

**Prevalence and Determinants of Fertility Intentions of HIV-Infected  
Women and Men Receiving Antiretroviral Therapy at Sankatana Centre in  
Maseru**

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## Abstract

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*Lesotho has the second highest HIV prevalence in world. As part of the response to the country HIV epidemic, the government of Lesotho made a decision to provide HIV comprehensive care and treatment in the public sector in 2004. The country's national ART coverage increased to 51 per cent by the end of 2012. Studies show that more HIV-positive women are likely to have children as ART coverage increases. Studies also show that despite scaling up ART coverage reproductive needs of HIV patients have generally received inadequate attention. Lesotho is no exception.*

*This paper aims to fill the gap in knowledge regarding prevalence and fertility intentions of HIV-positive men and women receiving ART care. Specifically the paper aims to document current fertility of HIV-positive men and women receiving ART at the Sankatana health facility in Maseru; document and assess the determinants of fertility intentions of HIV-positive men and women receiving ART at the same facility as well as to document their reasons for the specified fertility intentions. The source of data for this paper is a cross sectional study of 100 men and women enrolled at the Sankatana out-patient Antiretroviral Therapy (ART) facility in the district of Maseru.*

*Preliminary results show that 46 percent of the respondents want to have children in future and that more men (67 per cent) than women (33 per cent) want to have children in future. Analysis of reasons for wanting to have a child in future suggests that people do not alter their reproductive intentions because of HIV status and that having a child is regarded as an important part of marriage.*

### 1.1 Background

Lesotho has the second highest prevalence of HIV in the world (United Nations Lesotho, 2014), estimated at 23.7 percent in 2009 (Ministry of Health and Social Welfare (MOHSW) [Lesotho] and ICF Macro, 2010). In 2009 there were around 23,000 new HIV infections and approximately 14,000 people died from AIDS. In addition over half of the 270,000 adults living with HIV in Lesotho were women (Government of Lesotho, 2010).

As part of the response to the country HIV epidemic, the government of Lesotho made a decision to provide HIV comprehensive care and treatment in the public sector in 2004 (Government of Lesotho, 2010). By the end of December 2006 Lesotho had achieved ART coverage of 31 per cent (Government of Lesotho, 2010). The increase of the CD4 criteria for initiating patients on ART from 200 to 350 cells/mm<sup>3</sup> in November 2007 led to increased number of patients on ART. The country's national ART coverage increased to 51 per cent by the end of 2012 (Data provided by the Ministry of Health, Monitoring and Evaluation Unit)

According to Nduna and Farlane (2009) more HIV-positive women are likely to have children as ART coverage increases. However studies (Myer, Morroni and Rebe, 2007; Nobrega, Oliveria, Galvao et al., 2007) show that despite scaling up ART coverage reproductive needs of HIV patients have generally received inadequate attention. Lesotho is no exception. To date, the reproductive desires and intention of HIV-positive men and women in Lesotho remain undocumented.

This paper aims to fill the gap in knowledge regarding prevalence and fertility intentions of HIV-positive men and women receiving ART care. Specifically the study aims to document current fertility of HIV-positive men and women receiving ART at the Sankatana health facility in Maseru; document and assess the determinants of fertility intentions of HIV-positive men and women receiving ART at the same facility as well as to document their reasons for the specified fertility intentions.

## 1.2 Methodology

The data were collected through a cross-sectional study among patients enrolled at the Sankatana out-patient Antiretroviral Therapy (ART) facility in the district of Maseru. The study covered 100 HIV-positive men aged 18 to 55 years and women aged 18 to 45 years who have been on ART care for at least one month. The patients were informed that the study is not part of the routine clinical care and that their participation in the study is voluntary and confidential.

Bivariate analysis with chi-square test for proportion was conducted to analyse the association between desire to have a child in future and some selected characteristics. Multivariate logistic regression was used to examine the relationship between pregnancy desire and participant background and relationship characteristics.

## 1.3 Preliminary results

The present analysis is based on a very small sample selected from one facility. The preliminary results show that 46 per cent of the respondents want to have a child in future and that a large proportion (67 per cent) of those who wanted to have a child in the future were men. The distribution of reasons for wanting to have a child in the future shows that main reasons respondents wanted to have a child was because they did not want to change their reproductive desires because of HIV and because they felt children are an important part of marriage. Respondent also indicated that they desired to have a child because the child they already had need a sibling.

**Table 1 Percent distribution of reasons for wanting/not wanting children by gender**

<b>Reasons for not wanting to have children in future</b>		
<b>Reason</b>	<b>Men(n=27)</b>	<b>Women(n=19)</b>
want at least one child	15	11
original desire for childbearing not changed by HIV	26	37
children are important part of marriage	22	16
current child needs sibling	19	21
sex preferences for children (want boy/girl)	7	16
desire for HIV negative child	11	
<b>Reasons for not wanting to have children in future</b>		
<b>Reason</b>	<b>Men(n=16)</b>	<b>Women(n=38)</b>
too old to have children	13	37
have a child already\achieved desired fertility	44	16
having children is bad for health for HIV positive people	13	18
will not be able to care of the child	13	18
do not want to infect child with HIV	19	11

Majority of the men who did not want to have a child in future said it was because they had already achieved their desired fertility. Most women indicated that they were too old to have a child (This may be because the sample was biased towards women at the end of the reproductive period).

Bivariate analysis showed that the desire to have a child in the future was associated with the number of children that one already had with people who have had at least one child indicating that they wanted to have a child in future. The desire to have a child in the future is also associated with duration on ART where the desire to have a child increased with the duration on treatment. The results also showed that desire to have a child increased with duration of having known one's HIV status. Although the desire to have a child was associate with duration of current relationship and having a child with current partner these association were not statistically significant.

**Table 2 Factors associated with desire to have a child in the future**

<b>Characteristic</b>	<b>Category</b>	<b>Number</b>	<b>Per Cent</b>	<b>p value</b>
No of children	None	13	28	0.001
	One	20	44	
	2 or more	13	28	
Months on ART	<6 month	12	26	0.005
	6-12 months	14	30	
	>12 months	20	44	
Duration of knowing HIV status	<6 month	9	20	0.026
	6-12 months	12	26	
	>12 months	25	54	
Duration of current relationship*	2-6 years	9	26	0.313
	>6 years	26	74	
Have a child with current partner	Yes	26	70	0.620
	no	11	30	

\*limited to those in a relationship

Although the results are based on a very small study, they show that HIV positive persons have reproductive desires which are not necessarily altered by knowledge of one's HIV status. Given that the prevalence of HIV is high in Lesotho and that access to ART has been increasing, the number of persons living with HIV can be expected to increase and their reproductive desires merit attention.

#### **1.4 References**

- Government of Lesotho. 2010. *National Guidelines for HIV & AIDS Care and Treatment*. Maseru: Ministry of Health and Social Welfare.
- Ministry of Health and Social Welfare (MOHSW) [Lesotho] and ICF Macro. 2010. *Lesotho Demographic and Health Survey 2009*. Maseru: MOHSW and ICF Macro.
- Myer, Landon, Chelsea Morroni and Kevin Rebe. 2007. "Prevalence and determinants of fertility intentions of HIV-infected women and men receiving antiretroviral therapy in South Africa", *AIDS Patient Care and STDs* 21(4):278-285.

- Nduna, Mzikazi and Lindiwe Farlane. 2009. "Women living with HIV in South Africa and their concerns about fertility", *AIDS Behaviour* 13(Supplement):62-65.
- Nobrega, Aglear, Fabiola Oliveria, Marli Galvao, Rosa Mota, Regina Barbosa, Ines Dourado, Carl Kendall and Ligia Kerr-Pontes. 2007. "Desire for a child among women living with HIV/AIDS in Northwest Brazil", *AIDS Patient Care and STDs* 21(4):
- United Nations Lesotho. 2014. HIV/AIDS Factsheet November 2014. Maseru: United Nations Lesotho.

