfied can women consider whether or not they want a child regardless of HIV status.

NA: That is true because whenever a woman becomes pregnant she weakens, she loses a lot of energy even when she gives birth, a lot of energy is lost. A pregnancy brings in a lot of sickness if she is taking ARVs she becomes even weaker. If there is not much need, the woman should not have a child.

JN: In your opinion, the woman should not have a child?

NA: If there is not a lot of need, the woman may have acquired HIV and yet she does not have a child but she wants to get a child but if you have children, it is not good for you to become pregnant again.

(HIV-negative young woman)

The above quote also underscores that for women, a major concern related to an HIV positive pregnancy was the bodily weakness they might experience and subsequent effect on their disease progression. The major concern for men was that they not infect the woman in their desire to have children and be able to provide for their children. These findings highlight the gendered differences in parenthood desires and experiences among young men and women.

Knowledge contribution

This research provides critical insight into the fertility and family aspirations of youth in rural Uganda. With widespread generalized HIV epidemics and increasing availability of HIV treatments, it is important to understand the aspirations of youth related to pregnancy in order to provide them with safe and

effective ways to get pregnant, deliver children, space their childbearing, maintain their health, and reduce further risk of HIV acquisition or transmission. This study underscores the need for integrated HIV and family planning services targeted toward young adults.