Determinants of Discussing Reproductive Goals with Healthcare Providers Among Women Living with HIV in Canada

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Acknowledgments

I would like to acknowledge that the land on which we gather is the traditional and unceded territory of the Algonquin nation.

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Disclosures

No conflicts of interest to disclose

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Background: Changing Reproductive Landscape

- More pregnancies and live births among women living with HIV

- Emergence of guidelines for family planning and safe conception

U = U   **Undetectable = Untransmissible**

- **Problem: Women living with HIV in Canada describe having unmet needs for reproductive counselling**

Rodger AJ, et al. JAMA. 2016;316; Cohen MS, et al. N Engl J Med. 2016; Rodger AJ, et al. Lancet 2019; Van Ommen CE. PLoS One. 2019;14(2)
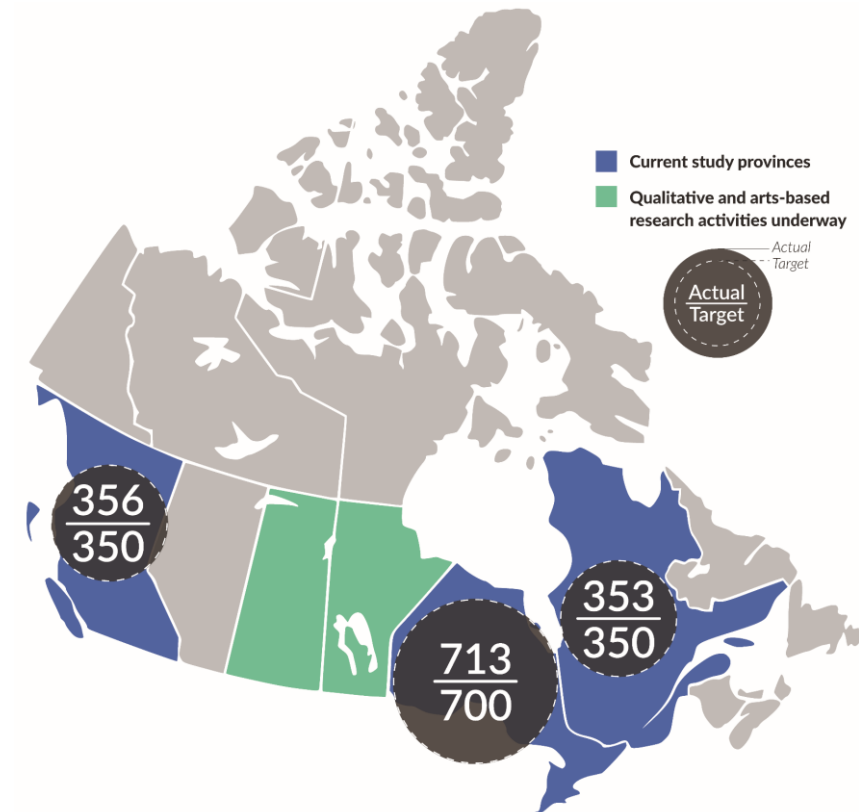
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Objective

To identify determinants of women living with HIV **discussing their reproductive goals** with their healthcare providers and the **mediating effect of women's comfort** discussing the topic

Study Design: Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)

- Community-based participatory longitudinal cohort study
- Women (cis and trans inclusive) living with HIV, 16 years of age or older, in QC, ON, BC
- Purposive Sampling:
  - More trans women
  - Women less engaged in clinical care

- Data Collection
  - Baseline survey administered **2013-15** (n=1422)
  - 18-month follow-up survey administered **2015-17** (n=1252)

■ Current study provinces
■ Qualitative and arts-based research activities underway

Actual
Target

356/350

713/700

353/350

Analytical Sample

CHIWOS participants at baseline
N = 1422

CHIWOS participants at 18-month follow-up
N = 1252

CHIWOS participants aged 16-45
N = 742

Final analytical sample
N = 536

Exclusion criteria:
- Not engaged in HIV care in past year
- Responded "N/A- unable to have children"

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Measures

Outcome: Discussing reproductive goals with a healthcare provider since baseline survey (measured at 18-month follow-up)

Exposure: Gender of HIV care provider (measured at baseline)

Mediator: Women's comfort discussing reproductive goals with a current healthcare provider (measured at baseline)

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Methods: Causal Diagram & Mediation Analysis

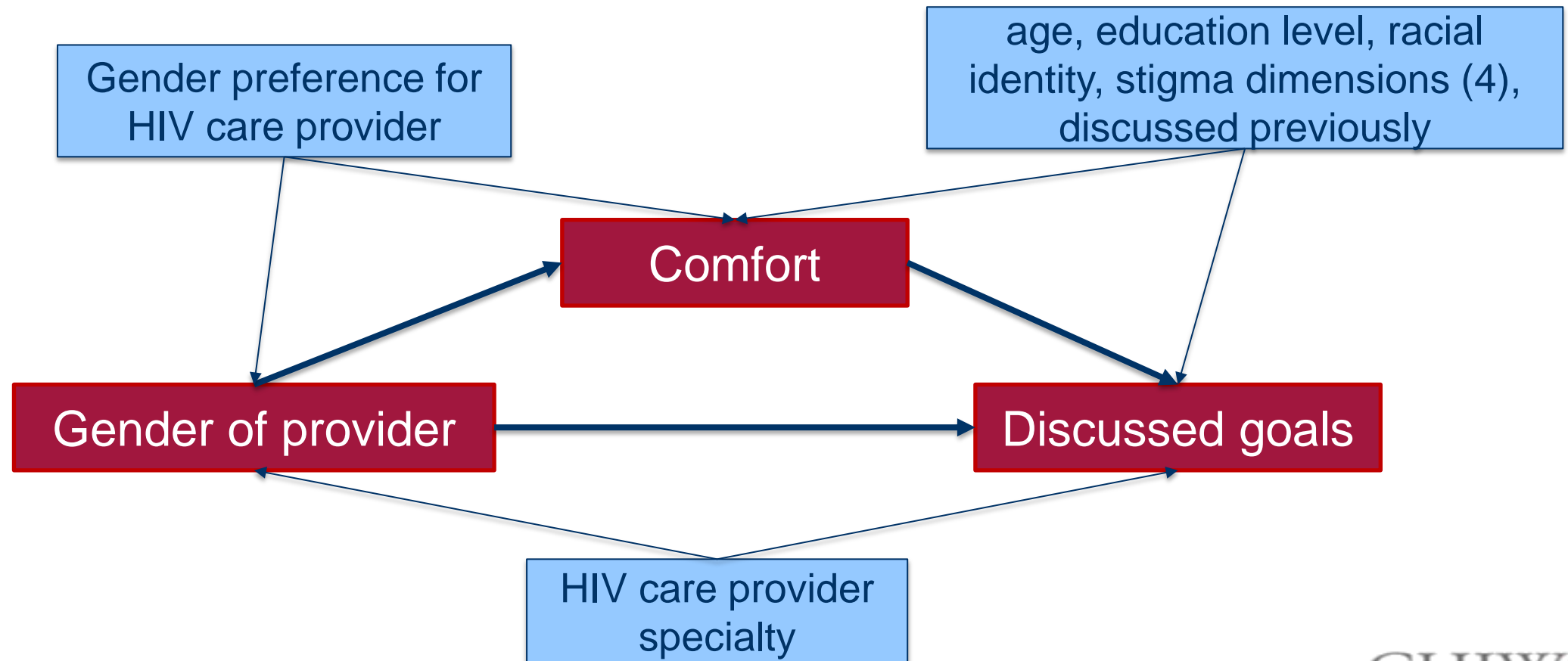We used a 4-way decomposition described by Vanderweele[1]

Vanderweele T. *Epidemiology.* 2014; 25(5).

Table 1. Baseline characteristics (n=536)

| Characteristic	Median [IQR] or n (%)
Age (years)	35.5 [31, 40]
Race/ethnicity	
Indigenous	112 (20.90)
African/ Caribbean/ Black	197 (36.75)
White	199 (37.13)
Other	28 (5.22)
Relationship status	
Married/Relationship/ Common-law	198 (36.94)
Single	283 (52.80)
Separated/ Divorced/ Widowed	55 (10.26)
Intention to become pregnant in the future	
No	221 (41.23)
Yes	153 (28.54)
DK/PNTA/ Missing	162 (30.22)
Most recent viral load	
Undetectable (<50 copies/mL)	404 (75.37)
Detectable	95 (17.72)
DK/Prefer not to answer	37 (6.90)

Results: Logistic regression (discussed goals)

Variable	OR (95%CI)	aOR (95%CI)
Woman HIV care provider (ref. man)	2.46 (1.71, 3.55)	0.76 (0.35, 1.68)
Comfortable discussing (ref. no)	4.03 (2.74, 5.94)	2.33 (1.35, 4.03)
Woman provider*Comfort	3.94 (2.66, 5.85)	2.54 (1.01, 6.42)
Education (ref. lower than HS)	1.12 (0.65, 1.93)	1.31 (0.70, 2.43)
Personalized stigma (ref. low)	0.55 (0.38, 0.79)	0.59 (0.37, 0.94)
Negative self-image (ref. low)	0.59 (0.40, 0.88)	0.89 (0.56, 1.43)
Disclosure concerns (ref. low)	0.85 (0.57, 1.27)	1.06 (0.63, 1.77)
Public attitudes (ref. low)	1.07 (0.74, 1.55)	1.28 (0.82, 2.01)
Prefer woman provider (ref. man/ no preference)	1.67 (1.09, 2.56)	1.44 (0.84, 2.47)
Age	0.99 (0.96, 1.01)	0.97 (0.94, 1.00)
Indigenous (ref. White/ACB)	0.48 (0.30, 0.79)	0.74 (0.41, 1.34)
ACB (ref. White/Indigenous)	1.74 (1.21, 2.51)	0.93 (0.57, 1.50)
GP HIV provider (ref. ID/other)	0.52 (0.29, 0.93)	0.30 (0.11, 0.85)
ID HIV provider (ref. GP/other)	1.38 (0.86, 2.22)	0.68 (0.29, 1.59)
Previous discussion within last 3 years (ref. no)	2.22 (1.68, 2.94)	2.19 (1.60, 3.00)

Results: Logistic regression (comfort discussing)

Variable	OR (95%CI)	aOR (95%CI)
Woman HIV care provider (ref. man)	4.21 (2.91, 6.11)	4.08 (2.62, 6.34)
Education (ref. lower than HS)	0.98 (0.59, 1.63)	1.18 (0.67, 2.10)
Personalized stigma (ref. low)	0.67 (0.48, 0.95)	1.12 (0.72, 1.75)
Negative self-image (ref. low)	0.47 (0.32, 0.70)	0.62 (0.39, 1.00)
Disclosure concerns (ref. low)	0.78 (0.53, 1.14)	0.63 (0.38, 1.04)
Public attitudes (ref. low)	1.01 (0.71, 1.43)	1.19 (0.77, 1.81)
Prefer woman provider (ref. man/ no preference)	1.35 (0.89, 2.06)	0.76 (0.45, 1.28)
Age	1.00 (0.98, 1.03)	0.99 (0.96, 1.02)
Indigenous (ref. White/ ACB)	0.45 (0.29, 0.69)	0.74 (0.45, 1.24)
ACB (ref. White/ Indigenous)	2.66 (1.85, 3.84)	2.43 (1.54, 3.84)
GP HIV provider (ref. ID/other)	1.08 (0.66, 1.79)	2.23 (0.85, 5.89)
ID HIV provider (ref. GP/other)	1.12 (0.73, 1.73)	2.20 (0.95, 5.11)
Previous discussion within last 3 years (ref. no)	1.66 (1.27, 2.16)	1.35 (1.01, 1.80)

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Results: 4-way decomposition
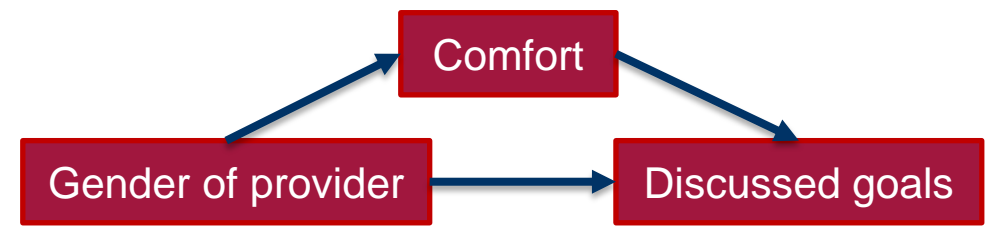
Component	Excess Relative Risk (95%CI)	p-value	Proportion attributable (95%CI)
Total effect	1.15 (0.07, 2.24)	0.04	100%
Controlled direct effect	-0.18 (-0.66, 0.30)	0.5	-16% (-66%, 34%)
Reference interaction	0.42 (-0.05, 0.88)	0.08	36% (10%, 62%)
Mediated interaction	0.59 (0.01, 1.18)	0.05	52% (19%, 84%)
Pure indirect effect	0.32 (0.06, 0.59)	0.02	28% (-3%, 59%)
Total % mediated	-	-	80% (39%, 120%)

adjusted for education, personalized HIV-related stigma, negative self-image related to HIV stigma, disclosure concerns, public attitudes towards HIV, preferring a woman HIV care provider, age, race/ethnicity, specialty of HIV care provider and previous discussions.

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Strengths & Limitations

Largest cohort study of women living with HIV in Canada

Longitudinal design allows interferences about temporal relationships

Analysis excluded:

- Women who responded "unable to have children"
- Women who had not accessed HIV care in past year (no info on gender of healthcare provider)
- Women lost to follow-up

Self-report bias

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Conclusions: Implications for clinical practice

- Women living with HIV were **more likely to discuss** their reproductive goals **with women providers. Relationship mediated by comfort.**

- Findings can be used to support all providers caring for women living with HIV in creating **safe and supportive care environments** that **make women feel comfortable discussing their reproductive goals**.

Allied healthcare providers

Safe spaces

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Doctoral supervisors: Drs. Alexandra de Pokomandy and Angela Kaida;

Thesis committee members;

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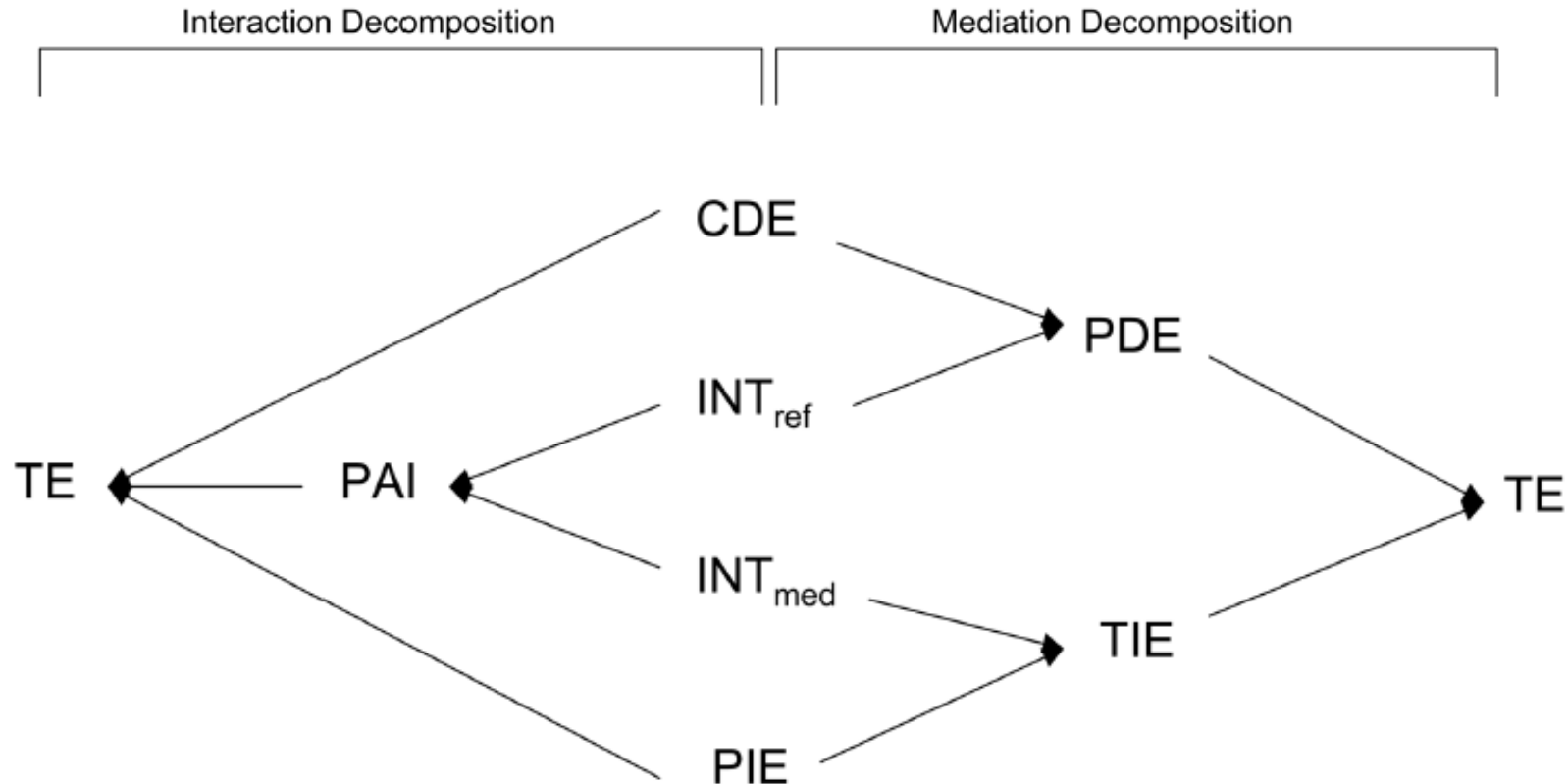**All of the women living with HIV who participated in CHIWOS**

Thank you!

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4-way decomposition

CDE = Controlled Direct Effect
INT$_{ref}$ = Reference Interaction
INT$_{med}$ = Mediated Interaction
PDE = Pure Direct Effect
PAI = Portion Attributable to Interaction
TIE = Total Indirect Effect
TE = Total Effect

Vanderweele T. *Epidemiology.* 2014; 25(5).