

Exploring the relationship between induced abortion and HIV infection in Brazil

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Abstract: *The impact of HIV on the decision to interrupt pregnancy remains an understudied topic in Brazil and the world. The technical means to implement HIV prevention and treatment interventions are widely available in Brazil. Although Brazil has restrictive abortion laws, induced abortion occurs frequently. This qualitative study investigates the extent to which Brazilian women are motivated to seek abortion as a consequence of having HIV disease, and the extent to which the decision is part of a larger reproductive decision-making context. Researchers interviewed 30 women who were living with HIV and had terminated pregnancies or attempted to do so. Many women identified their HIV status as an important aspect of their decision-making regarding abortion. Women also took into account issues such as the stage of life when the pregnancy occurred and the absence of support from partners and families. Contraceptive practices, pregnancy and abortion in this population are influenced by multiple factors that act on the structural, social, interpersonal and individual levels. We hypothesize that HIV infection and abortion are sometimes associated with similar contexts of vulnerability. Health services therefore should address HIV and reproductive issues together, with reproductive and sexual rights serving as the fundamental basis of health care. © 2012 Reproductive Health Matters*

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In many countries, young women of reproductive age have been especially affected by the HIV epidemic. The resulting sexual and reproductive health issues and challenges have compelled activists to mobilize and demand that governments and international organizations take action.¹ The advent of antiretroviral therapy has turned HIV into a chronic disease in settings with reliable access to treatment, and has offered the possibility of longer and healthier lives for women living with HIV (WLHIV). At the same time, the success of the most effective prophylactic antiretroviral regimens for prevention of mother-to-child transmission (PMTCT) has changed the context within which women decide whether or not to have children.² Advances in HIV treatment and prevention technologies have thus expanded the realm of options for HIV-positive people, and

in so doing, they have forced both the global community and local communities, in Brazil and elsewhere, to think in new ways about sexual and reproductive rights. Stepping up to this challenge means recognizing that all women – regardless of their HIV status – have the right to enjoy a sex life, if that is what they desire; to choose if, when, with whom, and how they'll have children; and to exercise these choices safely and with minimal risk to their health.³

Research on the pregnancy intentions of WLHIV has identified numerous factors influencing their desires and decision-making, such as their health status; the cultural significance of motherhood; the availability of PMTCT programs; and the influence of partners, family and health care workers.⁴ At the same time, the ability of all women to achieve

their childbearing intentions may be hindered by factors such as a lack of control over their own sex lives; precarious access to family planning methods; a lack of information about how to prevent pregnancy; gender norms that identify contraception as the woman's responsibility; insufficient partner cooperation; and a lack of access to safe abortion.^{5,6}

When women are diagnosed with HIV, two dimensions of their sex lives often take on tremendous importance: preventing undesired pregnancies, and preventing the transmission of HIV to sexual partners and offspring. But contraception and HIV prevention do not necessarily overlap. The relationship between the two is quite complex; they possess distinct symbolic and cultural meanings that vary in accordance with women's agency in specific contexts.⁷

Published data have documented high rates of unintended pregnancy among HIV-positive women,^{8,9} suggesting that practicing family planning may be especially difficult for this population. In many countries, a limited range of contraceptive options is available, especially for WLHIV.⁶ In Brazil, obstacles to preventing unwanted pregnancies among WLHIV include a lack of family planning services tailored to their needs and limited access to contraceptive methods other than male condoms.⁷

When facing an unwanted or unplanned pregnancy, some women, including WLHIV, may decide to terminate it. Some of the few studies addressing women's decisions and experiences in this regard indicate that there may be higher rates of induced abortion among WLHIV than in the overall female population.^{9–12} Other studies indicate that having HIV may not alter the reproductive intentions of WLHIV, suggesting a major role for socioeconomic and cultural factors in decision-making.^{13–16} The following paper seeks to shed light on this issue by presenting a qualitative study on the views and experiences of Brazilian WLHIV who sought to terminate pregnancies. The qualitative study builds on quantitative research by members of the same study group, addressing issues raised by our earlier comparison of WLHIV and women not living with HIV (WNLHIV)* in relation to induced abortion.

*We use the acronym WNLHIV to refer to all women who do not know their serological status, or who tested HIV-negative at some point in their lives.

HIV and women in Brazil

In Brazil, women represented approximately 35% of the 597,000 reported AIDS cases in 2010. Anti-retroviral therapy is widely available and new cases of AIDS are decreasing rapidly among children under one year old as a result of PMTCT.¹⁷ The majority of WLHIV have low levels of education and income.¹⁷ The majority are housewives or are employed in less qualified jobs.¹⁸ In addition, studies have found that women's vulnerability to HIV is directly associated with gender inequality, which reduces their ability to negotiate condom use with partners.^{19,20}

Abortion in Brazil

Brazil's highly restrictive laws regarding induced abortion allow for it in only two situations: in the case of rape, or to save the woman's life. Having HIV does not exempt a woman from these laws. Despite the legal context, induced abortion occurs frequently. The National Abortion Study estimated that one in five Brazilian women under age 40 had had at least one abortion in her lifetime.²¹ A comprehensive literature review conducted by the Ministry of Health in 2009 found that abortion in Brazil occurs predominantly among women who are between 20 and 29 years old; have eight years of schooling or less; are workers; and are not married.²² A similar profile was found in a literature review conducted by Menezes and Aquino in 2009.²³ In both studies, the most commonly cited method for inducing abortion was misoprostol, which is accessed through the "black market" in Brazil as its sale has been prohibited in pharmacies since 1998. In these articles, which focused on the general population, reasons for choosing abortion included the desire to delay maternity, a lack of financial resources to raise a child and concerns about relationship stability. These motives correlate with the findings of a review of international studies on the topic; the authors of that paper conclude that women's principal motives for abortion relate to concerns about being able to guarantee a good quality of life to their offspring.²⁴

The comparative Brazilian abortion study: how it led to the current study

In 2003, members of this study group initiated the first Brazilian study to compare characteristics of WLHIV and WNLHIV with regard to several aspects of their health, including induced abortion. We

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