EDITORIAL

Reproductive Health and HIV in Zambia

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In Zambia, the contraceptive prevalence rate among married women for any modern method is still low at 33 %, whilst the unmet need for family planning (FP) (any method) is 27 % of currently married women, 17% for spacing and 19% for limiting.[1] Unmet need for FP has remained the same since 1996. Natural family planning (NFP) which is user dependent, and with a high failure rate is used by some who believe that artificial methods are abortifacients. In this method pregnancies avoided by timing of sexual intercourse in relationship to the woman's physiologically occurring infertile periods (safe periods). The problem of low utilization of NFP is worldwide, being 1% for Zambia[2].

At 6.2 [1], Zambia has one of the highest fertility rates in the world and yet over 50% of women deliver at home[1] being exposed to hazards of postpartum haemorrhage and death. Use of modern contraceptive has been associated with delivery at health centres [3]. This probably reflects good health seeking behavior .30% of maternal deaths is attributable to complications of unsafe abortion due to unplanned pregnancies. Even when exposed to unprotected sex most of these unplanned pregnancies can be prevented by use of emergency contraception. Despite the Zambian DHS (2007) reporting good knowledge of modern contraceptive methods, knowledge about emergency contraception (EC) among women with abortions admitted to University Teaching Hospital, Lusaka was low.

The low contraceptive use coupled with low HIV counselling and testing rates in the general community means that a large proportion of women falling pregnant and their partners do not know their HIV status. Being HIV positive does not in itself constitute an absolute contraindication for pregnancy. Integrating HIV counselling and testing programmes with FP services, presents an opportunity for improved planning for pregnancy and better pregnancy outcomes more importantly in this context, for the HIV positive woman. Over 20% of couples in Zambia are discordant for HIV. Couples represent the largest risk group in Africa as most new HIV transmissions are acquired from a spouse and yet <<1% of cohabiting couples have been tested together[4].

Testing for HIV as a couple has implications for disclosure of the status to the partner especially if it is the woman and she is pregnant. This is because certain interventions have to be tailored to her to prevent MTCT (maternal to child transmission of HIV) in the event that she is HIV positive. Possibility of antenatal HIV seropositivity disclosure to partner is the same whether the pregnancy is planned or not .However, unplanned pregnancy is associated with more negative reactions by partner after disclosure. It has been demonstrated at Zambia-Emory HIV Research Project in Lusaka that CVCT (couples voluntary counseling and testing) reduced the incidence of HIV among serodiscordant cohabiting couples from 20% to 7% per year in Lusaka[5]. Assuming CVCT does reduce transmission by this margin, it could prevent 55%-63% of heterosexually transmitted infections in Lusaka cohabiting couples[6].

Although breastfeeding is seen as a source of HIV infection for the uninfected baby current evidence support exclusive breastfeeding as a source of nutrients especially in the resource poor nations. Several factors among them marital status and household income determine the adherence to this exclusive breastfeeding. This means giving a baby only breast milk, and no other liquids or solids, not even water unless medically indicated. Exclusive breastfeeding is recommended for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible,

affordable, sustainable and safe for them and their infants before that time and the woman makes her own individual choice. The national programme for Zambia recommends the public health approach of exclusive breastfeeding with ARV (anti-retroviral) prophylaxis to the baby until a week after all cessation of breastfeeding.

The HIV prevalence is higher among pregnant women in Zambia at 16.4 % against the general population. Ninety per cent of paediatric HIV infections are acquired through mother-to-child transmission of HIV (MTCT). It is estimated that about 80,000 of the 500,000 babies born in Zambia every year are HIV exposed[7]. Many HIV-infected adults desire and expect to have children .This has implications for the prevention of vertical and heterosexual transmission of HIV, the need for counseling to facilitate informed decision-making about childbearing and childrearing, and the future demand for social services for children born to infected parents.

There has been a 64% population growth in Africa since the HIV epidemic was recognized. Of the estimated HIV+ ≈ 22 million or 2.5% of total population, this is equal to 12% of the increase in population in the last 10 years[8].Rapid population growth is a major driver of poverty in Africa.HIV prevention and family planning share a key target audience-cohabiting couples. In most couples, both partners do not want more children, but many spouses think their partner does wants more. This implies that couples are talking less to each other about reproductive health issues. CVCT offers the opportunity to help husbands and wives to discuss fertility intentions.We must leverage the two agendas through (CVCT) plus family planning.

REFERENCES

1 Zambia Demographic Health Survey (ZDHS) in 2007
2 Central Statistics Office Zambia
3 Vwalika B. Determinants of choice place of delivery. Masters thesis. University of London, 2008
4. Dunkle K. Stephenson R. Karita E, et al. Estimating the proportion of new heterosexually transmitted HIV infections that occur within married/cohabiting couples in urban Zambia and Rwanda. *Lancet.* 2008; 371:2183–2191
5. Fideli et al ARHR 2001; "Virologic and immunologic determinants of heterosexual transmission of human immunodeficiency virus type 1 in Africa.17 (10): 901–10, 2001
6. Allen, S., et al. "Effect of serotesting with counselling on condom use and seroconversion among HIV discordant couples in Africa. *BMJ* 1992; 304: 1605–09
7. Ministry of Health; Zambia ANC Sentinel Surveillance Report, 2008
8. UNAIDS, World Bank Indicators 2011