USE OF CONTRACEPTIVE METHODS AMONG PLHIV IN KOH KONG PROVINCE, CAMBODIA

Juliet Cadungog-Uy, Chan Theary and Sol Sowath
Reproductive and Child Health Alliance (RACHA)
Phnom Penh, Cambodia, March 2010

Abstract

Context: Cambodia is not only one of the poorest countries in South East Asia, it also has the worst health condition and high HIV prevalence in the region. The Cambodian Demographic Health survey 2005 shows that 0.6% of Cambodian adults age 15-49 are infected with HIV. Koh Kong province has the second highest HIV prevalence level next to Phnom Penh. Koh Kong is one of the five provinces covered by RACHA where it works on home-based care (HBC) and orphans and vulnerable children (OVC) program. RACHA with funding by USAID has been working on HIV/AIDS prevention as one component of its maternal, newborn and child health (MNCH) program. It has conducted community mapping in Koh Kong and has identified 627 PLHIV of which 53% were women. RACHA works to integrate family planning into its HBC program as it aims to extend comprehensive care to PLHIV. This assessment looks into the profile of HIV infected couples in Koh Kong and their use of contraceptive methods as prevention for both conception and HIV transmission.

Methods: This assessment was conducted in Koh Kong province which is located at southwestern part of Cambodia. There were 627 PLHIV in Koh Kong at the time of the assessment. Ninety five participants were interviewed coming from this group. Purposive sampling was used in recruiting PLHIV participants which comprise 15% of the total PLHIV in the province. The sample size was computed using Sloven formula with 10% margin of error. The avenues for recruiting the participants were the MMM meeting and household visits with the help of a village health support group (VHSG) member who was also a PLHIV. A questionnaire translated into Khmer was used in gathering the data. The PLHIV participants were interviewed individually by RACHA M&E staff. The interviewers explained the purpose of the assessment and obtained verbal consent from the participant before starting the interview. The respondent’s name does not appear on the questionnaire. The data collected were analyzed using frequency count, percentage and ranking.

Results: Ninety five percent of the PLHIV participants were in their reproductive age; 62% were female; 98% were married and 2% were divorced/widow. All were currently with partner. One in every three participants has not attended school. HIV seroconcordant couples consist of 74% of the participants; 22% was serodiscordant and 4% has partner whose HIV status is not known yet. Majority (69%) of the respondents has 1-3 children; 21% has 4 and more; while 10% has no child at all.

Contraceptive use among PLHIV increased from 52% to 78% after they know their HIV status. Majority (78%) of the PLHIV respondents were using contraceptive method, 7 (9%) were using dual methods and 22% were not using any contraception at all. Commonly used contraceptive methods were condom (82.4%), pill and condom (5.4%), IUD (4%), injection (4%) and 4.2% IUD and condom, injection and condom and tubal ligation and condom. All respondents know the best method to use to prevent pregnancy but knowing about the

1 Walford, 2000
2 CDHS 2005
methods does not necessarily indicate a favorable attitude toward it as 22.1% of them were not using any contraception. About 58% of condom users obtain their condom supply from MMM; 23% got condoms from referral hospital and health centers; and 11% bought it from private pharmacy. Majority (89%) got their condom supply for free. Among condom users, 81% used condom consistently when having sex with their partner and 19% indicated to have used it sometimes.

Majority (72.6%) of the respondents have discussed about contraceptives with health provider. Most of them received counseling from health center, referral hospital and from MMM, VHSG and from NGOs about regular use of condom to prevent pregnancy, STD and HIV transmission. About 42% of pregnancies among PLHIV were unintended. There was a high percentage (43.4%) of HIV-positive babies born from HIV concordant couples compared to babies born from serodiscordant couples (20%). This indicates that seroconcordant couples are more likely to have HIV-positive babies. All 26 babies born from HIV-infected parents were alive and 11 babies (42.3%) were found to be HI-positive.

There were 13 women who had abortion; 69% of them have HIV-positive partners; 61.5% were using condom, 7.7% were using IUD, 7.7% using injection and 23.1% were not using any contraceptive method at all. Of the 13 women who had abortion, 6 women had another pregnancy and delivered all HI-positive babies.

Majority (95%) of the participants did not want any future children after they know their HIV status for fear of transmitting HIV to their child. However, 23% of them do not use contraception. Of the 22 women who got pregnant, 77.3% have accessed PMTCT services. Family planning concerns among PLHIV were their access to contraceptives and family planning services, access to PMTCT/VCCT services, unknown status of their partner and ARV treatment.

It is therefore, important to integrate family planning into comprehensive HIV prevention and treatment services to ensure that HIV infected women have the right to make their own informed choice about contraceptive use and to have ready access to family planning services, VCCT, PMTCT and ARV treatment. Unmet need for family planning among PLHIV needs to be looked into. In counseling seropositive women on contraceptive methods, it is important to recognize the adverse drug interactions between ARV treatment and hormonal contraceptive medications. PLHIV considering pregnancy should be provided the needed preconception care counseling.

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