Original Article	Treplace Source of Colors
Fertility Desire and Contraceptive Use: A Survey of People Livin Danladi Abubakar ¹ , Sikiru A. Yusuf ² , Stephen O. Olaoye ¹ , Musa Ya ¹ Department of Obstetrics & Gynecology, Federal Medical Centre, Corporation of Internal Medicine, Federal Medical Centre, Gusau, Corresponding Author: Dr. Stephen Oyewole Olaoye ¹ . Department of Obstetrics & Gynecology, Federal Medical Centre, Gusau, Zamfara State, Nigeria. +2348039092023. olaoyeoyewole@gmail.com.	Gusau, Zamfara State. Zamfara State.
demand for children. There is a challenge to balance the desire for feliving with HIV/AIDS in a Northern Nigerian Tertiary Health Centre an antiretroviral clinic who were recruited using a stratified sampling use, health status and perceived health and HIV transmission knowle were females (68.6%), married (58.6%), and aged 15-40 years (81.26). Predictors of fertility included male sex (AOR= 3.57, p=0.004), sing at least a child (AOR=4.96, p<0.001). Short-acting modern contracely were more likely to desire fertility than their female counterparts. The	worldwide. Many people living with HIV/AIDS (PLWHA) belong to the reproductive age group and live in areas with high ertility, contraceptive use, and viral transmission. <i>Objective:</i> To determine fertility desire and contraceptive use among people e. Methods and Material: This was a hospital-based cross-sectional study involving 350 PLWHA aged 18-49 years attending g technique. Data on socio-demographic characteristics, reproductive history, fertility desire, fertility intention, contraceptive edge were obtained and subjected to descriptive and inferential statistical analysis. Results: The majority of the respondents %). Overall fertility desire was 67.4% and fertility intention 60.3%, while 40.3% of respondents' partners desired fertility. gle (AOR= 3.28, p=0.014), ART treatment (AOR=4.68. p<0.001), partners' fertility desire (AOR=17.68, p<0.001), and wanting prives were used by most (59.5%) of the respondents, notably male condoms (35.1%). Conclusion: The males and unmarried ne male condom was the most commonly used modern contraceptive. Positive predictors of fertility desire included adherence therence could make viral load undetectable, partners' fertility desire, and wanting at least a child.
Based on the current test and treatment policy, they are all eligible for Advances in HIV treatment, management and support have resulted sexually productive living, including the desire for childbirth. 3-10 Im 11 In some cases, there is cultural pressure to continue childbearing in 12 The level at which HIV-positive couples desire children is currently a desire for childbearing with 71.5% of men and 93.8% of women who 15% in Malwai, 18% in Uganda, 41% in Ethiopia and 55% in Camer The desire of PLWHA to have children has significant public health infections among children under 15 years result from maternal to-chi universal uptake of antiretroviral therapy (ART) among PLWHA to suppressed to undetectable levels cannot transmit HIV sexually to the Studies on fertility desire among PLWHA are mostly among women participation in childbearing decisions can have a crucial impact on with Zamfara State, there had been major modifications in the nation some others did not assess knowledge of fertility-related risk, housely to be associated with fertility desire among PLWHA. 13 Therefore, this study was to strengthen the previous findings by address to determine the desire for fertility and contraceptive use among PLV design appropriate services that would integrate the provision of Republication of the NATERIALS AND METHODS This was a facility-based cross-sectional study. The study population average of 10 new ARV clients per week and an overall average total been on ART for at least 6 months and are aged 18 years and above will were excluded from the study. A sample size of three hundred and fifty recruited into the study was using a 67.7% proportion of PLWHA who desired children from a strength of the study was using a 67.7% proportion of PLWHA who desired children from a strength of the study.	in significant improvements in the longevity and quality of life of people living with HIV/AIDS (PLWHA). This has restored approaching those affected with HIV are of reproductive age and live in settings with high premiums for children. ^{4, 10, 10} if the desired number of the preferred gender has not been achieved. ^{10, 12} approaching that among the general population. A study in Sagamu, Nigeria showed that 63.3% of PLWHA expressed a ordesired children intending to have an average of 2 children shortly. In some African countries, the fertility desires were aroon while in one of the US studies, the majority of HIV-positive women had no desire for pregnancy while in one of the US studies is the most common route of transmission accounting for why over 90% of HIV in indications as the heterosexual route is the most common route of transmission accounting for why over 90% of HIV in indications are indicated by UNAIDS is the suppress HIV viraemia based on the scientific consensus that PLWHA who are taking effective ART and whose level of HIV is
who visited the clinic was acquired and listed. By dividing the total's sampling approach, a number was chosen randomly by balloting between the sampling process began with the specified number and related client from the study's sampling frame. Selected responders who wer Confidentiality was assured by using a unique identifier and limiting A semi-structured interviewer-administered questionnaire (designed search and expert consultation. Data collected were reviewed at the comparison of the study of the study of the study of the study. The questionnaires we which offer similar HIV services. **Data Analysis** SPSS version 22 was used for data entry and analysis. Findings were while frequencies and percentages were carried out on categorical variable independent predictor was declared at P < 0.5 with the strength Ethical approval was obtained from the hospital's Research and Ethic respondents. RESULTS The majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents were females (68.6%) and most were majority of respondents.	proportional allocation. Second, a method of systematic sampling was applied. To establish the sampling frame, a list of clients sample size required by the number of clients at the clinic, the sampling interval was computed. Using the simple random tween 1 and 4, and then subsequently every 4th patient was selected. Elients. The sampling interval was then added to the selected number, and each resulting number was used to sample another re unable to participate were replaced by the next available person. Four nurses were recruited as research assistants.
About half of the respondents had sex in the last 6 months, and only least a modern contraceptive method while 78.7 % did not use any modern contraceptives of the majority of the respondents who used modern contraceptives of the majority of the respondents were diagnosed more than a year ago 42.9% of their partners were infected.	go (82%), 70.9% were on ART, 41.1% had CD4 count greater than 500 cells/mm3, 63.4% had viral load undetectably low, and 24.3% of the clients had ever discussed their fertility with healthcare providers while the majority (65.1%) of them had never
ones (OR-3.57; CI-1.27, 10.04). Respondents below 30 years of age	ech to formates (OR-396; CL-137, 11.44). Singles were 4 fluxes more likely to have a desire for children compared to married e and exchany education level had a stronger desire for children than those tows 20 years and above terriary education level, expendientive characteristics of the responsivous were found not to after feediley desire (Tables 4-8-3).
Table 3 Association between sexual activity/ contraceptive use and for the Characteristics Fertility Desire OR (95% CI) p-value	Fertility desire
Yes No	elieved in a cure for HIV/AIDS, who agreed that ART reduces disease progression, who said the mother-to-child transmission
can be through pregnancy, labour and delivery, who were treated with fertility desire (Table 6 & 7). Respondents who had their partner desire for a child had strong fertility one child had strong fertility desire six (6) times compared to those with the compared to the compared to those with the compared to those with the compared to those with the compared to the comp	th ART, those with viral load suppression less than one thousand cells per copies. Other characteristics are not found to affect lity desire twenty-four (24) times compared to those their partners had no desire for a child. Respondents who want at least who want sex preference (OR- 23.88; CI- 8.28, 68.81). Among the 235 respondents who desired fertility; only 63 (26.8%) ose who discussed their desire with a health care provider were less likely to intend fertility compared to those who
Table 4 Association between socio-demographic characteristics and to the social demographic de	fertility desire
Statistically significant p-value Table 5 Analysis of questions on patient's desire and intention for ference Statistical	rtility
Will you want to have children of your own in the fature? Yes 236 (67.4) No 114 (32.6)	
	0.23; p= <0.001 (Table 8). ctors affecting fertility desire included respondents' male gender, single, and unmarried, below tertiary educational level, those gh pregnancy, labour and delivery, those who said there is a cure for HIV/AIDS, those treated with ART, those with viral load
Table 6 Association between knowledge of HIV/ART and fertility de Knowledge	esire
From the mother to the unborn child Pregnancy Labour and delivery Broart feeding, Broart feeding, 144 (61.3) 78 (67.8) 0.33(8.15 - 0.72) 0.006* Broart feeding, 15(38.7) 37 (32.2) Baby feeding options for an HIV No broart Milk Milk and breast feeding 22(8.4) 4 (8.5) 231(9.6) 111(96.5) 1 Any care for HIV/AIDS Yes 85(36.2) 18(15.7) 6.03 (2.35 - 15.45) 40.001* No 150(83.8) 97(84.3) 1 Can HIV/AIDS be presented Yes 175 (74.5) 88 (76.5) 0.48 (0.20 - 1.12) 0.090 No 90 (25.5) 27 (23.5) 1 What are Antiestreviral drugs used for 3(1.3) 5 (4.3) 0.12(8.62 - 0.87) 0.036* Reflecing progression of HIV 232 (98.7) 110(95.7) 1 *statistically significant p-value	
Table 7 Association between clinical data and fertility desire Clinical data	
Viral load cells per copies 223(94.9) 107(93) 0.14(0.03 - 0.71) 0.017* (1000 12(5.1) 8(7) 1	
Table 8 Association between fertility desire and fertility intention Characteristics Fertility Desire N=150 (%) Yes No Fertility intention Zero 112 (47.7) 88(76.5) 0.15(0.06 - 0.33) <0.001* I or More 123(52.3) 27(23.5) 1 Partner Desire Yes 131(55.7) 10(8.7) 23.88(8.28 - 68.81) <0.001*	
No	
Table 9 Predictors of fertility desire among respondents Characteristic AOR(95% CI) P-value Sex (Male) 3.57(1.50 – 8.46) 0.004* Marital Status 3.28(1.27 – 8.43) 0.014* (Single) Education Level 0.39(0.18 – 0.84) 0.017* (Below tertiary	
education) From the mother to 0.47 (0.24 – 0.93) 0.030* unborn child (Pregnancy, Labour and delivery) Any cure for 5.08(2.18 – 9.98) <0.001* HIV/AIDS (Yes) Treated with ART 4.68(2.10-10.41) <0.001* (Yes) Viral load cell per 0.14 (0.04 – 0.54) 0.004* copies (<1,000) Fertility Intention 0.16(0.08 – 0.34) <0.001*	
	nd those that want at least one child. The males were nearly 4 times more likely to desire fertility than the female gender.
desire five (5) times compared to those who said there is no cure, and partners desire fertility were 18 times more likely to desire fertility of for fertility compared to those with sex preferences (Table 9). DISCUSSION This pioneering research to assess the fertility desire/intention of PLN Nigeria, and African countries like Ethiopia, Tanzania, and Uganda. The respondents had good knowledge of HIV/AIDS transmission, trees.	esire fertility when compared to married ones. Similarly, those who said there is a cure for HIV/AIDS had a strong fertility d those treated with ART had a strong fertility desire five times compared with those not treated with ART. Those whose compared to those whose partners did not desire fertility. Those who wanted at least one child had a stronger (5 times) desire when a stronger when a stronger when the compared to those whose partners did not desire fertility. Those who wanted at least one child had a stronger (5 times) desire when a stronger whose compared to those whose partners did not desire fertility. Those who wanted at least one child had a stronger (5 times) desire when a stronger when a stronger when a stronger whose desire a stronger when a stronger whose compared with those not treated with ART. Those whose compared to those not
with their clinic appointments. The majority of the PLWHA were in the reproductive age group and (67.4%) which is comparable to that found in Sagamu ⁹ and Sokoto. In Northwest Ethiopia. Our result partly reflects the high fertility rather than 1 to 1 to 2 to 2 to 2 to 2 to 3 to 3 to 3 to 3	wanted to either begin childbearing or have more children. There was a high fertility desire rate among the respondents ³ In contrast, our value is higher than 28-29% found in the USA ¹⁷ , 39.7% reported in the Tanzanian study ⁴ , and 40.3% found
The singles had higher fertility desires than the married similar to an who have not had any children. Our finding was however different from conferred a sense of stability, financial security, and reliable support. Clients whose partners desired fertility had 17.68 odds of desiring fertility had 17.68 odds of desiring fertility had a partner has a synergistic effect in terms of income generation might influence the desire to increase family size as reported by Mek Partners who understood maternal-to-child transmission (MTCT) of	ertility in the future. This could be a result of a better opportunity to discuss fertility-related decisions among couples. Also, on to raise children, mutual consent and support, sexual satisfaction, and an enabling environment for the spouse to live which
future fertility desire. Our report aligned with the findings from Tanzenabling more couples to live a near-normal life and procreate. Discussion of fertility desire with healthcare providers was significant done so. HIV disclosure provides an opportunity for support and acceptability to make an informed decision on future fertility. Understate the reports by Ejeta E et al. We found that majority of these people contraceptives used barrier. This number was high and comparable with additional advantage of preventing STIs that otherwise could have the factors that positively predicted fertility desire in our study inclusions to positively predicted by being treated with ART, the partner's desire, a	zania. ⁴ Adherence to ART reduces the likelihood of MTCT of HIV, and the chances of developing the disease are low, antly associated with the desire for children in our study but was not a predictive factor. Less than one-third of PLWHA had bees to counselling as well as reproductive health information. This enables PLWHA to have a variety of options to facilitate tandably, less than one-quarter of PLWHA desiring fertility used modern contraceptives. This number was lower compared to desiring fertility were not using any method of contraception. Eighty-two per cent of the few PLWHA who used with a study by Ejeta E. et al. ⁸ , but was not surprising because the barrier method is usually advocated among PLWHA due to
frequency of sexual intercourse, or pregnancy status, more important other studies. ¹⁹ These factors should drive policies and guidelines the conducive socio-cultural and religious environment that caters for the CONCLUSION Fertility desire among PLWHA in Zamfara State is high. Males and adherence to ART could make viral load undetectable, those whose publicussion of fertility intention with health providers is poor among contraception including barrier methods. We recommend improved here.	unmarried were more likely to desire fertility than their counterparts. Being on antiretroviral therapy; knowledge that partners desire fertility, and those who wanted at least one more child are other positive predictors of fertility desire. PLWHA desirous of children with the majority of them [desire/intended fertility] not using any method of modern health promotion and awareness of measures available to avoid pregnancy risk behaviours among PLWHA who do not desire
Limitations of the study: This is a single-facility study which cannot under or over-reported. Acknowledgement: The authors wish to thank the Members of staff at REFERENCES	ave more desire for fertility. This can be obtained by integrating HIV/AIDS clinics with family planning services. be generalized. There might also have been recall bias due to retrospective information obtained as past behaviour could be at the ARV clinic for their support during data collection.
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