

ORIGINAL RESEARCH

Should They Also Have Babies? Community Attitudes Toward Sexual and Reproductive Rights of People Living With HIV/AIDS in Nigeria

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Abstract

BACKGROUND People living with HIV have the right to healthy, satisfying sex lives and to appropriate services to ensure their sexual and reproductive health, including having healthy children. The reproductive rights of people living with HIV/AIDS are, however, often met with skepticism and discrimination, despite recent advances in HIV treatment.

OBJECTIVE To assess the attitudes of community members in Kano, Nigeria, toward the right of persons living with HIV/AIDS to have healthy sexual relationships and bear children.

METHODS A cross-section of 399 adults was interviewed using pretested structured questionnaires. Logistic regression analysis was used to obtain adjusted estimates for predictors of agreement with the rights of persons with HIV/AIDS to bear children.

FINDINGS A substantial proportion of respondents (28.6%) strongly agreed and agreed (10.5%) that persons with HIV/AIDS should not be allowed to marry. More than a fifth of the respondents disagreed (16.0%) and strongly disagreed (8.0%) with the rights of HIV-infected persons to bear children. Agreement with the statement "HIV-infected persons should have biological children" was independently associated with higher educational status (adjusted odds ratio: 2.26, 95% confidence interval: 1.82-6.73) and awareness of prevention of mother-to-child HIV transmission effectiveness (adjusted odds ratio: 2.53, 95% confidence interval: 1.92-5.37). Of those who agreed that HIV-infected persons should have children ($n = 253$), 17.8% and 26.1% strongly agreed and agreed, respectively, that persons living with HIV/AIDS should be restricted to having fewer children. Further, 11.5% and 4.8% of respondents disagreed and strongly disagreed, respectively, that infertile HIV-infected couples should receive fertility treatment.

CONCLUSIONS People living with HIV/AIDS face discriminatory attitudes to their reproductive rights in northern Nigeria. There is a need for effective, culturally appropriate information, education, and communication approaches to improving community perceptions of sexual and reproductive rights of people living with HIV/AIDS.

KEY WORDS HIV/AIDS, Nigeria, sexual and reproductive rights, community attitudes, biological children

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INTRODUCTION

Before the advent of effective antiretroviral treatment, recommendations that HIV-infected women cease childbearing altogether were not unusual.¹ Some providers even offered abortion to pregnant HIV-positive women.² However, highly active antiretroviral therapy has transformed HIV infection from a lethal disease to a chronic manageable condition.³ This changed landscape has dramatically improved the quality of life of and renewed hope for people living with HIV/AIDS (PLWHA). However, in many developing countries health systems and community attitudes often still do not support the rights of PLWHA to enter into relationships, marry, and bear children.⁴ The Cairo Declaration and the Beijing Platform of Action recognize sexual and reproductive rights as essential human rights for PLWHA.⁵ These include the right to access information and services regarding sexuality and fertility, access to sexually transmitted infection treatment, and the right to choose to reproduce or not. The World Health Organization also requires that all persons respect the sexual and reproductive rights of others, including the right to equality and nondiscrimination, to marry and form families, to decide the number and spacing of one's children, and to access the highest standard of sexual and reproductive health care.⁶

Despite increasing recognition of these rights, PLWHA in parts of sub-Saharan Africa still face immense pressure from some members of the public, family, friends, and even health care providers to give up the idea of having children. The negative stigma associated with PLWHA exercising their reproductive rights stems from the perceived risk of infecting their partners and offspring or out of concern for the children's future given the possibility of parental death.⁷ The current perspective in northern Nigeria, however, remains unknown, although it has historically been a conservative region with high fertility preferences, low contraceptive prevalence, and high rates of polygamy.⁸ Using a cross-sectional survey, we assessed community members' level of knowledge about HIV/AIDS and their attitudes toward PLWHA's right to marry and procreate in Kano, northern Nigeria. Our findings could inform policies and services for affected couples in similar situations.

METHODS

Setting/Study Population. The study was conducted in Kano, the second largest city in Nigeria.

Kano is inhabited predominantly by the Muslim Hausa-Fulani ethnic group and has a population of about 9 million, based on the most recent census (2006).⁹ The study population comprised adult (18 years) residents of Gwale local government area (both sexes). Visitors and persons who declined consent were excluded from the study.

Design and Sampling. This was a descriptive cross-sectional survey. A minimum sample size of 367 was obtained using the hypothesis testing method,¹⁰ proportion of community members with positive attitude toward child bearing rights of HIV-positive couples reported in a previous study (39.3%), and desired precision of 5%.^{4,10} The calculated minimum sample size was increased by 10% to account for subject nonresponse, giving a final sample size of 404. A multistage sampling method was employed. In the first stage, 1 local government area was selected from the existing 8 areas of metropolitan Kano through a simple ballot. In the second stage, 5 wards were sampled from the 10 wards in the selected local government area, using the same method. The next step was the simple random selection of a settlement from each sampled ward followed by allocation of samples proportionate to size. Finally, a sampling frame was obtained in each settlement by mapping, house, and household enumeration.

Systematic sampling was used to select individual respondents. The sampling interval was obtained from the total number of houses and the sample size. To identify the first house to be studied, a random number table was used to pick a number between 1 and the sampling interval for each settlement. Subsequent houses were identified by adding the respective calculated sampling interval to the preceding respondent's house number in each settlement. In each sampled house, one household was selected using a 1-time ballot. All eligible adults in the selected household were approached to participate in the survey.

Data Collection. Informed consent was obtained from prospective respondents. The content of the consent form was translated into the local (Hausa) language. Literate respondents indicated acceptance by signing the consent form, while nonliterate participants used a thumbprint in the presence of a witness. Approval for the study was obtained from Aminu Kano Teaching Hospital Ethics Committee.

Theoretical Framework and Measurements. This study was based on the theory of attitude formation and change,¹¹ wherein a respondent's attitude is

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