

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
SCHOOL OF SOCIAL WORK**

**Explore the Future Childbearing Intentions of HIV Infected Women
Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia
Regional State, Ethiopia**

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**A Research Thesis submitted to the School of Graduate Studies, Indira
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Declaration

I hereby declare that the dissertation entitled EXPLORE THE FUTURE CHILDBEARING INTENTIONS OF HIV INFECTED WOMEN RECEIVING ANTIRETROVIRAL THERAPY (ART)IN BISHOFTU HEALTH CENTER, OROMIA REGIONAL STATE, ETHIOPIA submitted by me for the partial fulfilment of the MSW to Indira Gandhi National Open University,(IGNOU) or New Delhi is my original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfilment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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Certificate

This is to certify that Mr. Gadisa Degefa student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course MSWP-001. His project work entitled:- Explore the Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia which he is submitting, is his genuine and original work.

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Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
BSS	Behavioural Surveillance survey
CSA	Central Statistical Authority
HBM	Health Belief Model
HIV	Human immunodeficiency virus
FMOH	Federal Ministry of Health
MSP	Multiple sexual partner
SSA	Sub Saharan Africa
STD	Sexually transmitted disease
SPSS	Statistical package for social sciences
PLWHA	People living with HIV/AIDS
UNAIDS	United Nation program on HIV/AIDS
VCT	Voluntary counselling and testing
WHO	World Health Organization
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
TFR	Total Fertility Rate

Abstract

Background

The majority of childbearing age women on ART remain sexually active and the change in women's intentions for future childbearing because of health improvements due to ART. It is clear that with ART, women begin to consider their reproductive lives because now they have hope that they can live longer and see their children grow. However, the majority of new human immunodeficiency virus (HIV) infections that occur in children worldwide occur among children born to HIV positive mothers, who acquire the HIV infection from their mothers.

In the Ethiopia, the number of pregnancies in HIV-infected women has increased dramatically over the last decade, but attitudes towards childbearing among infected women have not been previously described. The aim of this survey was to explore fertility intentions among HIV-infected women and to assess the effect of HIV treatment and interventions for prevention of mother-to-child transmission (PMTCT) on these intentions.

The objective of our study was to assess the future childbearing intentions of HIV infected women receiving antiretroviral drugs (ART) in Bishoftu Health Center.

Methods

We conducted a cross sectional study, utilizing both quantitative and qualitative research methods on HIV infected women of reproductive potential receiving ART at the Bishoftu Health center. Data would be collected using a semi-structured questionnaire and analysis would be done using SPSS 16 version.

Results: - Out of fifty two respondent in the study period of one month in the Bishoftu health center the age group of the respondent was between twenty one and thirty eighty age groups. Most of the respondent clients from Bishoftu city administration (80.8%) and 19.2% were from other place attend their ART follow up. The marital status of the respondent different and 55.8% were married, 13.5% were divorced, 11.5% were separated, 9.6% were single and 9.6% were widowed. Almost more than half of the respondent were illiterate and 88.5% the client follows Orthodox religious , 7.7% follows Protestant religious and 3.8% follows

Muslim religious. Around 44.2% out total respondent during the study period in the Bishoftu health center want to have more children in the future. Most of them need the children due to they were never had a child before, the rest were why they were did not want a child due to financial problem and fear of viral transmission to their child.

Conclusion: Factors that influence fertility intention among HIV positive women were the women have never had a child before ,they want a baby girl/boy ,their spouse wants a child and their husbands relatives want a child. Respondents who were health problem, financial problem and have enough children before were unlikely to desire a child in the near future. Being on antiretroviral therapy was associated with desire to have a child in the near future.

Chapter One

1. Introduction

1.1 Background of the Study

The majority of childbearing age women on ART remain sexually active and the change in women's intentions for future childbearing because of health improvements due to ART. It is clear that with ART, women begin to consider their reproductive lives because now they have hope that they can live longer and see their children grow. However, the majority of new human immunodeficiency virus (HIV) infections that occur in children worldwide occur among children born to HIV positive mothers, who acquire the HIV infection from their mothers. In the Ethiopia, the number of pregnancies in HIV-infected women has increased dramatically over the last decade, but attitudes towards childbearing among infected women have not been previously described.

As we observed from different health institution report in our country most of women childbearing age receiving anti retro viral drug are not use dual contraceptive properly and they are exposed to unwanted pregnancy and challenged by different type of social, psychological , economical and health problem.

1.2 STATEMENT OF THE PROBLEM

HIV Epidemiology in Sub Saharan Africa By the end of 2006, the vast majority of HIV–infected individuals (24.7 million) were living in Sub Saharan Africa (SSA) where 59% of them were women, primarily of childbearing age. The HIV/AIDS problem in SSA accounts for 63% of the world's HIV infected population(1). Globally an estimated 2 million pregnancies occur in HIV positive women each year(2). The majority of these pregnancies occur in SSA where one in every five pregnant women is HIV infected and the risk of maternal and infant morbidity and mortality is already unacceptably high(4). More than 12 million children have been orphaned because of HIV(3). These children lack the proper care and supervision needed at the critical periods of their lives. Furthermore, the epidemic has caused tremendous strain on the existing social systems.

Exposure through Pregnancy, Birth, or Breast-Feeding Transmission of HIV from mother to infant can occur at any point during pregnancy, labor, and delivery, or through breast milk after the baby is born. Without antiviral treatment, the rate of transmission of HIV from mothers to babies varies, depending on the region, from about 15% to 30% (in non-breast-

feeding populations). Although HIV can be transmitted early in pregnancy, a particularly risky time for HIV transmission is the time of delivery, when the infant is directly exposed to maternal blood and secretions. Epidemiologic data indicate that breast-feeding approximately doubles the risk of HIV transmission. Prevention of perinatal HIV infection is one of the most powerful methods available to reduce the global effect of the virus. (1) Through HIV treatment and support center, HIV-infected women and their partners are provided with the required information about the HIV prevention and treatment strategies can decrease the transmission mother to child HIV.

Access to treatment and care worldwide has greatly increased in many countries. Through the expanded provision of ART, an estimated 2 million life years were gained since 2002 in low and middle-income countries(4). Over the 2-year reporting period from 2003 to 2005, the number of people receiving ART in this region increased more than eight fold (4).

In Sub Saharan Africa alone, some 790,000-life years have been gained, the vast majority of them in the past 2 years (2004-2005) of ART scale up where the number of people receiving ART more than doubled from 310,000 to 810,000 within last year(5).

The impact of ART on the survival and quality of life of individuals with HIV infection has been demonstrated in numerous studies from developed and developing countries (5,6,7,8). As ART becomes increasingly accessible in the region and HIV infected women of reproductive age lead longer and healthy lives, it is reasonable to expect changes in fertility desires.

Ethiopia has an estimated 2 million people living with HIV and the third highest number of infections in Africa, according to UNAIDS. With a population of 83 million people and per capita income of less than US\$100 annually, it is also one of the world's developing countries. The barriers to HIV prevention, testing and care in Ethiopia are immense. Eighty-five percent of the population lives in rural areas and suffers from a severe lack of access to public health services. There is also a critical shortage of physicians (an estimated 1,200 in public service practice for a population of 83 million) and other trained health care workers. Further, per capita expenditures for health from all sources is only US\$5.60 compared to US\$12.00 per person in the Africa region as a whole. This healthcare landscape has fueled the spread of HIV in Ethiopia.

The Ethiopian Ministry of Health (2006) estimates the current adult HIV prevalence at 3.5%. This figure jumps to an estimated 5% among pregnant women, but uptake of antiretroviral prophylaxis for PMTCT has been minimal and the rate of HIV transmission to children born to HIV positive women remains at 25 percent. Of 1.32 million Ethiopian people who are HIV-positive, it is estimated that fewer than 10% know their HIV status. As of December 2006, only 48,737 people were currently on ART in Ethiopia, including 2,291 infants and children under 14, out of 277,800 HIV positive people in need of ART (including 43,100 children). (21)

Hence, in light of focus on this issue, it appropriate to undertake a research to determine the future childbearing intention of women receiving anti retro viral therapy in Bishoftu health center.

Objective

General objective:-

- To assess the future childbearing intentions of women on ART in Bishoftu Health center

Specific objectives:-

- To assess dual contraceptive use among women childbearing on ART in Bishoftu health center
- To determine whether current health status influences fertility intentions.
- To determine whether the duration that women are on ART influences their future childbearing intentions

Universe of the Study :- Among HIV positive client receiving ART in Bishoftu health center the childbearing age women participated in the study. Eligible participants for this study were HIV infected women within the childbearing age that are accessing ART here at the Bishoftu health center but Women that have undergone a tubal ligation and those that are already pregnant are not eligible to take part in the study.

Significance of the Study

The study aims to identify the major factors associated with childbearing, throughout pregnancy, childbirth and the postpartum period, care should be provided in a sensitive and confidential manner, considering the stigma and discrimination often associated with HIV. Women living with HIV/AIDS may fear that pregnancy will affect disease progression and that the infant will be infected with HIV.

Accurate information and compassionate counselling may alleviate these fears. Many women experience violence during pregnancy with consequences both for them and/or their babies, such as spontaneous abortion, preterm labour and low birth weight. Health care workers must be aware of this and ensure that women receive the counselling, support, care and referrals they may require. Counselling and health education during pregnancy for a woman with HIV like ,information on the interactions between HIV and pregnancy, including a possible increase in certain adverse pregnancy outcomes, the importance of delivering with a skilled attendant, the risk of transmitting HIV to her infant and

the risks and benefits of antiretroviral prophylaxis and safer labour and delivery practices in reducing transmission, the risks and benefits of various infant-feeding options and support for her choice; and future fertility plans, including postpartum contraception and the importance of condoms.

Finally, it may pave a way for further studies in the area and integration of reproductive health services including Family planning with ART interventions should be the direction in Ethiopia.

Operational definitions of terms

Intention for Future childbearing: - the need to have children in the coming near future within less than one year

Dual Contraceptive Method: - using condom and other contraceptive method at the same time to prevent pregnancy and other sexual transmitted disease

Women in Childbearing age: - women in reproductive age group or in between age of 18 years to 49 years

Sero status: - the test result of HIV/AIDS that is HIV Positive or Negative.

Anti retro viral therapy: - the drug that used to decrease viral load by inhibiting viral replication in the different site of viral replication in the human body.

Viral load: - increase number of virus in the blood

Chapter Two

Review of Related Literature

2.1 Impact of HIV/AIDS on Fertility

One of the impacts of HIV/AIDS on individual women and populations in severely affected areas of sub-Saharan Africa is change in fertility levels. HIV/AIDS has influenced fertility of individual women through proximate determinants of fertility, namely, marriage, contraception, pregnancy, abortion, breastfeeding, postpartum abstinence, pathological sterility and natural fecundity. Fertility may decline in the era of HIV/AIDS because of delayed onset of sexual relations and age at first union, reduced premarital sexual relations and remarriage and increased marital resolution. Desired family size and condom use are also increased. HIV infected women experience reduced pregnancy rate and rising levels of induced and spontaneous abortion. HIV/AIDS induces sterility, increases foetal mortality and decreases frequency of sexual intercourse and production of spermatozoa (9).

Many studies investigating the impact of HIV/AIDS in several sub-Saharan African countries have been done. Perhaps, the best way to summarize the studies is to use the proximate determinants of fertility as a conceptual framework. Depending on the mechanism specified, fertility can decline or even increase due HIV/AIDS. With marriage, which exposes women to sexual relations, individual women are likely to respond to HIV/AIDS epidemic by delaying their first sexual intercourse, and for those already sexually active reduce premarital sexual relations due to fear of infection. There is also a possibility of girls postponing their marriage or deciding not to marry at all. Those women married may decide to separate with unfaithful spouses to avoid infection. Due to increased death of partners, more women become widows, which reduces their reproductive lifetime. The widows and divorced women find it more difficult than before to remarry for lack of suitors who fear possible HIV infection. All these behavioural actions reduce the exposure of women to pregnancy and hence depress fertility (9).

More evidence on the relationship between HIV/AIDS and fertility was reported in four states of Australia among 294 women whose medical records in early 1990s were reviewed (Thackway et al 1997). It was found that of the women who had had at least one pregnancy, a much lower proportion (38%) became pregnant after HIV-1 diagnosis than 62% who were

pregnant before knowing that they were HIV-1 infected. Of the pregnancies recorded to have occurred after HIV-1 diagnosis, only 44% were continued to full term, while a high 47% were terminated and 9% ended as miscarriages. Out of three pregnancies confirmed after AIDS symptoms had appeared two were terminated. This pregnancy termination rate was much higher than 19% to 26% experienced in the Australian states of the study. It is possible to attribute the high termination rates to fears of mother-to-child transmission and faster progression of the disease in the body(9).

2.2 Impact of ART on future childbearing

In developed countries, ART has decreased transmission of HIV from infected mothers to their children to about 2% and has prolonged adult survival prompting interest in continued childbearing for HIV positive people(10).

Clinical improvement associated with ART may result in increased sexual activity in HIV infected people that may increase the risk of HIV transmission. In a previous meta-analysis in developed countries, being HIV infected was shown to reduce the likelihood of engaging in unprotected sex while ART use was associated with increased rates of unprotected sex(11). It was noted that patients on ART believed that potent ART reduces risk of HIV transmission(12). Women may engage in unprotected sexual intercourse as the desire for children increases consequently risking for sexually transmitted infections including HIV re-infection. With childbearing, these women would be at risk of maternal morbidity from childbearing.

The positive impact of ART on one's health and longevity; the availability of effective means of reducing mother to child transmission of HIV, and wider availability of support and care services for families dealing with HIV may encourage women with HIV to reconsider their positions about sex, relationships and childbearing. Despite advances in PMTCT, maternal transmission accounts for all new HIV infections in children and is likely to increase if more infected individuals choose to have children. Further, unprotected sexual intercourse for the purpose of childbearing can also result in HIV transmission or sexually transmitted diseases to uninfected partners(13).

For women and couples with HIV, family planning services may improve health/well-being of families and prevent unwanted pregnancies thereby reducing the number of HIV-infected children and/or future orphans. As ART improves people's health and longevity, family planning is paramount in shaping their decisions about childbearing and sexual behavior. Considering the impact of HIV on maternal and child health, one hypothesis is that most HIV infected people would avoid childbearing. However, few studies have been done to document the proportion of HIV infected women/families that use family planning methods.

While introduction of ART appears to have changed the dynamics of fertility behavior in developed countries, it is not clear how ART would influence these behaviors in developing countries where reported intentions from women living with HIV/AIDS are to continue to bear children, at odds with the opinions of health professionals (14). This study sought to find out more about future childbearing intentions in the era of ART.

2.3 Fertility desires in the era of ART

Reproductive decisions may be especially complex for women with HIV. These women may be more likely to avoid pregnancy than uninfected women through contraception and sexual abstinence. Surprisingly, in a study done in the developed countries, more than 5% of HIV positive women conceived annually (14). Furthermore, in another study conducted in the United States of America, the annual conception rate in HIV sero- positive women was 7% greater than in their sero-negative counterparts. Some of the predictors of conception in this group included younger age, being unmarried, having a prior abortion and low viral load due to ART.

For women with HIV wanting to have children, ART has provided hope that they may survive to see their children grow. Anecdotal evidence suggest that, in the advent of ART, HIV infected women may choose to become pregnant and are unlikely to have this pregnancy terminated because of improvement in their well-being and the availability of interventions to reduce the risk of vertical transmission(16).

While introduction of ART has brought hope to some individuals, some are unwilling to continue with childbearing. In a study in Italy, younger age and psychological effects of HIV such as fear of transmission of HIV to children and anxiety for possible negative health

consequences to the newborn were perceived to make reproduction unlikely in HIV infected women (17). In contrast, a study in HIV positive Brazilian women found that despite anxieties about HIV transmission to their children, women felt having a new baby would reduce stigma and provide hope for renewed life and change (18). In another study in Brazil, factors

associated with the desire to have future pregnancies in HIV+ women included young age, higher education, living with a partner, having a live and sero-negative child and being on ART(19). Conversely, having an HIV-infected child was associated with reduced desire to becoming pregnant. The observed association of higher education and being on ART with the occurrence of pregnancy may have been related to the perception of longer survival and better quality of life in the era of ART.

2.4 Studies done in childbearing intentions of women infected with HIV in African

Very few studies on fertility intentions of HIV infected women have been done In Africa , in Malawi in 2003. In Lilongwe, a cohort of women was asked about their fertility intentions prior to knowing their HIV status. HIV positive women were followed for 1 year to determine the change in fertility intentions over time. The desire to become pregnant was 33% before HIV positive results were known and 12 months thereafter, had reduced to 14%. The pregnancy incidence in this cohort was 13% among women not intending to become pregnant, and 32% among women intending to become pregnant. Contraceptive use was 34% before HIV status was known and increased to 43% after learning their HIV positive status.(20)

Chapter Three

Methodology

Site of Study

The study would be conducted in Bishoftu city administration which is one of the six self administrative city in Oromia regional state and one of tourism attractive place in the country due to seven lakes found in the city. The Bishoftu city has another name is called “*land of Lake*” It is located at east 47km from capital city Addis Ababa. Bishoftu city has total population of 119,845 according to estimation from censuses 2007. It has 9 kebele and 3 sub-city. The main language spoken in the town Afan Oromo and Amharic. The majority of the populations in the city follow Christian religion. Most people in the town are engaged in commercial activities. The health coverage of the town is 66% and health facilities found in the town are 2 hospitals, 3 health centers, 13 private clinics and 6 drug stores.

ART program are given in two hospitals and one health center in the Bishoftu city. Total number of people living with HIV/AIDS(PLWHA) in Bishoftu city administration currently are 10,164 and 4563 men, 5601 women and 13,246 orphan and variable children

Study design

A cross sectional study, utilizing both quantitative and qualitative research methods on HIV infected women of reproductive potential receiving ART at Bishoftu Health center

Study population characteristics

HIV-infected women of reproductive potential receiving antiretroviral therapy at the Bishoftu health center participated in the study as the following inclusion and exclusion criteria.

Inclusion criteria:

- HIV infected women receiving ART at Bishoftu Health Center
- Within the child bearing age (18 to 49)
- No history of hysterectomy, bilateral tubal ligation and current pregnancy
- Willing to participate in the study

Exclusion Criteria:

Women outside the above inclusion criteria range

Sample selection criteria

All HIV-infected women of reproductive potential receiving antiretroviral therapy at the Bihoftu health center within one month study period participated in the study with inclusion criteria, HIV infected women receiving ART at Bishoftu Health Center ,Within the child bearing age (18 to 49) ,No history of hysterectomy, bilateral tubal ligation , not current pregnancy and Willing to participate in the study

Study period

Data collection would be conduct in November 30/2011 up to December 30/2011

Data collection procedures

All the key client interviews would be conducted by the principal investigator. Explanation on the purpose and importance of the study is made to key client prior to data collection in order to help them prepare and to have think on it and to decide on their participation in the study. Verbal consent was obtained from all client.

Client are also made to share their ideas, beliefs and experiences based on reality (true information) on the topic by assuring the confidentiality of the data they were going to provide.

All key client interviews would be conducted in the ART room and at any working times of the ART clinic the client service during one month of the study period. Flexible interview style would be used to gain new emerging ideas and unexpected information from the client. Open ended questions with mix of ideal and interpretive type were asked to enhance client's level of participation and access to client's desire. Follow up and probing questions would be asked to assess future childbearing intentions the client in detail.

Data collection instrument

Both quantitative and qualitative a sum-structured questionnaire, consisting of both closed and open-ended questions, was used to collect data. The data collection tool was first prepared in English language and then translated into Amharic language, and finally it was translated back into English version. The Amharic version was used for data collection after it was pre-tested by expert.

Study variables

Dependent variables

* Fertility intentions.

Independent variables

* Socio demographic variables such as, age, sex, educational status, area of residence..

Data analysis

The questionnaires should be checked for completeness by the principal investigator again and edited and coded then the data would be transformed & analyzed by SPSS version 16.0 package.

Ethical considerations

Before the data collection, formal letter would be obtained from Indira Gandhi National open University local study center St. Marry university College and permission to conduct the study in the study area would be secured from the respective authorities. Informed consent from each study subject would be clear explain about the purpose of the Study

Chapter Four

Result

Demographic Factors

Out of fifty two respondent in the study period of one month in the Bishoftu health center the age group of the respondent was between twenty one and thirty eight age groups. Most of the respondent clients from Bishoftu city administration (80.8%) and 19.2% were from other place attend their ART follow up. The marital status of the respondent different and 55.8% were married, 13.5% were divorced, 11.5% were separated, 9.6% were single and 9.6% were widowed. Almost more than half of the respondent were illiterate and 88.5% the client follows Orthodox religious , 7.7% follows Protestant religious and 3.8% follows Muslim religious.

Table- 1: Socio demographic characteristics of among Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia Nov. – Dec, 2011

Age

		Frequency	Percent	Valid Percent
Valid	21	1	1.923077	1.923077
	23	2	3.846154	3.846154
	24	1	1.923077	1.923077
	25	4	7.692308	7.692308
	26	4	7.692308	7.692308
	27	7	13.46154	13.46154
	28	12	23.07692	23.07692
	29	3	5.769231	5.769231
	30	3	5.769231	5.769231
	31	3	5.769231	5.769231
	32	4	7.692308	7.692308
	33	3	5.769231	5.769231
	34	1	1.923077	1.923077
	38	4	7.692308	7.692308
	Total	52	100	100

		Frequency	Percent	Valid Percent
Valid	rural	10	19.23077	19.23077
	urban	42	80.76923	80.76923
	Total	52	100	100

		marital status		
		Frequency	Percent	Valid Percent
Valid	single	5	9.615385	9.615385
	married	29	55.76923	55.76923
	divorced	7	13.46154	13.46154
	widowed	5	9.615385	9.615385
	separated	6	11.53846	11.53846
	Total	52	100	100
		level of education		
		Frequency	Percent	Valid Percent
Valid	illiterate	28	53.84615	53.84615
	primary level	19	36.53846	36.53846
	secondary level	1	1.923077	1.923077
	tertiary	4	7.692308	7.692308
	Total	52	100	100
		Religion		
		Frequency	Percent	Valid Percent
Valid	orthodox	46	88.46154	88.46154
	protestant	4	7.692308	7.692308
	Muslim	2	3.846154	3.846154
	Total	52	100	100

The period stay on the ART of the respondent were the minimum were two months and the maximum were seventy six months. From fifty-two respondent two respondent were not started the ART drugs due to they were new enrolment for pre ART. The sero status of the partner respondent were different 38.5% of sero status of their partners were HIV positive, 26.9% of sero status of their partners were HIV negative and 34.6% of sero status of their partners were unknown status.

Table-2: Frequency distribution of sero status of partner among Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia Nov. – Dec, 2011

		sero status of partner		
		Frequency	Percent	Valid Percent
Valid	HIV positive	20	38.46154	38.46154
	HIV negative	14	26.92308	26.92308
	unknown sero status	18	34.61538	34.61538
	Total	52	100	100

53.8% of the respondent were share their HIV result with their spouse, 26.9% respondent were share their HIV result with their parent, 11.5% respondent were share their HIV result with their friends, 1.9% respondent were share their HIV result with their children and 5.8% of respondent did not share their result for any body due to they were fear of stigma and discrimination.

Future Child Bearing Intentions

36.5% of the respondents had one child, 29.9% of the respondents had two children, 15.4% of the respondent had three and above children and 21.2% of respondents had not children. The child bearing intention of the respondent family were ,69.2% of respondents did not told their plan of child bearing intention to their family and 30.8% of the respondent told their plan of child bearing intention to their parents. 23.1% of respondent parents said , “it was good idea to substitute yourself”, 3.8% of the respondent parents ,said it was not good plan, due to you give birth HIV positive child and 38% of the respondents parents said it was not good for your current health situation. 80.8% of the respondents parent did not changed the way of they treat them and 19.2% of respondents parent change they way of treat them.

86.5% of the respondent who decided to have a child went help medical follow up support, 9.6% of the respondent needs psychological support and 3.8% of the respondent need financial support. 44.2% of the respondent had need to more children in the future and 55.8% of the respondent had not need to more children in the future. 17.3% of the respondent need to have more children due to they have never had a child before, 13.5% of the respondents.

need to have more children due to their spouse wants more children, 7.7% of the respondents need to have more children due to they want a baby girl/ boy and 1.9% of respondent need to have more children due to their husbands relative want more children but 30.8% of the respondent did not want to have more children do to they have enough children, 21.2% of the respondent did not want to have more children do to they have financial problem and 5.8% of the respondents did not want to have more children do to their health problem. Most of the respondent who needs to have child were between twelve months to fifty-six months period of time.

Current Health Status and Symptom

34.6% of the respondent had general physical problem, 32.7% of the respondents had cognitive problem(thinking, planning and remembering) and 32.7% of the respondent had no problem. When we describe the general health of the respondent, 55.8% of the respondents were on good health condition, 30.8% of the respondent were on fair health condition and 3.8% of the respondents were on very good health condition.

76.9% of the respondent health condition when compares to before started anti-retro viral (ART) drugs, their health condition were improving, 17.3% of the respondent health condition when compares to before started ART, their health condition were no changed and 1.9% of the respondent health condition when compares to before started ART, their health condition not good due to drugs side effect. 55.8% of the respondent current health status were affect the desire of more children in future and 44.2% of the respondent current health status were not affected the desire of more children to in the future.

Table- 3: Frequency distribution of how would you compare their health before they started ART and now that they are on ART among Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia Nov. – Dec, 2011

		how would you compare your health before you started ART and now that you are on ART?		
		Frequency	Percent	Valid Percent
Valid	improving	40	76.92308	80
	aggravating	1	1.923077	2
	no change	9	17.30769	18
Total		50	96.15385	100
Missing	System	2	3.846154	
Total		52	100	

Self-Perception of Risk

92.3% of the respondents were know about mother to child transmission of the HIV/AIDS and 7.7% of the respondents were not know about mother to child HIV/AIDS transmission. 53.8% of the respondent know ,they can spread HIV virus to others while they took ART drugs and 46.2% of the respondents did not know, they can spread HIV virus to others while they took ART drugs. 63.5% of the respondents fear of HIV transmission to their children, when they thinking to getting pregnant and giving birth, 32.7% of the respondents happy and 3.8% of the respondents were not say any thing.

Contraceptive Use

Out of the 52 respondents during the study period 30(57.7%) of the client use contraceptive method and 22(42.2%) were not use any types of contraceptive method. 17(32%) client used injectable contraceptive method, 8(15.4%) clients used condom and 5(9.6%) clients used Norplant. 20(38.5%) use contraceptive to prevent unplanned pregnancy 6(11.5%) used contraceptive to stop child bearing for ever and 4(7.7%) used for other purpose. 11.5% used condom for prevention pregnancy, 5.8% used condom for prevention HIV/AIDS and STD transmission to their sexual partner and 34.5% used condom for for prevention viral load transmission to their partner(17.3%) of the respondent experienced a sexually transmitted disease in the last three months of period.

Communication with Physician Treatment Issue

8(15.4%) of the respondents discussed their intention with their physician and 44(84.6%) of the respondents did not discuss their intention with their physician. 50(96.2%) of the respondents on the anti- retroviral therapy and opportunistic infection treatment but the left were on the pre ART. out of the 52 respondents 9(17.3%) clients experience drug side effects during the first week of ART drug's beginning. 98% of the respondent took their drugs properly according to physician prescribed.

Table- 4: Frequency distribution of their discussion about their intention with their physician among Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia Nov. – Dec, 2011

		do you discuss your intention with your physician?		
		Frequency	Percent	Valid Percent
Valid	yes	8	15.38462	15.38462
	no	44	84.61538	84.61538
Total		52	100	100

Adjustment to the Problem

ART change the life clients and 46(88.5%)of the respondent's in better ways life. All of the clients like learn more about the effect of ART for child bearing and most of the respondents (92.3%) like learn about the ART drugs prevention mother to child HIV virus transmission. The hardest things the respondent who had intention to have a child bearing in the future had decide to saving enough money for child care.

Table- 5: Frequency distribution of what would they like to learn about among Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia Nov. – Dec, 2011

		What would you like to learn about?		
		Frequency	Percent	Valid Percent
Valid	About the side effect of ART drugs on the foetus	4	7.692308	7.692308
	About the ART drugs prevention of mother to child HIV virus transmission.	48	92.30769	92.30769
Total		52	100	100

Discussion

Since access to antiretroviral therapy has improved quality of life and survival for HIV infected people, many will contemplate child bearing. Identification of contextual determinants of decision to have children among HIV positive couples is useful for designing of policies and establishing intervention priorities in reproductive health for this population. Being on antiretroviral therapy was not associated with fertility intention in this population. Respondents who were of young age, were single, have never had a child, want a baby girl/boy, their spouse wants a child and their husbands relatives want a child likely to have fertility intentions.

Our finding that nearly 23(44.2%) of HIV-positive women reported childbearing intentions, with HAART use having a minimal effect on their decision, contrasts with findings from other sub-Saharan African sites that have reported three fold higher childbearing intentions among HAART users and higher childbearing intentions associated with increasing duration of HAART use. A recent American study showed that HAART use was associated with a lower prevalence of fertility desires. Our findings are, however, consistent with those of a recent Canadian study that reported no association between HAART use and childbearing intentions.

Most the HIV positive women attending ART at Bishoftu health during the study period their age were at peak reproductive years. also In South Africa overall, the prevalence of HIV infection is highest among young women, which corresponds with the peak reproductive years. Conception requires unprotected sexual activity, and the HIV status of the sexual partners for many of these women is unknown. Indeed, only 20% of the general adult population of South Africa knows their HIV status. The most marital status of women in these study were married and more than half had one children.

At period study the respondents stay on the ART were the maximum period were 76 months and the minimum period were two months. There was no significance association between the period on ART and future childbearing attention. The sero status of the HIV positive women partner were different and 26.9% of the partners result were discordant and others were HIV positive and unknown sero status. Most of the HIV positive women in these study

were share their HIV result for their Spouse but three HIV positive women during these study period did not share their result to any body due to they were fear stigma and discrimination. almost greater than half of the HIV positive women from these study were their parent agree on their future childbearing intention. From these study most of the respondents needs medical follow up when they would decided to have a children in the near future for enabling their health and prevention mother to child HIV/AIDS transmission.

Around 44.2% out total respondent during the study period in the Bishoftu health center want to have more children in the future. Most of them need the children duet they were never had a child before, the reset were why they were did not want a child due to financial problem and fear of viral transmission to their child. All women living with HIV, should be supported to achieve their reproductive goals in the healthiest and safest possible manner. Given the high prevalence of childbearing intentions among HIV-positive women, it is critical that factual and none stigmatizing information and support be incorporated into HIV treatment services to optimize healthy outcomes for mother, father, and baby. This includes counseling services regarding HAART and pregnancy, safer options to conceive (including HAART as prevention), safer labor options, comprehensive prevention of mother-to-child transmission services, antenatal and postnatal care, and infant feeding options. Currently, no clear guidelines are available regarding the ideal time for pregnancy for an HIV-positive woman (with respect to CD4 level, stage of treatment, treatment regimen, viral load, or HIV and health status of her partner). This information is urgently needed.

The intention for future childbearing were difference before ART started and now on ART, 38.5% HIV positive women hope full for future child bearing due to ART drugs prevent mother to child HIV transmission and improves their health condition.

Limitation of the Study:-

Due to the research done specifically in the one health institution, it is difficult to generalize the objective of the study.

Since some questions include sensitive issues , it was embarrassed the responder Lack of budget for study

Conclusion

Factors that influence fertility intention among HIV positive women were the women have never had a child before ,they want a baby girl/boy ,their spouse wants a child and their husbands relatives want a child. Respondents who were health problem, financial problem and have enough children before were unlikely to desire a child in the near future. Being on antiretroviral therapy was associated with desire to have a child in the near future. The finding that counseling and support given from an HIV care and treatment center did alter HIV positive individuals' perceptions and subsequent sexual behavior has implication for counseling these clients.

Around 44.2% out total respondent during the study period in the Bishoftu health center want to have more children in the future. Most of them need the children due to Around 44.2% out total respondent during the study period in the Bishoftu health center want to have more children in the future. Most of them need the children duet they were never had a child before, the reset were why they were did not want a child due to financial problem and fear of viral transmission to their child.

Recommendation

Based on the findings of the study, the following recommendations are made:

1. To promote Condom use and safe sexual inter course for HIV positive women to prevent viral transmission to un infected partner, to prevent viral load and STD transmission to their partner and to prevent un planned pregnancy and also Particular attention has to be given to women through education and male involvement in reproductive health issues.
2. Health officials at various levels should do better works to make the awareness creation for HIV positive women about mother to child HIV transmission and about future childbearing. also Health education should be better given at health institutions about HIV/AIDS prevention and control.
3. All concerned bodies should operate to ensure training of health professionals that could deliver the service in sufficient quality.
4. Counselling and health education during pregnancy for a woman with HIV like ,information on the interactions between HIV and pregnancy, including a possible increase in certain adverse pregnancy outcomes, the importance of delivering with a skilled attendant, the risk of transmitting HIV to her infant and the risks and benefits of antiretroviral prophylaxis and safer labour and delivery practices in reducing transmission, the risks and benefits of various infant-feeding options and support for her choice; and future fertility plans, including postpartum contraception and the importance of condoms.
5. Further study is required to assess the future child bearing intention among HIV positive women in the area which ART service was provided for the clients.

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Questionnaire

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School of Social Work

Appendix I: English Version Study Questionnaire

Interview individual Client and questionnaire to be filled by principal investigator in the Bishoftu health center

Dear client,

This is a study Explore the Future Childbearing Intentions of HIV Infected Women Receiving Antiretroviral therapy (ART) in Bishoftu health Center, Oromia Regional State, Ethiopia

In order to attain effective goal, I ask your honest and genuine answer. There is no need to put your name. No individual response will be reported. This is to keep absolute confidentiality. It is your full right to participate or refuse in the study. If there is anything not clear, don't hesitate to ask for clarification.

Do you want to participate in the study?

Yes, I want to participate

No, I don't want to participate

If you say "yes" put your signature her_____

Date of Interview _____

Thank you for your cooperation.

8. With whom have you shared your HIV results? (Mark all that apply)

- a. Spouse
- b. Relatives
- c. Parents
- d. Friends
- e. Children
- f. Other specify.....

9. If you have not shared with anyone, what are the reasons?

- a. fear of stigma
- b. Discrimination
- c. fear Divorce
- d. other(specify)

PART B: FUTURE CHILDBEARING INTENTIONS

1. How many children do you have?

- a. one
- b. two
- c. three and above
- d. none

2. How do your parents feel about your intention?

- a. agree
- b. disagree
- c. none

3. Do you tell your parents how you feel about your plan?

- a. yes
- b. no

4. If yes, for question number(3) what do they say when you tell them your feeling?

- a. it is not good for your health
- b. it is good idea to substitute your self
- c. it is not good plan, due to you give birth HIV positive child
- d. other(specify)-----

5. If you decided to have a child/children, what kind of help do you think you need?

- a. Financial support
- b. psychological support
- c. medical follow up support
- d. other(specify)-----

6. Since you became HIV positive, have your parents changed the way they treat you?

- a. yes
- b. no

7. If yes, for question number(6) tell me about how they have changed?-----

8. Would you want to have more children?.

- a. Yes
- b. No

9. If yes, for question number (8), why would you want to have more children ?

- a. I have never had a child
- b. I want a baby girl/boy
- c. My spouse wants a child
- d. My relatives want a child
- c. My husbands relatives want a child
- d. Other Specify

10. If no for question (8), why would you not want to have more children?

.....

11. How soon do you want to have children _____ months

12. Do you think your intentions for future childbearing are any different before you started ART and now that you are on ART?

- a. Yes
- b. No

13. If say no/yes question(12) Explain your response:?......

PART C: CURRENT HEALTH STATUS & SYMPTOMS

1. what is your specific current problems & complaints?

- a. general physical problem
- b. cognitive problem(thinking, planning & remembering)
- c. No problem
- d. other(specify)-----

2. In general how would you describe your health

- a. very good b. Good
- c. Fair e. Poor f. I do not know

3. When did you first start taking ART? -----

4. How would you compare your health before you started ART and now that you are on ART? a. improving b. aggravating c. no change

5. Do you think your current health status would affect you desire for more children?

- a. yes b. No

PART D: SELF-PERCEPTION OF RISK

1. Do you know about mother-to child transmission of HIV?

- a. Yes b. No

2. Do you think you can pass the virus to your baby if you were to have one now that you on ART?

- a. Yes b. No

Explain your answer-----

3. Do you think you can spread HIV to others while you are on ART?

- a. Yes b. No

Give reasons for you response.....

4. How do you feel when you thinking about getting pregnancy and giving birth?

- a. happy
- b. fear of HIV to my child
- c. I do not feel any thing
- d. other (specify) -----

PART E: CONTRACEPTIVE USE

1. Are you currently on any contraceptive method?

- a. Yes
- b. No

2. If yes what method?

- a. Pills
- b. Injectables
- c. IUCD
- d. Condoms
- e. Norplant
- f. other specify-----

3. Why are you using contraceptives?

- a. To prevent pregnancy
- b. To stop childbearing
- c. Other specify.....

4. If not, are there any reasons why you are not using contraceptives?

- a. Want to have a child
- b. Afraid of side effects
- c. Lack of access
- d. Afraid of taking too many drugs
- e. Spouse does not want
- f. Other specify.....

5. Did you use condoms? a. Yes b. No

6. If say Yes question(5) why you using condom? (Mark all that apply)

- a. To prevent pregnancy
- b. To prevent HIV/AIDS and STD transmittion
- c. To prevent Viral load transmittion
- d. To stop childbearing
- f. Other specify-----

7. If you are not using condoms ,what are the reasons? (mark all that apply)

- a. Wanting a child
- b. Partner refusal
- c. None availability of condoms
- d. Disliking condoms
- e. Feeling safe due to ART
- f. Forgetting
- g. Being allergic to condoms
- h. Other specify-----

8. Have you experienced a sexually transmitted disease in the last 3 months?

- a. Yes
- b. No

If yes, how do you think you got this disease? -----

PART F: COMMUNICATION WITH PHYSICIAN & TREATMENT ISSUE

1. are you getting along with your physician?

- a. yes
- b. no

2. Do have any problems taking to your physician?

- a. yes
- b. no

3. Do you discuss your intention with your physician?

- a. yes
- b. no

4. Do you believe that your physician has told you every thing you should know about the effect of ART? a. yes b. no

5. What treatment are you getting?

- a. opportunistic infection treatment b. only anti retro- viral therapy treatment
- c. Tuberculosis treatment d. Co-trimoxazol & INH prophylaxis treatment
- e. other(specify)----- 23

6. Do you have any bad effects from the treatment?

- a. yes b. no

7. Do you take properly the medicine that the physician has prescribed?

- a. yes b. no

8. Has your physician told you that you can have a baby in the future?

- a. yes b. no

PART G : ADJUSTMENT TO PROBLEM

1. How has ART changed your life?

- a. Very good b. Better c. None

2. Would you like to learn more about the effect of ART to bear a child?

- a. Yes b. no

3. If say Yes question(2) what would you like to learn about?

- a. The side effect of ART drugs on the foetus
- b. The ART drugs Prevention of mother to child HIV virus transmission.
- c. Other(specify)-----

4. What is the hardest things you have to do, if you decide to have a child?

- a. saving enough money for child care
- b. asking aid for child care
- c. others (specify) -----

እንድራ ጋንዲ ናሽናል ኣፕን ዩኒቨርሲቲ

እስኩል ኣፍ ሶሻል ወርክ

Appendix II የአማርኛ ትርጉም የጥናቱ ቃለ መጠየቅ

ቃለ መጠየቅ

የዚህ ጥናት አላማ በመውለድ እድሜ ውስጥ ያሉ ኤች አይ ቪ ቫይረስ በደማቸው ውስጥ የሚገኝ እና የጸረ ኤች አይ ቪ መድሃኒት በቢሾፍቱ ጤና ጠቢያ ውስጥ ተጠቃሚ የሆኑ እናቶችን የወደፊት ልጅ የመውለድ ፈላጎታቸውን ማወቅ ስለሆነ የእርሱ ትክክለኛ መልስ ለጥናቱ መሳካት አስፈላጊ ነው። ከዚህ ቃለ መጠየቅ ላይ ስም ስለማይጻፍ ሚስጥሩ እየተጠበቀ ስለሆነ ያለምንም ፍርሃት እና ስጋት ለምንጠይቆት ጥያቄዎች ትክክለኛውን መልስ ይስጡን ዘንድ በአክብሮት እንጠይቃለን። እንዲሁም ደግሞ ጥናቱ ላይ አለመሳተፍ እና በመሐል ማቋረጥ መፍቶት የተጠበቀ ነው። በመጨረሻ ያልገቡት ጥያቄ ካለ ግልጽ እንዲሆንሎት መጠየቅ ይችላሉ።

በጥናት ውስጥ መሳተፍ ይፈልጋሉ?

ሀ/ አዎ ፈልጋለሁ

ለ/ አልፈልግም

የሚፈልጉ ከሆነ እዚህ ጋር ፊርማዎትን ያጉሩ _____

ቃለ መጠየቅ

የዚህ ጥናት አላማ በመውለድ እድሜ ውስጥ ያሉ ኤች አይ ቪ ቫይረስ በደማቸው ውስጥ የሚገኝ እና የጸረ ኤች አይ ቪ መድሃኒት በቢሾፍቱ ጤና ጠቢያ ውስጥ ተጠቃሚ የሆኑ እናቶችን የወደፊት ልጅ የመውለድ ፈላጎታቸውን ማወቅ ነው።

ክፍል አንድ የስነ ህዝብ መረጃ

1. እድሜ _____

2. አድራሻ _____

3. የጋብቻ ሁኔታ

ሀ/ ያላገባች ለ/ ያገባች ሐ/ የፈታች መ/ ባል የሞረባት

4. የት/ት ደረጃ

ሀ/ ያልተማረች ለ/ የመጀመሪያ ደረጃ ያጠናቀቀች ሐ/ ሁለተኛ ደረጃ ያጠናቀቀች መ/ ኮሌጅ ወይም ከዚያ በላይ ያጠናቀቀች

5. ሀይማኖት

ሀ/ ኦርቶዶክስ ለ/ ካቶሊክ ሐ/ ኘሮቴስታንት መ/ ሙስሊም

ሠ/ ሌላ ከሆነ ይጥቀሱ _____

6. የጸረ ኤች አይ ቪ ኤድስ መድሃኒት ላይ የቆዩት ጊዜ _____ በወር

7. የትዳር አጋሮ የኤች አይ ቪ ኤድስ ምርመራ ውጤት

ሀ/ ኤች አይ ቪ ቫይረስ በደሙ ውስጥ ያለ /ኤች አይ ቪ ፖዘቲቪ/

ለ/ ኤች አይ ቪ ቫይረስ በደሙ ውስጥ የሌለ /ኤች አይ ቪ ኔጌቲቪ/

ሐ/ አይታወቅም

8. የኤች ኦይ ቪ በደሞት ውስጥ መኖሩን ለማን ነገሩ?

ሀ/ ለባለቤቱ ለ/ ለዘመዶቹ ሐ/ ለቤተሰቦቹ መ/ ለንደኞቹ ሠ/ ለልጆቹ

ረ/ ለማንም ሰ/ ሌላ ካለ ይጥቀሱ_____

ለማንም ካልነገሩ ምክንያቱ ምንድነው?_____

ክፍል 2 የወደፊት ልጅ የመውለድ ፍላጎትዎ በተመለከተ

1. ስንት ልጅ አሎት

ሀ/ አንድ ለ/ ሁለት ሐ/ ሶስት እና ከዚያ በላይ መ/ ምንም የለኝም

2. ከአሁን በኋላ ስንት ልጅ እንዲኖሩት ይፈልጋሉ

ሀ/ አንድ ለ/ ሁለት ሐ/ ሶስት እና ከዚያ በላይ መ/ ምንም

3. ልጅ ከመውለዱ በፊት ስንት ልጅ እንዲኖሩት ይፈልጉ ነበር

4. ከአሁን በኋላ ልጅ መውለድ ይፈልጋሉ

ሀ/ አዎ ለ/ አልፈልግም

5. በጥያቄ ቁጥር 4 መልሶ አዎ ከሆነ በኋላ ላይ ሊወልዱ ለመወሰን ለምን ፈለጉ?

ሀ/ ከዚህ ፊት ልጅ ስለለሰኝ ለ/ ወንድ ወይም ሴት ልጅ መውለድ ስለምፈልግ

ሐ/ የትዳር አጋሬ ልጅ ስለሚፈልግ መ/ ዘመዶቹ ልጅ ስለሚፈልጉ ሠ/ የባለቤቱ

ዘመዶች ልጅ ስለሚፈልጉ ረ/ ሌላ ከአለ ይጥቀሱ_____

6. በምንም ያህል ጊዜ ውስጥ ልጅ መውለድ ይፈልጋሉ _____ ወር

7. በጥያቄ ቁጥር አራት መልሱ አልፈልግም ከሆነ ልጅ ለመውለድ ለምን አልፈለጉም?

8. የጸረ ኤች ኦይ ቪ ቫይረስ መድሃኒት ከመጀመርዎ በፊት እና ከጀመሩ በኋላ የወደፊት ልጅ የመውለድ ፍላጎትዎ ልዩነት ፈጥቶብኛል ብሎ ያስባሉ?

ሀ/ አዎ ለ/ አልፈጠረብኝም /አይደለም/

9. ለጥያቄ ቁጥር 8 መልስ አዎ ወይም አይደለም ከሆነ ምክንያቱ ይግለጹ

ክፍል ሶስት የአሁኑ ጤናዎትን በተመለከተ

1. በአጠቃላይ የጤናዎት ሁኔታ ምን ይመስላል?

ሀ/ በጣም ጥሩ ለ/ ጥሩ ሐ/ በቂ መ/ ዝቅተኛ ሠ/ አላውቀውም

2. የጸረ ኤች አይ ቪ መድሃኒት ከመጀመርዎ በፊት እና ከጀመሩ በኋላ የጤንነቱ ሁኔታ ምን ይመስላል? _____

3. የግብረ ስጋ ግንኙነት ባህሪው ያሁን የጤና ሁኔታዎትን ያውክ ይመስልሎታል?

ሀ/ አዎ ለ/ አይደለም

4. የአሁን የጤና ሁኔታ ልጅ የመውለድ ፍላጎትዎን የሚያውክ ይመስልዎታል?

ሀ/ አዎ ለ/ አይደለም

ክፍል አራት የራስ ኤች አጋላጭነት በተመለከተ

1. ኤች አይ ቪ ከእናት ወደ ልጅ እንደሚተላለፍ ያውቃሉ?

ሀ/ አዎ ለ/ አላውቀውም

2. የጸረ ኤች አይ ቪ መድሃኒት ከመጀመር በኋላ የቫይረሱ ከራስዎ ልጅዎ ይተላለፋል ብለው ይገምቱ ነበር?

ሀ/ አዎ ለ/ አልገምት

3. ለጥያቄ ሁለት መልሶችን ያብራሩልን? _____

4. የጸረ ኤች አይ ቪ መድሃኒቱን እይተጠየሙ ቫይረሱን ወደ ሌላ ሰው አስተላልፋለው ብሎ ያስባሉ?

ሀ/ አዎ ለ/ አይደለም

5. ለጥያቄ ቁጥር አራት መልስ ማብራሪያ ይስጡልን? _____

7. ለጥያቄ ቁጥር ሶስት መልሶ አልጠቀምም ከሆነ ኮንዶምን ለምን ምክንያት ነው የማይጠቀሙት?

ሀ/ ልጅ ለመውለድ ስለምፈልግለ/ የትዳር አጋርዎ እንቢ ስለሚለኝ

ሐ/ ኮንዶም ስርጭት እጥረት ስላለ መ/ ኮንዶም መጠቀም ስለማልፈልግ

ሠ/ የጸረ ኤች አይ ቪ መድሃኒት መጠቀም በራሱ በቂ ስለሆነ ረ/ ስለረሳሁ

ሰ/ ኮንዶም ስጠቀም ስለማይሰማማኝ /አላርጂክ / ሽ/ ሌላ ካለ ይጥቀሱ_____

8. በአለባቢ ሶስት ወራት ውስጥ በአባላዘር በሽታ ተይዘው ያውቃሉ

ሀ/ አዎ

ለ/ ተይዘው አላውቅም

9. በጥያቄ ቁጥር ስምንት ላይ መልሱ አዎ ከሆነ እንዴት ሊይዘኝ ቻለ ብለው ያስባሉ?
