



FACTSheet

Family Planning: A Crucial Intervention for HIV-positive Women

Each year, over 600,000 children around the world are infected with HIV through mother-to-child-transmission (MTCT), totaling 2.3 million children living with HIV or AIDS today.¹ The majority of these infections is occurring in sub-Saharan Africa and are acquired from mothers during pregnancy, labor, delivery or breastfeeding. While programs to prevent the transmission of HIV from mother-to-child (PMTCT) are invaluable, they are currently reaching only an estimated five percent of the HIV-positive population.² Instead of working in isolation, these programs should tap into the already existing network of family planning services and programs, achieving wider coverage and reaching more women, couples and infants. Preventing HIV infection among women of childbearing age and helping HIV-positive mothers avoid unintended pregnancies should be the primary emphasis of strategies to reduce MTCT.

Family planning prevents primary HIV infection in women

- **Preventing primary infection in women is the first step toward preventing infections in infants.** Yet, in 2006, 17.7 million women were living with HIV globally, and the proportion of women affected by the epidemic continues to increase.³ In sub-Saharan Africa, half of those living with HIV or AIDS are women, and the majority of all new HIV infections are occurring among women of childbearing age.
- **Women, especially young women, are at additional biological and social risk of HIV infection.** Recent evidence shows that pregnant women may be at a higher risk of HIV infection than lactating women or non-pregnant, non-breastfeeding women.⁴
- **Male and female condoms are the only technology available for protection from sexual transmission of HIV and are thus critically important to curbing the spread of the epidemic.** Family planning programs have been providing critical infor-



mation, counseling and services to prevent and treat sexually transmitted infections (STIs) and promote consistent and correct condom use among women and men for over four decades.

Family planning prevents unintended pregnancy among women with HIV infection

- **In sub-Saharan Africa, the risk of MTCT is exacerbated by a high level of unintended pregnancy** — a major cause of which is limited access to family planning services, including stock-outs of contraceptive supplies. In addition, HIV-positive women on highly active anti-retroviral therapy (HAART) may be more vulnerable to unintended pregnancy, because while HIV might suppress fertility, HAART reduces viral loads and is likely to increase fertility.⁵ In developing countries, maternal mortality is nearly double in HIV positive women than in those who are not infected.⁶
- **More than 200 million women in developing countries say they would prefer to avoid pregnancy but are not using any form of modern contraception.** Unmet need for family planning is highest in sub-Saharan Africa (as high as 36 percent in some

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countries), where the HIV/AIDS epidemic is most prevalent.⁷

- **Helping HIV-positive women and couples avoid unintended pregnancies could prevent many child infections and deaths.** Current levels of contraceptive use in sub-Saharan Africa, as low as they are, are already preventing an estimated 22 percent of HIV-positive births.⁸ A 2003 study found that adding family planning to PMTCT services in 14 high-prevalence countries prevented more than 150,000 unintended pregnancies. Averted child infections and deaths nearly doubled and quadrupled, respectively.⁹

A closer look: a town in Eastern Uganda

- **In the rural town of Tororo, Uganda, a country where women have an average of more than seven children, over 90 percent of HIV-positive women who are pregnant did not wish to have more children, according to a recent study by the Centers for Disease Control. Yet less than a fifth of married women who do not wish to become pregnant use contraceptives. Tragically, the HIV/AIDS rates are still rising, with 4.3 million new infections in 2006, according to the U.N. agency on AIDS (UNAIDS).**

Recent research shows that lowering HIV infection rates among sexually active adults by 1 to 5 percent can in fact achieve the same reduction in infant HIV infections as nevirapine interventions (an antiretroviral drug).¹⁰ Not only does contraceptive use avert more HIV-positive unintended pregnancies, but it does so at a lower cost than the use of the nevirapine alone. Adding family planning services to PMTCT programs can achieve the same effect as increasing drug coverage. For the same cost, family planning services can avert nearly 30 percent more HIV-positive births than antiretroviral drugs.¹¹

Sources

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