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Female sex workers living with HIV in Tanzania have both a need for contraception and a desire to have children in the future

Project SOAR

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Female Sex Workers Living With HIV in Tanzania Have Both a Need for Contraception and a Desire to Have Children in the Future

Health services should help women meet both needs

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There is limited data on female sex workers need for contraception and desire to have children.

HIV-positive women often have critical family planning (FP) needs in addition to HIV-related care, treatment, and prevention concerns. In sub-Saharan Africa, unintended pregnancy is common among HIV-positive women. At the same time, many women living with HIV want to have children some day, and there are various “safer conception” strategies available to help HIV-affected individuals and couples get pregnant while minimizing the risk of HIV transmission to seronegative partners and the baby. Such strategies include, for example, timed unprotected intercourse (limited to the periovulatory period), self-insemination with sperm from an HIV-negative partner, pre-exposure prophylaxis (PrEP) for the HIV-negative partner, and antiretroviral therapy for the HIV-positive partner.

In Tanzania, national guidelines recommend providing FP and “safer pregnancy” counseling to women living with HIV, as well as integrated reproductive health services for female sex workers. However, there is no guidance on how to provide

these holistic services. Moreover, there is limited data on these women’s need for contraceptives and desire to have children to inform such guidance, which is important for reducing HIV transmission, and helping women decide whether and when to have children.

OUR RESEARCH

We asked 604 HIV-positive female sex workers about their fertility-related needs and desires. The women were ages 18 to 49 in Njombe and Mbeya provinces.¹

Study participants

Median age:
30 years

79% are single
(46% never married
and 33% divorced/
widowed/separated)

More than half (52%)
have 2+ children

WHAT DID WE LEARN?

Our analysis indicates that most women want to prevent pregnancy, but there also is a notable minority interested in having children imminently or in the future. They have a critical need for both effective contraception as well as information about how to get pregnant while minimizing the risk of HIV transmission to partners and infants.

¹These findings are based on a secondary analysis of data collected in a larger study that assesses a community-based approach to providing antiretroviral therapy for HIV-positive female sex workers in Tanzania. For more information about that study, visit projsoar.org/our-activities/tanzania-fsw-hiv-treatment.

KEY FINDINGS

More than 2/3 of women don't want to get pregnant in the next 2 years.

Just 5% report using condoms consistently.*

Using a modern method **other than condoms** is common among these women (69%).

The most popular are injectable (41%), followed by pills (23%) and implants (19%).

A very small minority (4%) report **dual protection**: consistent condom use* as well as use of an effective non-barrier method to protect against pregnancy and HIV/STIs.

But 30% have an unmet need for contraception. These women do not want to get pregnant in the next two years, but are neither consistent condom users nor users of an effective non-barrier method.

*Consistent condom use is defined as “always” using condoms with paying clients in the past month, as well as with their most recent non-paying partner at last sex.

Yet, many women have a desire to have children.

21% are currently trying to get pregnant and another 20% want to have a/nother child someday.

Among all participants, few women know of the following strategies to **get pregnant more safely**:

	HIV medication taken by HIV-positive partner	33%
	PrEP taken by HIV-negative partner	5%
	Self-insemination with sperm of HIV-negative male partner	9%
	HIV-negative sperm donor	10%
	Timed unprotected intercourse	45%

43% said they are “very interested” in learning about how HIV-positive women can **get pregnant more safely**.

EVIDENCE TO ACTION

Services for women living with HIV should meet the contraceptive needs of those who wish to prevent pregnancy, as well as provide information on options to get pregnant more safely for those who plan to have children. Such integrated services are needed to reduce the risk of unintended pregnancy as well as vertical and sexual HIV transmission among HIV-positive women of reproductive age.

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Project SOAR/Population Council
4301 Connecticut Avenue, NW, Suite 280
Washington, DC 20008
Tel: +1 202 237 9400
e-mail: ProjectSOAR@popcouncil.org
projsoar.org

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