

## Reproductive behaviors and fertility intentions in people living with HIV in Argentina

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This paper presents the results of a nationwide survey on reproductive behaviors, fertility intentions, sexuality and prevention among people living with HIV, conducted from September to November 2006<sup>1</sup>.

The population under study was made up of people that had known their HIV positive status for at least six months and who were Argentine residents, of 15 years or older that were either undergoing treatment or monitoring their infection. The data gathering technique was face-to-face interviews through health services. People were contacted at health service clinics in sample points throughout Argentina. The sample was defined by conglomerates of services by region. The sample size was 841 cases, considering the relative weight of people living with HIV being monitored or given treatment. It also took the regional proportion in the public sector as a reference point, including an over-representation of Cuyo-Patagonia, NOA (Northwest region) and NEA (Northeast region) -each reached 60 cases in order to make the regional analysis possible.

We present three charts with some of the most interesting findings.

Chart 1

Distribution of population interviewed by region, arranged according to whether in cohabitation and whether they have children. Survey on the social situation of people living with HIV in Argentina, 2006.

Family status	Buenos Aires Metropolitan Area	Pampa region	Cuyo-Patagonia	NOA	NEA	Total
Lives with partner						
No	58.4	64.0	46.7	68.3	61.7	59.7
Yes	41.6	36.0	53.3	31.7	38.3	40.3
T Total	100.0	100.0	100.0	100.0	100.0	100.0
N	486	175	60	60	60	841
Has children						
No	46.3	44.0	41.7	36.7	56.7	45.5
Yes	53.7	56.0	58.3	63.3	43.3	54.5
T Total	100.0	100.0	100.0	100.0	100.0	100.0
N	486	175	60	60	60	841

Over half the people interviewed have children, varying according to region – from 43% in the NEA to 63% in the NOA (Chart 1). Among those with children, 27% have one child, 33% have two, 17% three, and the remaining 23% have four or more children, with an average of 2.5 children (not shown in chart). Around half of those with children live with them (and have no additional children outside the home). Twenty-one percent have children with their live-in partners and additional children (with other people) who do not live under the same roof. Finally, almost 23% of those who do have children do not live with them. Based on these figures it may be said that most people who have children (75%) live with a number of them.

<sup>1</sup> Data provided by the National Study on the Social Situation of Persons living with HIV on Argentina, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria through the UBATEC SA project "Support Activities of Aids Prevention and Control in Argentina".

Yet seen from another perspective, under half of those who do have children (43%) have at least one child which does not share the home.

In this regard we must highlight differences observed between men and women (Chart not included here). Firstly, more women have children than their male counterparts. Indeed, 83% of the women living with HIV have children; this is true of only 39% of the men. When considering sexual orientation, it is observed that men who defined themselves as heterosexual were parents in greater proportions than those who did not (54.6% vs. 14.7%) but in lower proportions than their female counterparts. Approximately half the women and heterosexual men who are parents had their children after being diagnosed (not shown in chart).

Secondly, women cohabit with their children more often than men do. Thus, while 9% of women with children do not live with any of their children, this proportion ascends to more than a third among men, even restricted to heterosexual men (not shown in chart).

### Desire of having children

One aspect we were interested in examining was in what measure people living with HIV want or plan to have (more) children. In this sense, 70% of the interviewees expressed they did not want children, 20% said they did want children, were either trying to conceive or expecting a child at the time of the survey, or would consider having children later on. The rest were considering adoption or were unable to conceive.

Chart 2

Interviewee distribution according to whether they want or plan to have children according to parenthood status, sexual orientation and gender. Survey on the social situation of people living with HIV in Argentina, 2006.

Want and/or plan to have children	TOTAL	Women		Men			Heterosexual men		
		No children	Have children	Total	Heterosexual	Non heterosexual	Total	No children	Have children
Expecting		55.1	14.5		27.1	9.5		42.0	15.1
Trying to conceive	1.9	8.2	2.6	3.5	1.6	0.0	1.0	2.9	0.6
Would like a child but not trying to conceive	1.4	4.1	2.1	2.5	1.3	0.0	0.8	0.0	2.3
Perhaps later on	5.6	14.3	4.3	6.0	6.8	3.2	5.4	10.1	4.1
Plans to adopt	11.9	28.6	5.5	9.5	17.4	6.3	13.2	29.0	8.1
Unable to conceive	3.4	2.0	1.7	1.8	1.9	8.5	4.4	2.9	1.2
	5.9	0.0	15.3	12.7	3.2	0.0	2.0	1.4	4.7
Does not want children	69.9	42.9	68.5	64.1	67.7	82.0	73.1	53.6	79.1
T Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N		783	49	235	284	310	189	499	138

As it is to be expected, the figures conceal differences between men and women, among both heterosexual and non-heterosexual men, and according to whether the person already has children. When examining these aspects overall (Chart 2), one observes two well-differentiated groups. The first is made up of non-heterosexual men, heterosexual men who have children and women (the women in the sample were almost 100% heterosexual) who do have children and mostly did not want a/another child (70 to 80%) with a minority of 10 to 15% who did want more children, would consider it later on, or were seeking to conceive. The second group was made up of heterosexual men and women with no children. Of this group, approximately half did not want children and the other half did: 43% of heterosexual men with no children and 53% of the women with no children stated their desire to have no children, while most of the rest expressed their desire for children but that they were not trying to conceive and that they would consider having them later on. Still fewer responded that they were either trying to conceive or expecting at the time of the interview.

## Condom use

Chart 3

Percentages of interviewees (with sexual activity in the last 12 months) who always used condoms for different sexual practices according to sexual identity. Survey on the social situation of people living with HIV in Argentina, 2006.

Sexual Practices	Women	Heterosexual men	Gay, bisexual, transsexual
For vaginal penetration (% who performed practice)	66.4 98.6	72.7 99.6	50.8 36.0
For oral sex (% who performed practice)	38.8 72.7	41.6 81.9	51.0 88.6
To receive oral sex (% who performed practice)	36.4 63.6	50.0 84.8	53.9 86.9
For anal penetration (% who performed practice)	- -	70.1 72.8	82.5 88.0
To receive anal penetration (% who performed practice)	68.8 56.8	54.2 30.1	83.8 91.4
For use with vibrators or other objects (% who performed practice)	61.8 15.5	41.4 21.0	54.2 27.4
N	220	279	175

Chart 3 shows the percentage of people who always used condoms while performing different sexual practices. The first noticeable point is that the prevalence of systematic condom use is far from 100% in any of the practices listed.

The lowest percentages of consistent condom use was found in the categories of oral sex (both giving and receiving), a practice that was performed by a large percentage of those interviewed in all three groups.

In the case of condom use for giving oral sex, the percentage of consistent use ranged from 51% in the gay, bisexual and transgender population (GBT) to 38.8% in women. Similarly,

consistent condom use to receive oral sex ranges from 51% in the GBT population to 36.4% in women.

The issue of HIV transmission through oral sex has been infrequently addressed in prevention campaigns. Previous research has shown that people living with HIV identify oral sex as a practice with a lower risk of infection than others such as anal or vaginal sex, and therefore diminish the use of condoms for these practices.

The low prevalence in consistent condom use for oral sex diverges from condom use for anal sex. In this case, it is observed that to receive anal penetration -a frequent practice in the GBT population and in almost 60% of the women interviewed- consistent condom use reaches 83.8% in GBT and approximately 70% of the women who perform this practice. Again the GBT group presents a higher percentage of consistent condom use than women.

When we analyze the practice of giving anal penetration, we find that the percentage of consistent condom use in populations that listed this practice (heterosexual men and GBT) is more frequent than condom use in any other type of practice. Seven out of ten heterosexual men and eight out of ten among GBT consistently used condoms every time they carried out that type of practice. Again, GBT persons appear with a higher prevalence of consistent condom use.

In the case of vaginal sex –a practice performed by almost the entirety of the heterosexual population and by 30% of the GBT population- it is observed that 66.4% of women and 72.7% of heterosexual men always use condoms for this practice.

Double protection –the use of condoms in addition to another contraceptive method- is not very extended: if we consider the interviewed heterosexual and bisexual men and women who were sexually active, not expecting or seeking to conceive at the time of interview, we find that 79.3% of the women (n=179) and 74.8% of the men (n=325) were using some type of contraceptive method. Among them, 83.7% of the women and 85.6% of the men used condoms; 7.8% of the women and 8.6% of the men only used condoms together with another method, and 8.5% of the women and 5.3% of the men used another method exclusively (only 2% of interviewees who used any method stated they exclusively used the practice of periodic abstinence).

Regarding prevention in sexuality, we found women to be the group with the lowest prevalence of consistent condom use for most sexual practices. By contrast, gay-bisexual and transgender persons present more consistent condom use in different practices.

## **Conclusions**

- People living with HIV carry out their plans for relationships, family, children, work/occupations as well as love and sexual activity. Consequently, any health policy concerning VIH/AIDS should consider the dimension of relationships and the future typical of their situation: guaranteeing accessibility to resources for safe sex (condoms and contraceptives), helping safe procreation, social and labor rights, the protection of children, respecting human rights with no discrimination.
- The diversity of sexual practices and identities must be acknowledged. Even in studies such as this one, it is difficult to recognize sexual self-denomination and identities, given the closed and assumed categories.
- According to the survey, women living with HIV are overwhelmingly heterosexual in identity and practices, whereas the men's (exclusively) heterosexual identity and practices were somewhat less than two thirds of the sample.
- For all the sexual practices listed, condom use is very extensive but not consistent. Double contraceptive protection is not very extensive.