

Examining early postpartum contraceptive utilisation among women living with HIV in the context of family planning and HIV services integration in South Africa

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Background

Family planning has been integrated into PMTCT programmes in South Africa. However, few studies have examined how HIV and FP services integration has impacted early postpartum uptake of contraceptives. Also, research on the factors associated with early postpartum contraceptives use among WLWH in South Africa is scarce. Also missing in the literature is the preferred method among this cohort. From a public health standpoint, WLWH, like other women in the population, are entitled to healthy reproductive health choices which include the right to become pregnant and when to become pregnant. This makes understanding the contraceptive uptake among this cohort worth studying. Therefore, this study examines the early postpartum contraceptives' utilisation among parturient women infected with HIV in the context of services integration in South Africa. This research finding is expected to contribute to enhancing the present understanding of family planning needs of women living with HIV and AIDS. It may also result in designing culturally sensitive localized programmes which will eventually improve the utilization of family planning services by WLWH in South Africa.

Methods

The data analysed in this study was part of a larger study that evaluated the PMTCT outcomes in the Eastern Cape Province. The full detail of the methodology has been published elsewhere. Briefly, this study was conducted in three large maternity facilities in the Buffalo/Amathole districts of the Eastern Cape Province, South Africa. The facilities together serve over 1.6 million people from rural, semi-urban and urban areas of the province. All HIV infected women who gave birth at the three facilities between September 2015 and May 2016 were recruited into the study. Socio-demographic and clinical data were captured into the electronic data

created specifically for this study. Participants were recruited at the postnatal wards of the maternal centre within 24 hours of vaginal delivery and 72 hours of caesarean section delivery

Results

A total of 1617 participants had complete responses to the key outcome variable. Their average age was 29.66 (SD=6.18) years. Most participants were single (69.1%), unemployed (75.1%), had a grade 7-12 level of education (88.4%), and were already diagnosed positive before their index pregnancy. The analysis revealed that 93.2% of parturient women living with HIV initiated one form of contraceptive immediately after childbirth, with injectables (75.3%) being the mostly used contraceptives. Women diagnosed with HIV during their index pregnancy were less likely to adopt any form of contraceptive; short-acting contraceptive (AOR: 0.38; 95% CI: 0.25-0.60), long-acting reversible method (AOR: 0.31; 95% CI: 0.16-0.58) and permanent method (AOR: 0.27; 95% CI: 0.12-0.59) compared to those previously diagnosed with HIV before their index pregnancy. Caesarean birth was associated with a higher likelihood of using long-acting reversible method (AOR: 7.79; 95% CI: 4.04-15.04) and permanent contraceptive methods (AOR: 6.52; 95% CI: 3.48-12.22).

Conclusions

Our study showed that women previously diagnosed with HIV before their index pregnancy were more likely to use short-acting, long-acting and permanent contraceptive methods. Early postpartum contraceptive utilisation was also universal among women who had been previously diagnosed with HIV, before their index pregnancy. High rate of early postpartum contraceptive utilisation among women living with HIV in our study setting is a strong indication of the effectiveness of HIV care and maternal services' integration. Targeted promotion of compliance with contraception will prevent unintended pregnancy in this cohort.