



Contraceptive use and Related Factors in Women Living with HIV/AIDS

Susanti^{1*}, Sujianti², Yogi Andhi Lestari²

¹Midwife Professional Education Study Program, Universitas Al-Irsyad Cilacap, Indonesia

²Study Program Diploma in Midwifery, Universitas Al-Irsyad Cilacap, Indonesia

Corresponding author's email: santirnj@gmail.com

ABSTRACT

Couples in which one of them is diagnosed with HIV are generally emphasized not to have sex without a condom. This includes the selection of contraceptive methods for women with HIV / AIDS to achieve the reproductive goals of women with HIV / AIDS. Analysing the relationship between mother's attitude, condom use, and husband's characteristics with the use of contraceptive methods in women with HIV / AIDS. This study used a descriptive correlative design using Fisher's test analysis with 20 samples that met the inclusion criteria. The results of the bivariate analysis showed that there was no significant relationship between maternal attitudes, condom use habits, husband's HIV status, husband's age, and Knowledge Level with contraceptive use in women with HIV/AIDS (p value 0.391; p value 0.06; p value 0.642; p value: 0.700, p value 0,122). Counselling on the choice of a “double protection” contraceptive method for one partner who is HIV positive and there are intensive efforts to increase the utilization of health services. Health care providers who are responsible for the delivery of HIV care should also integrate family planning services into HIV care Mother's Attitude, Condom Use, Husband's Characteristics, Knowledge Level, Contraceptive Devices

Keywords: *Contraceptive; Women; HIV/AIDS*

1. INTRODUCTION

A growing problem related to HIV/AIDS infection is the high incidence and mortality rate. There are an estimated 37.7 million (30.2–45.1 million) people living with HIV by the end of 2020, more than two thirds (25.4 million) of them in the African Region [1] The prevalence in young women remains at a very high risk of HIV infection. In eastern and southern Africa, young women (aged 15-24 years) accounted for 26% of new HIV infections, in western and central Africa and the Caribbean they accounted for 22% and 17% HIV infection [2] HIV transmission is still ongoing until now, 16,000 people are newly infected every day [3]. There is an increase in the number of outpatients at the VCT Clinic at RSUD Cilacap every year. HIV patients in 2013 amounted to 86 people, in 2016 there were 90 people, and in 2017 there were 58 people. The number of pregnant women with HIV in 2012 was 3 people and increased significantly in 2017 to 18 people. The result of [4] the characteristics of the most HIV/AIDS sufferers at the age of 25-49 years are 74%, marital status obtained the most data is married by 67.1%, the most transmission of transmission is through others by 40% [4].

Transmission of HIV enters the human body in three ways, namely: from HIV-infected mother to baby, through sexual intercourse, and contact between infected blood [3].

Mother to Child Transmission (PMTCT) where this service consists of 4 (four) strategies, firstly preventing HIV transmission in women of reproductive age, secondly preventing unplanned pregnancy in HIV-infected mothers, thirdly preventing HIV transmission from HIV-positive pregnant women to unborn babies. and fourthly providing psychological, social and care support to HIV-positive mothers and their infants and families One of the risks of pregnancy in HIV women is an unwanted pregnancy. The causes of unwanted pregnancies are due to early sex, changing sex partners and partners who do not know about the status of being affected by HIV/AIDS [5].

Women with HIV positive in addition to using contraception to prevent unwanted pregnancies, they also need to use double protection so as not to infect their partners. Consistent use of male condoms has been shown to reduce HIV transmission horizontally up to 80%. Hormonal contraceptives can increase the risk of

HIV transmission in high-risk women such as commercial sex workers, but not in women with low HIV risk [6].

HIV/AIDS infection has not yet found a cure and vaccine [1]. If women who are still in their productive age suffer from HIV/AIDS, it will increase the risk of vertical transmission to babies. Transmission from mother to fetus is currently the second largest cause of transmission of HIV disease in the world [7]. Contraception is the main component of PMTCT which is useful for women and men who are HIV positive. The choice of contraception for women with HIV/AIDS requires counselling to improve their reproductive health comprehensively and Factors that can cause women to use contraception are women who are likely still in a relationship, aged between 25-35 years and have one or two children, making it possible to continue planning pregnancy[8]-[9].

2. METHOD

The design of this study was descriptive correlative to analyse the factors associated with the choice of contraception used by WUS with HIV/AIDS. The population in this study were all WUS with HIV/AIDS who were examined at the Cilacap Hospital in 2020 with a sample of 20 people who met the criteria, had been pregnant or miscarried with the sampling technique using purposive sampling. The variables in this study were the independent variables of the respondents' characteristics, namely mother's attitude, condom use habits, husband's HIV status, and level of knowledge and the dependent variable was the use of contraceptives, namely one contraceptive device, the respondent only used one contraceptive device, double protection was the respondent used two contraceptives. In addition to using modern contraceptives, contraception is also coupled with the use of condoms. This study uses primary data obtained directly from research subjects, with a questionnaire with 14 true-false questions and good and bad measuring results using Fisher test analysis.

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This research has been approved by the Ethics Committee of the Banyumas Regional General Hospital with the number 100/KEPK-RSUDBMS/VIII/2020. Approval was obtained from the Director of the Cilacap Regional General Hospital. Verbal consent was also obtained from individual clients. In order to make an informed decision sufficient information is provided to each participant. Confidentiality was strictly maintained for any information and interviews were conducted in a private place with the assistance of the *Sebaya Citra* Support Cadre of Cilacap Regency.

3. RESULT AND DISCUSSION

Based on the results of the study, most of the use of condom contraception with one additional contraceptive method pill or injection (double protection) were 6 women (30%), 12 pairs (60%) used condoms, and 2 women (10%) used intrauterine devices. Family planning counselling for people with HIV/AIDS may be specific to condoms only, and it is not clear what other contraceptive methods can be used [10][11]. Health care providers must provide information that they can use all contraceptive methods for HIV-positive women, except in certain cases with certain clinical stages of the disease [12].

3.1. The relationship between mother's attitude and the use of contraception women with HIV/AIDS

The results of the study of women who had a good attitude on the use of one contraception were 78.6%, and the use of double protection was 100%. Based on the results of the Fisher's exact test analysis, there is no relationship between the mother's attitude about HIV/AIDS transmission and the choice of contraceptive method between with a value of 1,000

The majority of these women's attitudes are good, possibly due to the influence of Peer Support Cadres who always routinely provide assistance in treatment and care, including information on the use of contraceptives, reinforced by research. This is confirmed by a study of 168 women (84%) having a positive attitude towards using contraceptive methods now or later in their lives. The main reason for using a contraceptive method is if pregnancy can worsen the infection [13].

3.2. The relationship between the habit of using condoms with the use of contraceptives in women with HIV/AIDS

Based on data from 20 female respondents with HIV/AIDS, there were 8 according to their HIV/AIDS status, and there was one partner who did not use a condom. Women who only use one contraception (condoms) are 92.30% of the 13 respondents, while in the use of double protection from 6 respondents, 100% use condoms in addition to other contraceptives. The

results of the Fisher's exact test analysis showed that there was no relationship between the habit of using condoms in respondents, the possibility that women and their partners had known the importance of using condoms to prevent HIV/AIDS transmission with a value of 0.061.

In couples, one of whom was diagnosed with HIV, generally the partner was emphasized not to have sex without a condom. Even if you have unprotected sex in an attempt to conceive, there is still a risk of transmission to partners who are not infected with HIV [13].

Table 1 Relationship of Mother's Attitude, Condom Use Habit, Husband's HIV Status, Husband's Age with Selection of Contraceptive Devices for Women of Childbearing Age HIV/AIDS

Variables	Use of contraceptives now		Fisher's Exact Test (Exact Sig (2-sided))
	One Contraception	Double protection	
Mother's attitude			
Not Good	3	0	0,391
Good	11	6	
The habit of using condoms			
Yes	13	6	0,061
No	1	0	
Husband's HIV status			
Positive	5	3	0,641
Negative	9	3	
Husband's age			
< 25	1	0	0,700
≥ 25	13	6	

3.3. Relationship between husband's HIV status and use of contraceptives in women with HIV/AIDS

Based on the results of the study, from 20 respondents, there were 8 husbands with positive HIV/AIDS status, and the source of transmission from the first husband was 8 people, and who used double protection contraception as many as 3 couples, in addition to using condoms only 4 couples, and those who used Intra Uterine Device 1 person.

The results of the Fisher's exact test analysis showed no relationship between husband's HIV status and the use of contraceptives with a p value of 0.642. Family planning is more mature in HIV-infected women and whose partners are HIV-positive compared to those whose partners are HIV-negative. This study concluded that the use of contraception is an important element for couples with HIV positive wives who can plan pregnancy well and prevent new HIV infections [14].

3.4. The relationship between husband's age for using contraceptives in women with HIV/AIDS

Based on the results of the study, the majority of husbands aged ≥ 25 years both used one contraceptive

or double protection, and also had more than 1 (one) child. The results of Fisher's exact test analysis showed no relationship between husband's age and use of contraception with a p value of 0.700

There is no significant relationship between the age difference between the partners and the use of contraception. These findings are important for future research on the relationship of marital concerns about HIV/AIDS with contraceptive behaviour, especially condom use, and for informing HIV prevention strategies in marriage [15].

The level of knowledge of respondents about contraceptives, the majority of respondents are less than 10 people (77%) using one contraceptive device and those using double protection family planning as many as 3 people (23%), while those who have a good level of knowledge are 4 people (57.1%) by using one contraceptive device and as many as 3 people using double protection as many as 3 people (42.9%). Based on the results of Fisher's exact test analysis there is no relationship between the mother's knowledge of HIV/AIDS transmission and the choice of contraceptive method with a value of 0.122.

The results of the study show that knowledge about contraception and the need for contraception among HIV- positive women is important, so it is recommended

to use double contraception (double protection) to avoid HIV/AIDS transmission [13] It is also supported by Adedimeji's research, that the low level of knowledge about the importance of contraception for HIV women causes them not to use contraception [16] Women who have lived with HIV for a long time are more likely to use contraceptives than women who are newly

diagnosed. This is because women living with HIV for a long time may have stabilized living in their communities and become sexually active [17]. Factors that can cause women to use contraception are women who are likely still in a relationship, aged between 25-35 years and have one or two children, making it possible to continue planning pregnancy [8]-[9].

Table 2 Relationship between Knowledge Level and Choice of Contraceptive Devices for Women of Childbearing Age HIV/AIDS

Variables	Use of contraceptives now		Fisher's Exact Test (Exact Sig (2-sided))
	One Contraception	Double protection	
Knowledge level			
Not Good	4	3	0,122
Good	10	3	

4. CONCLUSION

There is no relationship between mother's attitude, habit of using condoms, husband's HIV status and husband's age with the use of contraceptives with p value > 0.005. Counselling on the choice of a "double protection" contraceptive method for one partner who is HIV positive and there are intensive efforts to increase the utilization of health services. Health care providers responsible for the delivery of HIV care should also integrate family planning services into HIV care during follow-up visits.

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REFERENCES

- [1] Dinas Kesehatan Jawa tengah, "Profil Kesehatan Jawa Tengah," Semarang, 2015.
- [2] R. J. Kosgei *et al.*, "Impact of integrated family planning and HIV care services on contraceptive use and pregnancy outcomes: A retrospective cohort study," *Journal of Acquired Immune Deficiency Syndromes*, vol. 58, no. 5, pp. 121–126, 2011, doi: 10.1097/QAI.0b013e318237ca80.
- [3] Nasrorudin, *Pendekatan Biologis Molekuler, Klinis dan Sosial HIV & AIDS*. University Press, 2012.
- [4] Susanti, "Karakteristik Penderita HIV/AIDS Di Klinik Vct Rumah Sakit Umum Daerah Cilacap Tahun 2013-2016," *Viva medika: Jurnal Kesehatan, Kebidanan dan keperawatan*, vol. 10, no. 2, pp. 20–27, 2017, doi: Karakteristik Penderita HIV/AIDS Di Klinik Vct Rumah Sakit Umum Daerah Cilacap Tahun 2013-2016.
- [5] N. T. Kancheva Landolt, S. Lakhonphon, and J. Ananworanich, "Contraception in HIV-positive female adolescents," 2011. doi: 10.1186/1742-6405-8-19.
- [6] O. Heikinheimo and P. Lähteenmäki, "Contraception and HIV infection in women," *Human Reproduction Update*, vol. 15, no. 2, pp. 165–176, 2009, doi: 10.1093/humupd/dmn049.
- [7] W. Hladik, J. Stover, G. Esiru, M. Harper, and J. Tappero, "The contribution of family planning towards the prevention of vertical HIV transmission in Uganda," *PLoS ONE*, vol. 4, no. 11, Nov. 2009, doi: 10.1371/journal.pone.0007691.
- [8] E. J. Nattabi B, Li J, Thompson SC, Orach CG, "Family planning among people living with HIV in post-conflict northern Uganda: a mixed methods study. BioMed Central Conflict and Health," *BMC Womens Health*, 2018.
- [9] K. A. A. Kefyalew Addis Alenecorresponding, "Contraceptive use and method preference among HIV-positive women in Amhara region," *BMC Womens Health*, 2018.
- [10] Chakrapani Venkatesan, K. Trace, S. Murali, N. P. A, C. D. H, and Dubrow Robert, "Prevalence of and barriers to dual-contraceptive methods use among married men and women living with HIV in India," *Infect Dis Obstet Gynecol*, 2011, doi: 10.1155/2011/376432.
- [11] Kebede Henok Gebreyohannes, N. Honelgn, B. Yemane, and Tesfaye Dawit Jember, "Assessment of Contraceptive Use and Associated Factors among HIV Positive Women in Bahir-Dar Town, Northwest Ethiopia," *Open Access Library Journal*, vol. 2, p. e1942, 2015, doi: org/10.4236/oalib.1101942.
- [12] A. Susan, J. Barbara, L. Jennifer, M. Emmanuel, G. Thomas, and K. Emily, "Study of Family Planning and HIV Integrated Services in Five Countries: Final Report's. Family Health International," 2010.

- [13] E. Nkwabong, V. Minda, and J. N. Fomulu, "Knowledge, attitudes and practices of contraception by HIV positive women followed in a Cameroon region with high illiteracy rate: A cross sectional study," *Pan African Medical Journal*, vol. 20, pp. 1–6, 2015, doi: 10.11604/pamj.2015.20.143.5252.
- [14] "No Title," *HIV/AIDS in the world 2017 Epidemiology and Issues*. Retrieved.
- [15] NTSHEBE Oleosi, "CONTRACEPTIVE DECISIONS AND HIV/AIDS CONCERNS AMONG MARRIED COUPLES IN MALAWI," *Journal of Biosocial Science*, vol. 43, no. 3, pp. 329–343, 2011, doi: 10.1017/S0021932010000738.
- [16] Departemen Kesehatan RI, *KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA NOMOR 369/MENKES/SK/III/2007 TENTANG STANDAR PROFESI BIDAN*. Indonesia, 2007.
- [17] B. R. Schackman, Z. Dastur, N. Quanhong, M. A. Callahan, J. Berger, and D. S. Rubin, "Sexually Active HIV-Positive Patients Frequently Report Never Using Condoms in Audio Computer-Assisted Self-Interviews Conducted at Routine Clinical Visits," vol. 22, no. 2, pp. 123–9, 2008, doi: 10.1089/apc.2007.0037.

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