

Sexual Behaviors and Pattern of RH Commodities Usage by PLWH in Ibadan, Nigeria

By

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Introduction

- 38.6 million people worldwide were living with HIV in 2005.
- 4.1 million became newly infected with HIV.
- 2.8 million lost their lives to AIDS.

(WHO 2006)

HIV in Nigeria

- 2.9 million already infected with virus (3rd largest number of PLWH).
- one million people are dead and an estimated four to six million people are living with HIV.
- Over two million children have been orphaned through HIV /AIDS related deaths.

HIV in Nigeria (cont)

- 4.8% of the adult Nigerians are infected with the virus.
- Median HIV prevalence among antenatal clinics is 4% on the average.
- Peak age group affected by the virus is 20 – 30 years. (FMOH)

Federal Government programs

- Presidential Committee on AIDS and National Action Committee on AIDS.
- Three-year Emergency Action Plan on AIDS in 2001.
- National ART program - procured and distributed freely antiretroviral drugs for 10,000 adults and 5000 children.

International Agencies' Efforts

- USAID (AIDSCAP), WHO, UNPF, IPPF, World Bank and European Community.
- Alter sexual behaviors that carry a high risk of HIV transmission and reduce the prevalence of STIs.
- Increase condom demand and accessibility.

Prevention of HIV through condom usage: Associated problems

- Major obstacles - availability, fear of being perceived as promiscuous, opposition on religious grounds.
- Users of effective regular contraception are less likely to use condoms consistently.
- Disclosure of HIV status to new partner.

Youths' Sexual Activities

- 40% of all adolescent women had either given birth or expecting their first children.
- 80% of the women aged 17-19 years admitted to being sexually active.
- 29% of those aged below 19 years had had clandestine abortions.

Use of Family planning methods

- About 4% of women who need contraception are using effective methods.
- Only 11.1% of youths who had been pregnant had ever used contraceptive methods.
- 7.3 % were current contraceptive methods users.

The Link: HIV and Pregnancy

- Fertility is not affected by HIV infection.
- PLWH may wish to plan pregnancy and limit their families.
- Prevention of unwanted pregnancies – a core strategy to PMTCT and pregnancy related morbidity.

The Missing Bit: Dual protection needed

- There is a need for HIV and pregnancy prevention strategy.
- Use of condom alone has not helped as expected.
- Dual protection with both condom and any other contraceptive method is necessary.

Research Question

What is the pattern of use of reproductive health commodities by youths (aged 15 – 25 years) with HIV infection in Southwest Nigeria?

Main Study Objective

To determine the prevalence and types of contraceptive methods in use by youths (15 – 25 years olds) with HIV infection.

Specific Study Objective

- To determine the method mix by those using contraceptive methods.
- To determine the access to contraceptive methods by users and potential users with HIV.
- To assess their awareness of the likely consequences of re-infection and the need for a change in behavioural pattern.

Research Methods

❑ **Data collection:**

- Self administered structured questionnaire.

❑ **Population:**

- People with HIV infection attending the PEPFAR clinics and other known care centres for HIV/AIDS patients in South West Nigeria.

❑ **Sample size:**

- 461 participants.

Information to be obtained

- Demographic characteristics
- Sexuality and awareness and use of modern contraceptives.
- Knowledge of fertile periods and prevalence of previous abortions.
- Sources of commodities.
- Sources of information on contraception.
- Perceived attitudes of the health workers towards the demand for commodities.

Statistical Analysis

- Epi-info, version 6 soft ware (CDC)
SPSS/PC+ soft ware.
- Results - percentages, cross-table analysis and descriptive measures.
- Tests for linear association - Chi square, etc.
- Logistic regression models.

Ethical Consideration

- Participation in this study will be voluntary and without prejudice.
- No participant will be denied treatment on the basis of non-participation or withdrawal.
- Informed consent - participant and the parent or guardian (in case of minors).
- Confidentiality and anonymity.
- Ethical clearance.

Limitations: Sources of bias

- ❑ The participants likely to be in the study - enlightened, open about their HIV status, willing to receive treatment, well motivated.
- ❑ Participants not included - unaware of their HIV status, unwilling to present themselves for treatment, refuse to participate for one reason or the other (including non use of contraceptive).

Thank you for listening.

