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Intended Pregnancy among HIV-positive Women in Cambodia: Perspective of Women and Providers

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ABSTRACT

Cambodia starts implementing elimination of new pediatric HIV infection since early 2019. This requires a comprehensive approach including the consideration of the pregnancy intention of HIV-positive women. This paper presents a qualitative study on perceptions and practices of the pregnancy intentions between HIV-positive women and providers, focusing on wanting more children, unwanted pregnancy, family planning (FP), and abortion. In-depth-interviews were conducted with 38 HIV-positive women and 9 providers who worked at local antenatal and antiretroviral clinics in Siem Reap, Battambang and Phnom Penh. Conventional content analysis and with the NVivo 10 were used to assess the factors and common practice of women having intentional and unintentional pregnancy, the family planning (FP) and condom utilization and abortion. We found that about half of women were aware of contraceptive use to prevent unwanted pregnancy but most of women did not use contraceptive and condoms due to the rejection of husbands and unaware of its use. The increase of intentional children were increased because of women were to please their husbands for living purpose. Abortion was common practice due to the poverty and conflict against their husbands. This finding provides context for the recent elimination implementing program which involves a complete integrated approach to strengthening FP ensuring that HIV-positive women has access to high-quality health services to enable women and their husbands to choose whether and when to have children.

Keywords: intended pregnancy, unintended/unwanted pregnancy, family planning, abortion, HIV positive women, elimination of HIV

Introduction

In Cambodia, elimination of mother-to-child transmission (MTCT) of HIV has set by 2025. The elimination of MTCT roadmap was launched in November 2018 and has been implementing since early 2019 (eMTCT Roadmap 2017). With the significant progress over a last decade, HIV prevalence among pregnant women aged 15 years old and above has fallen from a peak of 2.9% in 1999 to 0.28% in 2014 (HSS 2014) and to

0.8% in 2018 (MOH 2017). In 2018, of an Asian Epidemic Model (AEM) estimated 73,176 people living with HIV/AIDS (PLHIV), 81% know their status. Of them, 99% are on ART, and 83% have had a viral load test. Of those with a viral load test, more than 95% are virologically suppressed (NCHADS 2018).

Globally, the number of pregnancies among HIV- positive PW has increased dramatically in the past several years. Women living with HIV are more likely to want more children compared with HIV-negative women (Bankole et al. 2014). Some women were striving for motherhood, and 45% reported that HIV diagnosis did not affect their fertility intentions (Murithi et al. 2015; Tariq et al. 2012). However, among HIV-positive PW who had conceived, most couples stated that their pregnancy was unintentional (King et al. 2011). Unmet need for contraception was high in HIV-positive PW in Sub-Saharan Africa, 66.9% of them reporting not wanting another child (now or ever), but only 20% to 43% using contraception (Sarnquist et al. 2013). Condoms were the most commonly used method (31%) among HIV-positive women (Elul et al. 2009)

In Cambodia, the utilization of FP were not high even among non-HIV-positive women, Cambodia Demographic Health Survey (CDHS 2014) indicated that 56% of married women use any method of FP in which 39% were using modern methods and 18% using traditional methods. Daily pill was the most popular modern methods of FP (18%) followed by 9% injection and 4% IUD. In short, the use of modern contraceptive was increased from 19% in CDHS 2010 to 39% in 2014 whereas the withdrawal methods was also increased from 2% in 2010 to 15% in 2014. Unmet need for FP is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. Only 12% have an unmet need for FP and 5% have a need for spacing births and 7% have unmet need of limiting births. Those women and men were potentially use FP. 38% of them heard a FP message on the radio and 17% saw the messages from newspaper or magazine. Eight in ten women were informed about side effect.

In 2014, the Cambodian national AIDS and MCH program had joined agreement to develop a training curriculum and integrated FP service within the ART clinics. One year followed, Battambang provincial AIDS STD program had conducted a case study to assess the use of FP among HIV-positive patients through a non-standardized interview approach with women and providers in their four referral hospitals. The results found the use of FP among HIV-positive women was low, condoms were the most preferable used (64.3%), followed by injectable 16.7%, pills 12.5%, and dual-contraception 2.4%. The remaining 27.4% of HIV-

infected women did not use any method. Some reasons revealed of missing dose of contraceptive, experiencing of worse side effect, and husband's unacceptance. As it was indicated by Akeolo et al. (2013) that attitudes toward the current pregnancy were significantly associated with future intentions to use FP. That said the decision was also joined with their partners, for instance, 87% of women indicated they intended to use FP and half of them had discussed the issue of FP with their spouse or partners. Despite these increase of pregnancy intention and low FP utilization uptake, a study was conducted to assess perception and practice of HIV-positive women and providers regarding the reasons to want more children and low use of family planning.

Materials and Methods

Study Design

A qualitative method was conducted to explain the reasons of intended pregnancy and low uptake of family planning with 38 HIV-infected women and 9 providers. HIV-positive women were convenient selected at four referral hospitals (RH) which included current pregnancy, post-delivery or/and abortion. We also recruited providers from ANC, delivery, ART services of the study settings. The four RHs are located in two provinces in Siem Reap (SRP), Sampov Loun (SPL) and Roka (ROKA) in Battambang province, and Social Health Clinic (SHC) in Phnom Penh.

We obtained approval from the National Ethic Committee for Health Research of Cambodia (NECHR) and we got permissions from NCHADS and the National Maternal Child Health Center (NMCHC). Informed consent was obtained from every respondent.

Data collection and Analysis

Two set of question guides were developed (1. IDI for HIV-positive women; 2. IDI for providers). Question was pre-tested with women and providers to check for understanding, simplicity, consistency and acceptability. The interviews were carried out in the quiet and discreet locations in the hospital's ART clinics. Audio-recorder was used in the local language, transcribed verbatim in Khmer and then back-translated into English. Because of the intention to learn more factors related to the reasons wanted children and low use of FP, open-ended conversation was applied. The texts were noted as the participants' first impressions, thoughts, and initial analysis which become initial coding scheme. Codes then sorted into categories based on

how different codes were related and linked. Similar thoughts were grouped together and generated for themes.

Results

Characteristics of interviewed HIV-infected PWs and Providers

Twenty six HIV-positive post-delivery/post abortion women and 12 HIV-positive pregnant women (PW) were interviewed. All HIV-positive PW (86.8%) were on ART. The majority of women were in aged 26-35 (44.7%), followed by aged 36 and above (42.1%). About 34.2% of women could not read and write while the remaining (65.8%) had studied between first and twelve grade. Most women were housewives (34.2%) followed by workers (29.0%) and the rest (31.7%) were sellers, farmers, entertainment workers and others. (Table 1: Characteristics of HIV-positive Women in In-depth Interview (n=38), 2017).

Of the nine providers, three were ANC counselors/maternity clinician and six were ART counselors/clinicians (four medical doctors, one medical assistant, two midwives, two nurses). Two providers worked for SPL RH and two worked for ROKA RH of Battambang province. Two providers worked for SHC of Phnom Penh and three worked SRP RH of Siem Reap province (Table 2: Characteristics of Providers in In-depth Interview (n=9), 2017).

Women's Perception on Intended Pregnancy

Some women wanted more children due to the willingness of their husbands. Some couples had similar thoughts and got along for having another one. Some women decided not to disclosure their intention to providers as they expected of getting back blames/criticizes.

“My husband wants a baby girl but as we are poor I explained to him that we do not have a house and we got conflict sometime...how can we have another girl...we do not have enough money to raise that child. Finally he accepted my thought”, W13

“My last child was on my intention; I did not disclose my plan to a clinician/counselor because of my concern that I was not allow to have a child...luckily, when I reached 4 months gestation I visited clinic I were not blame and I came again when my gestation reached 8 months. My child now is on the good condition”, W33.

Women's Perception on Unwanted Pregnancy

A quarter of HIV-positive women expressed their willingness to prevent unwanted pregnancy. Some of them expressed the contraceptive utilization. Some cases got support from their husbands. Some couple had a child, it sometime was provoked by providers to have another one.

“I don’t want a child, I wanted tubal ligation; I asked my husband, he agreed” W38.

“My counselor convey me to have another baby as I have only one girl, I want a boy, however I have delivered a girl again so I decided to stop pregnant again, I am exhausted”, W15. “I used to take contraceptive when I work in Karaoke because I wanted unplanned pregnancy; I also asked my clients for using condoms... but when I drunk I forgot using condom”, W23.

Women’s Awareness of Contraceptive

Contraceptive was well-known by some HIV-positive women. Some women could explain the advantage and disadvantage of each contraceptive method with is consistently with the national protocol. However, some women were unclear when it should be used if the menstruation is absence and sometime women concerned about the possibility of dual side effects of contraceptive and ARVs.

“contraceptives that I aware of are pills, injectable, IUD, Norplant, condom...if we want to use it we need to see the doctor once we are having menstruation period; however, after delivery if there would not have menstruation period coming up I have no idea about when should contraceptive be started”, W1, “The best way to prevent unwanted pregnancy is to use condom and contraceptive”, W11.

“I learned it [contraceptive] has problem [side effects] I fear of using it because I got difficult [bad feeling] by ARVs; I concern that contraceptive can put burden on me. The problems [of using contraceptive] I am aware that the contraceptives can cause weight lost, hemorrhage, irregular menstruation period, so I have never used since I live with my husband”, W13.

The Utilization of Family Planning among HIV-positive Women

Some women reported that they have never used contraceptive while other women use inconsistently. Some rumors about side effects of contraceptive took women far away from its use. Some women got support from husbands if they could explain well.

“I learned that contraceptive has strong side effect; it occurs on working hard, I just bought one pack I feel discomfort; I discontinue...I got dilemma side effect of ARVs and pill...my neighbor used to take pill, she became skinny, hemorrhage, irregular menstruation period... since then I have never thought of using contraceptive again”, W13.

“My husband follows my decision; I told him that we will have another child in the next 6 years; he agreed and asked me to get contraceptive; I planned to use IDU when I brought my boy for vaccination”, W14.

”I told my husband that I am worried of having unwanted child...so I want to use contraceptive and I will do it when my menstruation period is coming... my husband concur with me”, W23.

The Utilization of Condoms among HIV-positive Women

Condom was indorsed from the national AIDS and MCH program to be used as a dual protection method to prevent HIV transmission and unwanted pregnancy. However, there was a limited use among HIV-positive women. Some cases were due to the rejection of husbands. Some women found difficult to convince their husband for condom use which some women were skillful in getting husband agreed with.

“Among 10 sexual acts, I used condom only 5 time”, W33. “We never use condom; when I put [condom] on, he took [condom] off” W13;

“He [my husband] dislikes using condom...provider told me it prevents [HIV transmission]...I always told him [my husband] but he rejected because he strongly perceived that he never infected. He had three time tested for [HIV], the results stayed negative. He said he would use condom if he get transmitted... I have no ideas because of his ignorance; he said he dislikes and feel uncomfortable...I did not have idea...I would be upset if he got infection and who will look after my children”, W18.

“I do not want to infect my husband, but we rarely use condoms, among 10 times we do once; my husband said if I infected him, it would has happened since we have first child; for me either use [condom] or not I am OK with it because my husband doesn’t drink alcohol. At ART clinic; however, how could I do if my husband still doesn’t want to use it [condom]”, W9.

“I have never used condom with my husband because we are HIV-positive why do we need to prevent infection. We dislike using condom. My husband said if we use condom, we discriminate each other”, W26.

“My husband said husband and wife love each other, should not use condom; if still convince, should be separated...if wife infected, husband bears to get infection. I give him condoms, my husband flow out all [condoms]”, W35.

“Providers have never taught me [how to use condom] rather than just told me to use condom. I don’t know how to use [condom]; I was told to just give those condoms to my husband in which she was assume my husband does know how”, W21.

Some women were confident to convince their husband for using condom.

“No condom no sex, I have done it since I become pregnant...to prevent unwanted pregnancy, we have to use condom, so I force my husband to use it, I don’t believe in contraceptive...I am concern that contraceptive could not help me to do my job [do house work]”, W6.

Women’s Experiences of Abortion

Induced abortion occurred frequently among HIV-positive PW in the reproductive age due to some reasons such as poverty, anger with husbands, lack of awareness and job security. Some women reported of unwanted pregnancy. Of them, seven women had induced abortion and other had miscarriage. Some situations, the women were forced to induce their fetus if she wanted to continue her work.

“I did induce abortion when I was with my first husband, when my gestation turned to four months and 10 days soon after I left antenatal clinic. My second induced abortion was when I live with my second husband and when my gestation reached three months and 10 days due to the insufficient money that I could not raise those children. On my first induced abortion, I had never told about safe abortion. Luckily my first abortion was safe. For my second abortion, I hesitated to save my unborn child, I planned to seek advice from provider; however, as I got agree with my husband, I did induced abortion prior to see provider”, W19.

“Every end of each month, the team leader perform pregnancy test. If the test was reactive, that girl must do induced abortion otherwise she must be terminated in this Karaoke”, W23.

“I did induced abortion two times at Marie Stopped and at RHAC. I used IUD for a year, I felt hot; my weight lost to 40 kilogram I took the IUD off. Two years later I got pregnant”, W33.

Providers' Perception on Women's Intended Pregnancy

When HIV-positive women visit clinics, all providers commonly assess the pregnancy status. Some women have discussed with providers prior to her decision. Providers provided education based on the situation if women have never had a child and wish for a child and if women wish for additional child.

“If she wants a baby, I asked her the number of children she currently has, if she already had 2 to 3 children I told her that she should not plan for it [become pregnancy]. I council her weight between their current living situation with raising their children and the risks of transfer infection [HIV] to their children if their viral loads are one the rise, over 1000 copies per ml blood”, ART1.

“If she has never been pregnant or her child was death recently, we told her to use condom until her general health became stronger, otherwise, they should wait until 3 or 5 years and they must take medicine regularly, correctly and consistency”, ART3.

“If she wants a baby, I ask her for her current husband's HIV status. If her husband is negative encourage her to use intro uterus action and tell her that her viral load must be undetectable. If her husband is HIV-positive, ask him to come and consult in details”, ART9.

Some women already have several children but they want more children. Most of these cases, women did not disclose her intentional plan to providers until the provider recognized her womb grown up.

“Some women perceived that their living condition could be possible to have another child, so they did not consult with us until her womb grown up. She might not think about the transmission risk to her baby instead of learning from other patients that they could give birth to their babies with free of AIDS. In some cases, women did not disclose their status to their husbands, so most of those women did not bring their babies for further requirement service”, ART3.

“For those who plan to have a baby, I told her to check viral load (VL) test at one or two month prior to have a conception in order to assess the level of transmission to her planned baby. If the VL test result is undetectable, that is her opportunity to get a baby because the transmission rate is low. However if her VL [test result] rate is high, she should be counseled to improve her adherence and wait until her VL [test result] became undetectable”, ART3.

“If a woman wants a baby and come to consult with us is best; we need to review her treatment background to see the opportunity she could be best to have a baby in addition to assess her living condition with the current husband if there is not official/current husband she should also not decide to have a baby either”, ART6.

Among hidden women on pregnancy intention, some women tried to please their husbands.

“Some women were forced or convinced by husbands, some women who have better understanding and high knowledge could bring our messages to convince husband but some could not”, ART8.

Providers' Perception on Women' Unwanted Pregnancy

Some women unwanted pregnancy, however, they became pregnant due to the ignorance of husband on condom use and carelessness to their treatment process.

“In General more than 80% of women listen to us but some husbands did not use a condom, so women got pregnant. Most women understand that condom could be used to prevent unwanted pregnant and prevent the transmission of medicine resistant. From my observation, there is a small percentage of women who hate using condom and they became pregnant unintentionally. If women still convince husbands then argument has happened, most women don’t want conflict in the family she follows husband though she has exposed to risk and to her health”, ART3.

“Our team do not want women to have unplanned children; if women want a baby they could come to see us and discuss; however, we have tried all the times to give and repeat messages; sometime they came to discuss after they got pregnant”, ART6

“I thought the ART counselors and clinicians explained the patients thoroughly but they might not pay attention to the benefits of using condom that lead her becoming pregnant”, MAT7.

Providers’ Perception on the Women’s Utilization of Family Planning

Some providers reported the experiences the women were aware of and had used condoms. Some women raise the side effects of contraceptive they were aware of.

“Every HIV-infected woman visited clinic is told repeatedly that condom is best to prevent unwanted pregnancy and prevent HIV transmission to her husband. If using incorrectly, the transmission is occurred, IUD, pill, injectable could not prevent transmission only condom could do”, ANC2.

“Some women feel scared learning about side effects of contraceptive such as hemorrhage, irregular menstruation period, cause cancers that lead them to avoid using contraceptive”, ART1

“We are keen to counsel patients and gave them condoms but I am doubt they are going to use them; when asked they said they use, we tell them that there are contraceptive available in ART clinic such as condom, pill and injectable”, ART8

Discussion

In 2018, the proportion of HIV-positive women who were already known HIV status prior to become pregnant was high, 68.5% (413/603) compare to the women who were newly identified HIV-positive in the current report (PMTCT/LR 2018). This indicates the frequency of having intentional or unintentional children among those women who already knew their HIV-positive status before having conception.

There were concur between women and providers on the reason that the increase number of children among HIV-positive women was to please their husbands, carelessness and do not use or use less condom and contraceptive. These findings were similar to what found by Biseck et al. (2015). The majority of women were reported that they unwanted pregnancy but some of them got failure to convince their husband for using contraceptive and condoms. Condom was a preferable use for unwanted pregnancy but it was lower use than Akelo et al. (2013). Some women were unaware of using condom and some women concerns about dual side effects of ARVs and contraceptive. Some women had never used contraceptive since they leant about the sides effects. The ART, ANC service should assess their awareness when women visited clinic at any visit.

Some women tried to hide their pregnancy status to providers as they expected they would get blame; contrast, providers wanted women to discuss and seek their comments prior to have a conception. Abortion was occur frequency due to the poverty, lack of prevention awareness, women's bad feeling and job insecurity. The complication of abortion should be addressed and safe abortion service should be emphasized for HIV-positive women.

Providers assessed the pregnancy status to women who already knew their HIV status prior to current pregnancy, however, as the appointment took times. Women showed up at clinic while their womb had grown up. Most of these women did not bring their HIV-exposed infants for further services. Providers stressed on dual protection and asked women to weight between advantage and disadvantage of having unintended pregnancy. The message of having a healthy and free of AIDS's baby should be repeated explain women. Counseling should approach both women and their husbands.

Conclusions

This paper shows the gaps in knowledge of using condom and contraceptive. Some women who were aware of the benefits of contraceptive and condom, they hesitate to use them due to the discordant thought between wife and husbands. Integration of FP service at ART is not enough but monitor the system could have women to access the services they need. Empower women to be aware of the way to talk to husbands and encourage them seek advice.

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Intended Pregnancy Among HIV-positive Women In Cambodia:
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Ms. Soch Kunthea

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Outline

- Background
- Rational
- Methods
- Results
- Discussion
- Conclusion



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Background

- Cambodia eMTCT of HIV-syphilis roadmap was set by 2025
- The positivity rate among HEIs was 6.2% and among Breastfed HEIs 13% (eMTCT roadmap, 2018)
- Dual-protection was strongly recommended for HIV+ women (PMTCT guideline 2016)
- Contraceptive is integrated at HCs, RHs, ART clinic

Rational

Globally

- Among HIV-PW+, most were unintentional (King et al. 2011).
- Unmet need for FP was high, 66.9% not wanting a child but only 20%-43% using contraceptive (Sarnquist et al. 2013).
- Condom was the most commonly used, 31% (Elul et al. 2009).
- Most women wanted using FP, but half discussed with their spouse/partners

Cambodia,

- Married women: 56% used FP, pill 18%, injectable 9%, IUD 4%
- 12% of unmet need for FP
- HIV-women+: condom use 64%, injectable 16.7%, dual-contraceptive 2.4% (PMTCT 2016)

Study Purpose

This study was conducted to assess **perception** of HIV-positive women and providers regarding the reasons of want more children and low use of family planning.

Methods

- Study Design: qualitative (IDI, 38 HIV-infected PWs, 9 providers)
- Places:
 - ROKA, Sampov Loun, BTB
 - Social Health Clinic (SHC), Phnom Penh
 - Siem Reap RH
- Data collection and analysis:
 - Two set of question guides: for women, for providers
 - Content analysis using NVivo 10
- Ethic: Approval from NECHR

RESULTS

Characteristics of HIV-infected PW and Providers in In-depth Interview

	Women		Providers	
	N=38	%	N=9	%
Provinces				
Battambang	13	34.2	4	44.5
Siem Reap	16	42.1	3	33.3
Phnom Penh	9	23.7	2	22.2
Age group				
25 or below	5	13.2	0	0
26 to 35	17	44.7	0	0
36 and above	16	42.1	9	0
Occupation				
Housewife	13	34.2	0	0
Workers	11	29	0	0
Sellers	5	13.2	0	0
Farmer	4	10.6	0	0
Entertainment worker	2	5.3	0	0
Others	3	2.6	0	0
ANC counselor/clinicians	0	0	3	33.3
ART counselor/clinicians	0	0	6	66.7
Education				
none	13	34.2	0	0
grade 1-6	15	39.5	0	0
grade 7-9	7	18.4	0	0
grade 10-12	3	7.9	0	0
Medical Doctor	0	0	4	44.5
Medical Assistant	0	0	1	11.1
Midwife	0	0	2	22.2
Nurse	0	0	2	22.2

PERCEPTION ON INTENDED PREGNANCY

Some women got pregnant due to the pressure from husbands. Some women fear to disclosure to providers

HIV-infected Women



"My last child was on my intention; I disclose to none of providers because if was fear to get blame...luckily, when I reached 4 months gestation I visited clinic I was supported.", W33

"My husband wants a baby girl ... I talked to him softly that we are poor [no house, no money], how can we raise our child. Finally he accepted my thought", W13

Providers

"If a woman wants a baby and come to consult with us is best; we review her treatment background to see the opportunity she could be best to have a baby,... and weight between having a baby and living condition [economic and husband situation]", ART6.

"Some women perceived their living condition could be possible to have another child, so they did not consult with us until her womb grown up", ART3

"Some women were forced or convinced by husbands, if women understand our messages, they could convince their husbands", ART8.

PERCEPTION ON UNWANTED PREGNANCY

Some women expressed unwanted pregnancy. Some women shared experiences of contraceptive utilization. Some women got conception because of they were convinced.

HIV-infected Women

"I was convinced for another baby, I want a boy, but I got a girl again, so I stop having baby forever, I am exhausted", W15.

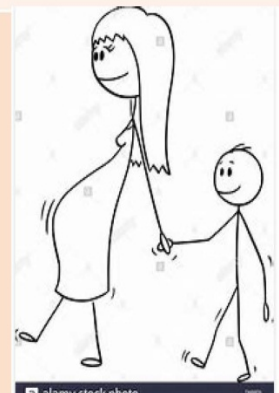
"I used to take contraceptive when I work in Karaoke. I also asked my clients for using condoms... but when I drunk I forgot using condom", W23.

"Of 5 times, no condom use, I have a conception", W2

Providers


"We do not want women to have unplanned children; if women intended for a child, we are happy to counsel; we give the repeated messages; some women see us while they're already conceived", ART6

"In general, I prescribe medicine and condoms, my counselors explain the use of them", ART3.



AWARENESS OF CONTRACEPTIVE

Contraceptive was well-known by some HIV-positive women. Some women could explain the advantage and disadvantages of each contraceptive method with was consistent with national policy. However, one third of women were unclear when it use if the period is absence.

HIV-infected Women	Providers
<p><i>“Contraceptives that I aware of are pills, injectable, IUD, Norplant, condom...if want to use it we need to see provider when we have menstruation period”, W11.</i></p> <p><i>”I plan to use contraceptive when my menstruation period is coming... my husband concur with me”, W23.</i></p>	<p><i>“Each HIV-infected woman visited clinic is told repeatedly that condom is best to prevent unwanted pregnancy and HIV transmission. If using incorrectly, the transmission is occurred, IUD, pill, injectable could not prevent transmission, condom could do”, ANC2</i></p> 
<p><i>“I feel discomfort while I take a pack-pill; I discontinue...I got dilemma side effect of ARVs and pill as I noticed on my neighbor who has similar issue continue to lost weight”, W13.</i></p>	<p><i>“Some women feel scared learning about side effects of contraceptive such as hemorrhage, irregular menstruation period, cause cancers that lead them to avoid using contraceptive”, ART1</i></p>

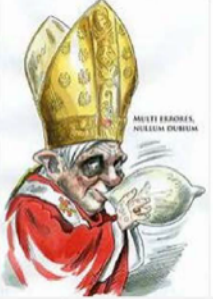
THE UTILIZATION OF FAMILY PLANNING AMONG HIV-POSITIVE WOMEN

There was a limited use of dual-protection among HIV-positive women. The lack of experiences using family planning, lack of support from husbands and lack of closely monitor from providers.

Contraceptive	Condoms
<p><i>“I took pill for 5 years, but I have never used a condom, we have never thought about using a condom... when we learned about dual-protection, my husband had already infected. I was so sad”, W22</i></p>	<p><i>“He [my husband] hates condoms... he does not believe in transmission because of he tested for HIV and stayed negative. He said he would use condom if he get transmitted... I have no ideas because of his ignorance”, W18</i></p>
<p><i>“No condom no sex, I have done it since I has my first child. To prevent unwanted child, use condom, so I forced my husband to use it, I don’t believe in contraceptive...I concern that contraceptive could not help me to do my job well [house work]”, W6</i></p>	<p><i>“We have never used condom because we are HIV-positive why do we need to prevent infection. We hate using condom. My husband said if we use condom, we discriminate each other”, W26.</i></p>
<p><i>I used IUD for a year, I felt hot; my weight lost to 40 kilogram I took the IUD off. Two years later I got pregnant”, W33</i></p>	<p><i>“Providers have never taught me [how to use condom] rather than just told me to use condom. I don’t know how to use [condom]; I was told to just give those condoms to my husband in which she was assume my husband does know how”, W21</i></p>

THE UTILIZATION OF CONDOMS AMONG HIV-POSITIVE WOMEN

Condom was low use among HIV-positive women (about half) due to the ignorance of husbands, lack of knowledge and skill to convince husbands.

HIV-infected Women	Providers
<p>"Among 10 sexual acts, I used condom only 1 time, my husband said if I infected him, it would have happened since we have first child; for me either use [condom] or not I am OK with it because my husband doesn't drink alcohol.", W9</p>	<p>"Women got pregnant if husbands did not use a condom. Most women understand that condom could be used to prevent unwanted pregnancy and transmitted drug resistance. If women still convince husbands then argument has happened, most women avoid conflict, she follows husband and bears to expose to risks", ART3</p>
 <p>"We never use condom; when I put on, he took off" W13; "I give him condoms, he flows out all [condoms]", W35.</p>	<p>"I think, ART counselors and clinicians explain to patients indeed [condom use] but they might not pay attention to it that failed them to get pregnant", MAT7.</p>

WOMEN'S EXPERIENCES OF ABORTION

Abortions have happened frequently among HIV-infected women due to the unplanned FP, poverty, anger with husbands, job security and lack of safe abortion awareness. Some situations, the women were forced to induce their fetus if she wanted to continue her work. One woman reported having 7 induced abortions.

HIV-infected Women

"I had induced abortion seven times", W37

"Due to the lack of money, I induced my unborn child when my gestation was 4-months and 10 days soon after I left ANC clinic [living with first husband]. My second induced abortion when my gestation was 3-months and 10 days [living with my second husband]. At the first abortion, I had never been explained about safe abortion. Luckily my first abortion was safe. For my second abortion, I got acceptance from husband, I did induced abortion prior to see provider", W19.



"At the end of each month, the team lead performs pregnancy tests on the girls. If the test was reactive, that girl must do induced abortion otherwise she must be terminated in this Karaoke", W23.

DISCUSSION

- Intentional and unwanted pregnancy were found, as such 68.5% of HIV-PW+ reported 2018 were among women who knew HIV-status prior to have conception.
- The conceptions increased were to please their husbands, low utilization of dual protection.
- Due to the lack of knowledge, some women had never used contraceptive worrying of sides effects.
- Women hide their pregnancy status to providers due to the fear of getting blame; contrast, providers wanted women to discuss and seek their comments prior to have a conception.
- Abortion was occur frequency due to the poverty, lack of prevention awareness, women's bad feeling and job insecurity.
- Due to the lack of staff/counselors, women brought messages incorrectly, and still do not have better way to convince husbands for dual-protection.

Conclusion

- This study shows the gaps in knowledge of using condom and contraceptive.
- Though women were aware of dual-protection, the low utilization were impacted of husbands.
- Integration of FP service at ART is not enough but monitor the system could have women to access the services they need.
- Empower women to be aware of the way to talk to husbands and encourage them seek advice.

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