



Bucking social norms: Examining anomalous fertility aspirations in the face of HIV in Lusaka, Zambia



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ABSTRACT

In settings of high fertility and high HIV prevalence, individuals are making fertility decisions while simultaneously trying to avoid or manage HIV. We sought to increase our understanding of how individuals dually manage HIV risk while attempting to achieve their fertility goals as part of the project entitled HIV Status and Achieving Fertility Desires conducted in Zambia in 2011. Using multivariate regression to predict fertility patterns based on socio-demographic characteristics for respondents from facility-based and community-based surveys, we employed Anomalous Case Analysis (ACA) whereby in-depth interview respondents were selected from the groups of outliers amongst the survey respondents who reported lower or higher fertility preferences than predicted as well as those who adhered to predicted patterns, and lived in Lusaka ($n = 45$). All of the facility-based respondents were HIV-positive. We utilize the Theory of Conjunctural Action (TCA) to categorize domains of influence on individuals' preferences and behavior. Both community-based and facility-based right-tail respondents (outliers whose fertility intentions indicated that they wanted a/nother child when we predicted that they did not) expressed comparatively less control over their fertility and gave more weight to pressures from others to continue childbearing. Partner communication about fertility desires was greater among left-tail respondents (outliers whose fertility intentions indicated that they did not want a/nother child when we predicted that they did). HIV-positive right-tail respondents were more likely to see anti-retroviral therapies (ARTs) which prevent mother to child transmission of HIV as highly effective, mitigating inhibitions to further childbearing. Drug interactions between ARTs and contraceptives were identified as a limitation to HIV-positive individuals' contraceptive options on both sides of the distribution. Factors that should be taken into account in the future to understand fertility behavior in high HIV-prevalent settings include couples' communication around fertility and perception of the efficacy of ARTs.

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1. Background

The effect of HIV on fertility behavior as well as pregnancy preferences complicates reproductive decision-making, negotiation and behavior (Trinitapoli and Yeatman, 2011). Previous individual-based research from sub-Saharan Africa examining HIV status and fertility preferences has generally found HIV to have a depressing effect on fertility desires (Johnson et al., 2009; Kaida

et al., 2011). Qualitative work by Baylies in Zambia with respondents in households where long-term AIDS illness had been reported, found that not all of her respondents made a connection between AIDS and the number of children they wished to have (2000). Baylies identified some fertility preferences as “priority being placed on norms of masculinity, or on pleasure over risk” (p. 81), while for others, the connection between AIDS and fertility choices “remained an abstraction,” and some voiced a sense of

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fatalism (p. 83). The fear of orphaning children depressed some respondents' fertility desires. Yet despite stated preferences, lack of access to and use of family planning as well as poor couple communication and lack of trust stymied actualization of her respondents' fertility desires.

Social attitudes have been shown to stigmatize continued childbearing of individuals living with HIV/AIDS (PLWHA) (London et al., 2008). Using the same quantitative data as used in this analysis, Kavanaugh et al. (2013) found that when comparing stigmatizing attitudes towards childbearing among PLWHA in Zambia and Nigeria, Zambian respondents held more stigmatizing attitudes towards HIV-positive women continuing childbearing with men holding more stigmatizing attitudes than women. Therefore, while individuals seek to construct their families as they envision them, social attitudes may exhibit a preference for fertility limitation.

In 2007, Zambia had a total fertility rate of 6.2 (Central Statistical Office, Ministry of Health, Tropical Diseases Research Centre, University of Zambia, & Macro International Inc., 2009). Its HIV prevalence rate is 14.3% (Zambia National HIV/AIDS/STD/TB Council, 2012), and in Lusaka, the capital, it is even greater, at 21% (Central Statistical Office et al., 2009). As of 2009, only 22.8% of Zambians had taken an HIV test and received the results (Zambia National HIV/AIDS/STD/TB Council, 2012). In such epidemiological contexts, many individuals expose themselves or their partners to the risk of contracting (or transmitting) HIV in the process of attempting to conceive (Kaida et al., 2011).

Using the 2007 ZDHS, Bankole and colleagues found that individuals who are HIV-positive and who likely know their HIV status are half as likely to want more children than individuals who are HIV-negative and probably know their status (Bankole et al., 2011). Over 90% of HIV-positive patients aged 15+ years are accessing ARTs (Zambia National HIV/AIDS/STD/TB Council, 2012), but this is only among the less than a quarter of the population who have taken an HIV test and received their test results. Nationally, contraceptive prevalence, including traditional and modern methods, is 40% among married women, leaving an unmet demand for contraception of 14% in this population. Yet contraceptive use among HIV-positive individuals is somewhat higher. Compared to individuals who do not know their status, HIV-positive individuals have lower unmet need, are more likely to be using contraception, and are significantly more likely to have used a condom at last sex (Bankole et al., 2011).

Examining fertility preferences and enactment of those preferences in a context of high HIV demands a framework which is capable of ordering the many complex and competing influences relevant to this domain. Johnson-Hanks et al. (2011) Theory of Conjunctural Action (TCA) draws on multiple disciplines to provide insights into the myriad social drivers of demographic behavior, which is apt for a study of fertility decision-making taking place in conjunction with HIV management or avoidance. This domain of fertility and HIV is a site of "culturally dense" messages which can contradict one another as individuals sort out how to form their families (Johnson-Hanks et al., 2011). For example, childbearing norms have been found to contend with public health messages about reproduction post-HIV diagnosis (Agadjanian and Hayford, 2011). The relevance of various messages is individually-specific, dependent upon which governing rules of behaviors and actions individuals perceive are most relevant to themselves and how these rules relate to others. These rules are called *schemas* in the TCA. Tangible or intangible *materials* which are the embodiment of *schemas* together form *structures* which represent the recurrent patternings of social life (Johnson-Hanks et al., 2011).

Decision-making and behavior on contested domains takes place at what Johnson-Hanks et al. (2011) describe as sites of

conjunctures which can either be temporary or enduring where *structures* meet and an action occurs. Within this framework, a *construal* is the response to or resolution of a *conjuncture*. *Construals* are the actions which embody *schemas*, or, one could say, where *schemas* meet. This framework offers a way of identifying competing cultural demands, individual experiences, and actions that are a product of fertility desires as well as HIV infection or risk. See Fig. 1 for a visual representation of this framework.

Using data from Balaka, Malawi, Trinitapoli, Yeatman, and Furnas (2013) found malleability of fertility preferences in response to HIV using the Coombs Scale to identify underlying family size preferences in southern Malawi (see Trinitapoli et al. (2013) for greater detail on employing the Coombs Scale). Their application revealed that some individuals have fixed fertility preferences while others change their preferences (quantum and tempo effects) in response to the disease. Of all the social and economic conditions they tested, only the HIV-related factors had an effect on fertility preferences. Using the TCA, the authors demonstrate that these discrete typologies which capture the conjuncture of HIV and fertility point to individual reactions to structural inputs.

What are the relevant schemas that individuals are prioritizing to reach fertility decisions when HIV (or the risk of HIV) is present in Lusaka, Zambia? To increase our knowledge about fertility decision-making within the context of high HIV prevalence, and to further our understanding of the wide variation in fertility behaviors in response to HIV, we carried out a mixed methods study with women and men of reproductive age in Zambia. Following Pearce's (2002) Anomalous Case Analysis (ACA) methodology, we investigated issues associated with departure from predicted fertility desires among a sub-set of respondents in community-based and facility-based surveys that covered fertility and HIV. To select the sample for this component, we conducted separate multivariate logistic regressions on the data from the community and facility surveys, holding constant demographic predictors of fertility behavior, in order to identify individuals with anomalous fertility preferences (i.e. those whose fertility preferences were not consistent with predicted fertility preferences). We then carried out follow-up in-depth interviews with these cases as well as controls (i.e. those whose preferences matched the predicted) to better understand which schemas respondents felt were most relevant to their behavior. The complexity of interactions between HIV and fertility demanded the engagement of a theory (TCA) that could accommodate the coexistence of contradictory and competing schemas. Applying TCA to anomalous cases allows for an exploration of the differential use of various schemas which individuals are referencing when making fertility decisions in a high HIV context. Going beyond what the survey data alone could provide, the in-depth interviews carried out with anomalous cases explore reasons for respondents' expressed fertility preferences, respondents' decision-making about having children including the role of other influences (partner, family, and community), and respondents' implementation of those preferences through contraceptive use or nonuse. By investigating through narrative inquiry anomalous fertility-related preferences and behavior among both PLWHA and individuals of unknown HIV status in this high HIV context, we hope to elucidate the individuality of the interpretation of schemas specific to fertility preferences when HIV is present.

2. Methods

2.1. Anomalous Case Analysis

While survey research provides the power to identify patterns across large groups, qualitative methods are better at revealing new information and the richness of complex dynamics. Anomalous

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