

Trends and Determinants of Discussing Reproductive Goals with Healthcare Providers Among Women Living with HIV in Canada: Preliminary Findings

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BACKGROUND & OBJECTIVES

- Improvements in HIV treatment have contributed to higher pregnancy rates among women living with HIV.¹
- Women, however, describe having unmet needs for counselling on whether, when, and how to become pregnant after HIV diagnosis.^{2,3}
- High unintended pregnancy rates⁴ and a limited range of contraceptive methods used,⁵ suggest reproductive healthcare and counselling for women living with HIV could be improved.

Objectives: Among women living with HIV (WLHIV) in Canada, to measure the prevalence and trends of 1) discussing reproductive goals with a healthcare provider and 2) feeling comfortable doing so with one's current healthcare provider.

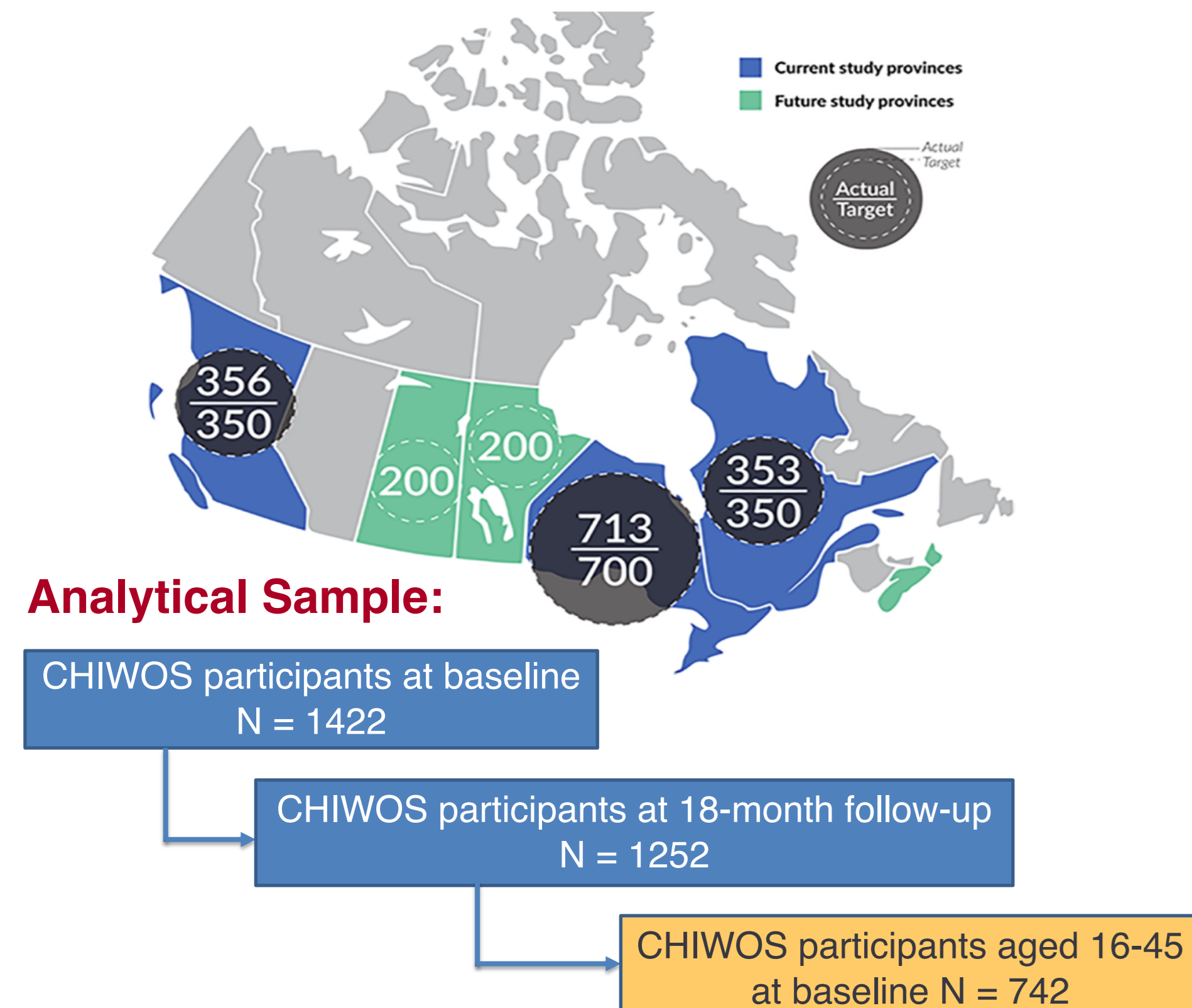
METHODS

Data was drawn from the **Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)** www.chiwos.ca

Following a community-based participatory approach, trained peer researchers (WLHIV) administered the questionnaires to women living with HIV in the provinces of **British Columbia, Ontario and Quebec**

Data collection:

- Baseline:** August 2013 to May 2015
- 1422 completed the questionnaire
- 18-month follow up:** June 2015 to January 2017
- 1252 completed the questionnaire (88% retention)



Primary outcome:

Having ever discussed reproductive goals was assessed based on responses to the question "Since being diagnosed with HIV, have you ever discussed your reproductive goals with a healthcare provider?" (Yes vs No)

Secondary outcomes:

- Comfort discussing reproductive goals with current healthcare provider at baseline (Yes vs No)
- Discussing reproductive goals with a healthcare provider between baseline and 18-month follow-up visits (Yes vs No)

PRELIMINARY FINDINGS

Table 1. Baseline characteristics by reporting ever discussing reproductive goals (n=742)

Variable	Total (n=742) n(%)	Discussed (n=295) n(%)	Have not discussed (n=447) n(%)	p value
Province of residence				
British Columbia	165 (22.2)	77 (26.1)	88 (19.7)	<0.001
Ontario	423 (57.1)	132 (44.8)	291 (65.1)	
Quebec	154 (20.8)	86 (29.2)	68 (15.2)	
Age at baseline (years)				
16-24	53 (7.1)	16 (5.4)	37 (8.3)	0.215
25-34	229 (30.9)	87 (29.5)	142 (31.8)	
35-45	460 (62.0)	192 (65.1)	268 (60.0)	
Racial and/or ethnic background				
Indigenous	188 (25.3)	32 (10.9)	156 (34.9)	<0.001
African, Caribbean, Black	243 (32.8)	148 (50.2)	95 (21.3)	
White	269 (36.3)	103 (34.9)	166 (37.1)	
Other	42 (5.7)	12 (4.1)	30 (6.7)	
Sex labelled at birth				
Male	33(4.5)	<2%	31 (6.9)	<0.001
Female	707 (95.3)	292 (99.0)	415 (92.8)	
Other	<2%	<2%	<2%	
Sexual orientation				
Heterosexual/ Straight	628 (84.6)	259 (87.8)	369 (82.6)	0.064
LGBTQ	110 (14.8)	36 (12.2)	74 (16.6)	
DK/PNTA	<2%	<2%	<2%	
Highest level of formal education				
Lower than high school	100 (13.5)	35 (11.9)	65 (14.5)	0.561
High school or higher	639 (86.1)	259 (87.8)	380 (85.0)	
DK/PNTA	<2%	<2%	<2%	
Household annual income (CAD)				
<\$20,000	452 (60.9)	143 (48.5)	309 (69.1)	<0.001
\$20,000-\$40,000	147 (19.8)	68 (23.1)	79 (17.7)	
>40,000	121 (16.3)	74 (25.1)	47 (10.5)	
DK/PNTA	22 (3.0)	10 (3.4)	12 (2.7)	
Current legal status in Canada				
Canadian Citizen	573 (77.2)	198 (67.1)	375 (83.9)	<0.001
Landed Immigrant/ Permanent Resident	102 (13.8)	60 (20.3)	42 (9.4)	
Refugee	46 (6.2)	25 (8.5)	21 (4.7)	
Other	19 (2.6)	11 (3.7)	<2%	
DK/PNTA	<2%	<2%	<2%	
Relationship status				
Married/Relationship/Common-law	279 (37.6)	142 (48.1)	137 (30.7)	<0.001
Single	384 (51.8)	120 (40.7)	264 (59.1)	
Separated/Divorced/Widowed	76 (10.2)	33 (11.2)	43 (9.6)	
Other	<2%	<2%	<2%	
Intention to become pregnant in future (n=610)				
Yes	169 (27.7)	118 (40.4)	51 (16.0)	<0.001
No	305 (50.0)	124 (42.5)	181 (56.9)	
DK/PNTA	136 (22.3)	50 (17.1)	86 (27.0)	
Number of children (n=707)				
0	278 (39.3)	83 (28.4)	195 (47.0)	<0.001
1 to 2	271 (38.3)	133 (45.6)	138 (33.3)	
3 to 4	125 (17.7)	60 (20.6)	65 (15.7)	
5 or more	33 (4.7)	16 (5.5)	17 (4.1)	
Experienced sexual violence as an adult (n=681)				
Yes	280 (40.5)	135 (49.3)	145 (34.7)	0.001
No	401 (58.0)	136 (49.6)	265 (63.4)	
Current ARV use				
Previously	42 (5.7)	12 (4.1)	30 (6.7)	<0.001
Currently	555 (74.8)	263 (89.2)	292 (65.3)	
Never	140 (18.9)	19 (6.4)	121 (27.1)	
DK/PNTA	<2%	<2%	<2%	
Most recent viral load results				
Undetectable (<50 copies/mL)	531 (71.6)	244 (82.7)	287 (64.2)	<0.001
Detectable (>50 copies/mL)	132 (17.8)	40 (13.6)	92 (20.6)	
I have never accessed HIV medical care	32 (4.3)	<2%	31 (6.9)	
DK/PNTA	47 (6.3)	9 (3.1)	37 (8.28)	
Comfortable discussing reproductive goals with current healthcare provider				
Yes	325 (43.8)	237 (80.3)	88 (19.7)	<0.001
No	240 (32.4)	33 (11.2)	207 (46.3)	
Unable/Don't want to have children	177 (23.9)	25 (8.5)	152 (34.0)	

39.8% (295/742) of women of reproductive age had discussed their reproductive goals with a healthcare provider since being diagnosed with HIV.

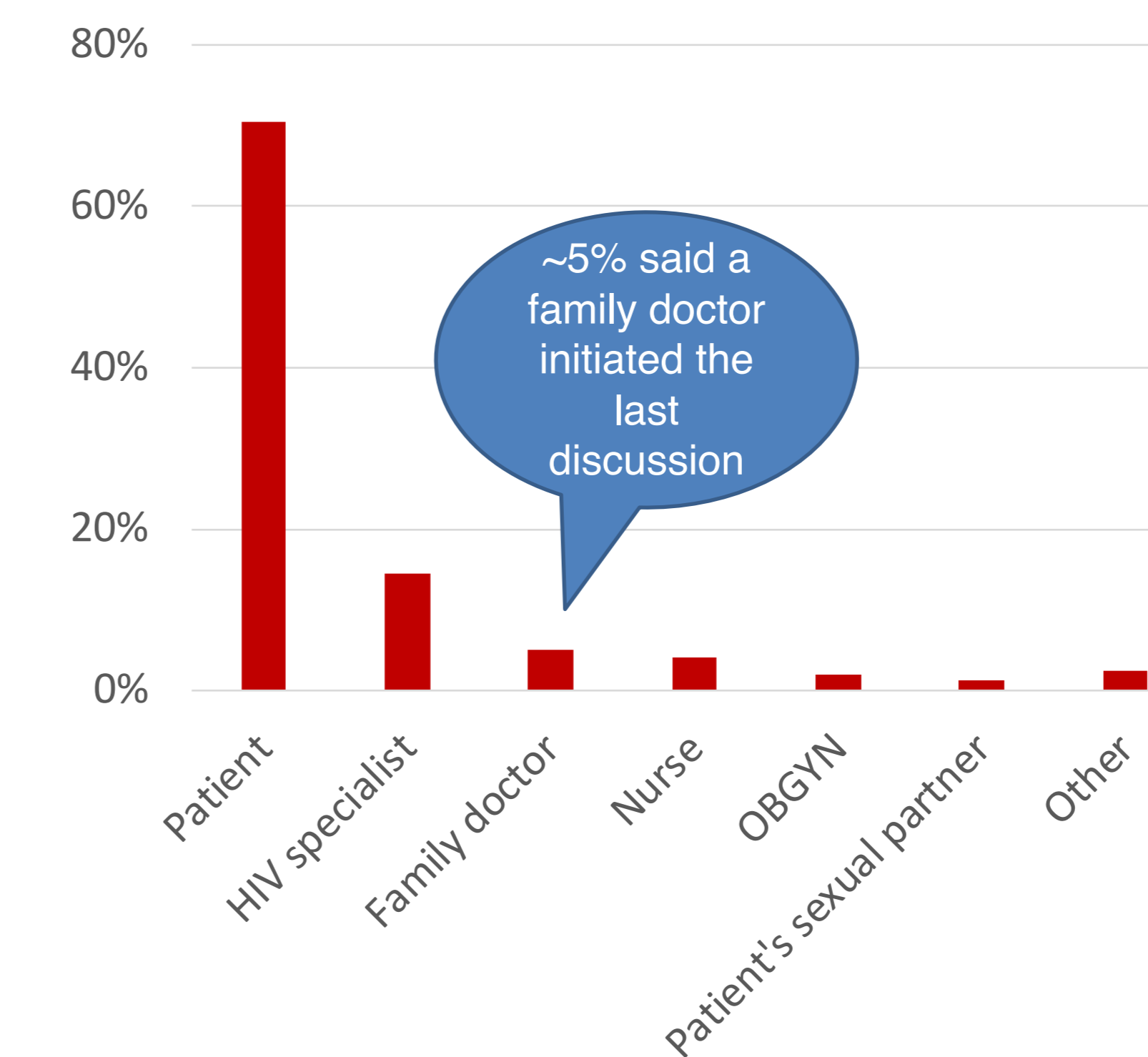


Figure 1. Person who initiated the last discussion, among those who reported discussing reproductive goals with a healthcare provider at baseline (n=295)

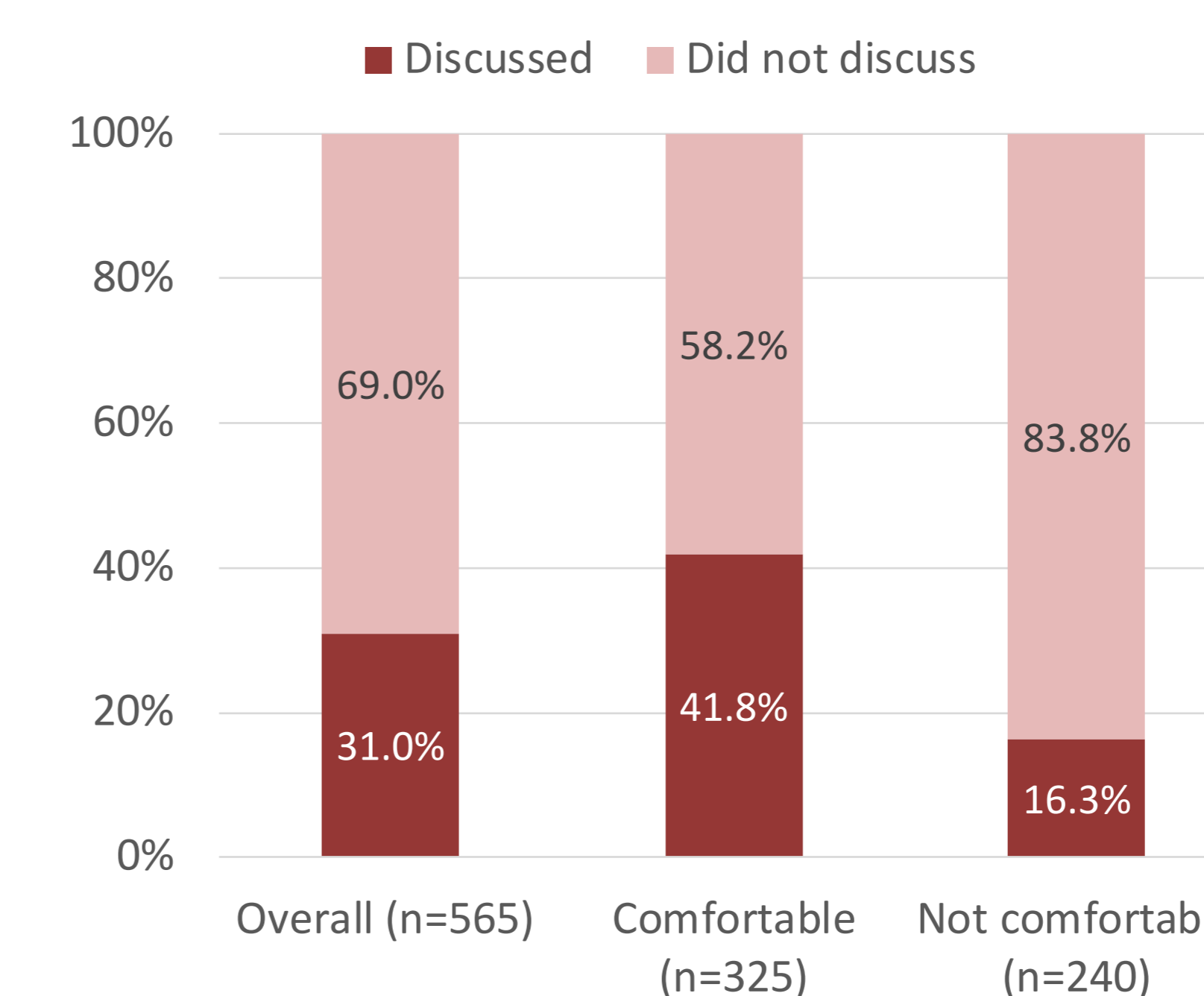


Figure 2. Proportion who discussed between baseline and 18-month follow-up, by baseline response about comfort with their current provider (excludes those who said unable/don't want to have children at baseline)

DISCUSSION

- Despite the importance of reproductive discussions, at baseline, only **39.8% of women of reproductive age had discussed their reproductive goals with a healthcare provider since HIV diagnosis.**
- When asked about their last discussion, **most women (70.5%) said they initiated the discussion.**
- Excluding women who said they are unable or didn't want to have children at baseline, **57.5% (325/565) said they were comfortable discussing** the topic with their current healthcare provider
 - Of those who were comfortable, 41.8% went on to discuss the topic between the baseline and 18-month study visits
 - Of those who were **not** comfortable, 16.3% went on to discuss the topic after the baseline visit
- These preliminary findings describe a gap in reproductive discussions between women living with HIV and their healthcare providers.

NEXT STEPS

- Identify baseline characteristics associated with **discussing reproductive goals with a healthcare provider between the baseline and 18-month study visits.**
- Determine how women's reproductive intentions change over time and how the prevalence of discussions differ based on women's reproductive goals.

IMPLICATIONS FOR PRACTICE

These analyses may help to inform primary care strategies that support the contraceptive, abortion, pregnancy planning, and sexual health priorities of women living with HIV.

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