

# Reproductive health and parenthood among women living with HIV in the Ontario HIV Treatment Network (OHTN) Cohort Study (OCS)

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## Key Findings

- Almost half (48%) of the WLHIV in the OCS that are of reproductive age are interested in becoming a parent.
- Among WLHIV who are interested in becoming a parent, most intend to become pregnant and have reported that they may need fertility support services or adoption support services.
- Of WLHIV with children under 18 years of age, most find parenting enjoyable, however they still experience negative stresses of parenting.
- Our data shows that there is a need for increased pregnancy planning and parental support services among WLHIV.

## Background

- In Ontario, Canada, almost half of women living with HIV (WLHIV) are of reproductive age and many intend to give birth in the future.
- The Birth Outcomes Registry Network reports 80-100 WLHIV give birth in Ontario every year.
- While on treatment and maintaining viral suppression, vertical transmission in utero or during birth is essentially eliminated.
- Ensuring reproductive health care and parental support services for WLHIV is critical. At the same time, WLHIV require social and financial supports to minimize parental stress.

## Methods

The OCS is a community-governed longitudinal cohort of people receiving HIV care in Ontario, Canada. Over 8,000 people receiving care at 15 participating clinics have been enrolled since 1995.

- Eligibility criteria:
  - Diagnosed with HIV infection and receiving care at an OCS clinic
  - 16 years or older; able to provide informed consent
- Clinical data are extracted from medical charts and direct linkage with Public Health Ontario Laboratories database. Data on social determinants of health are collected annually through interviewer-administered questionnaire

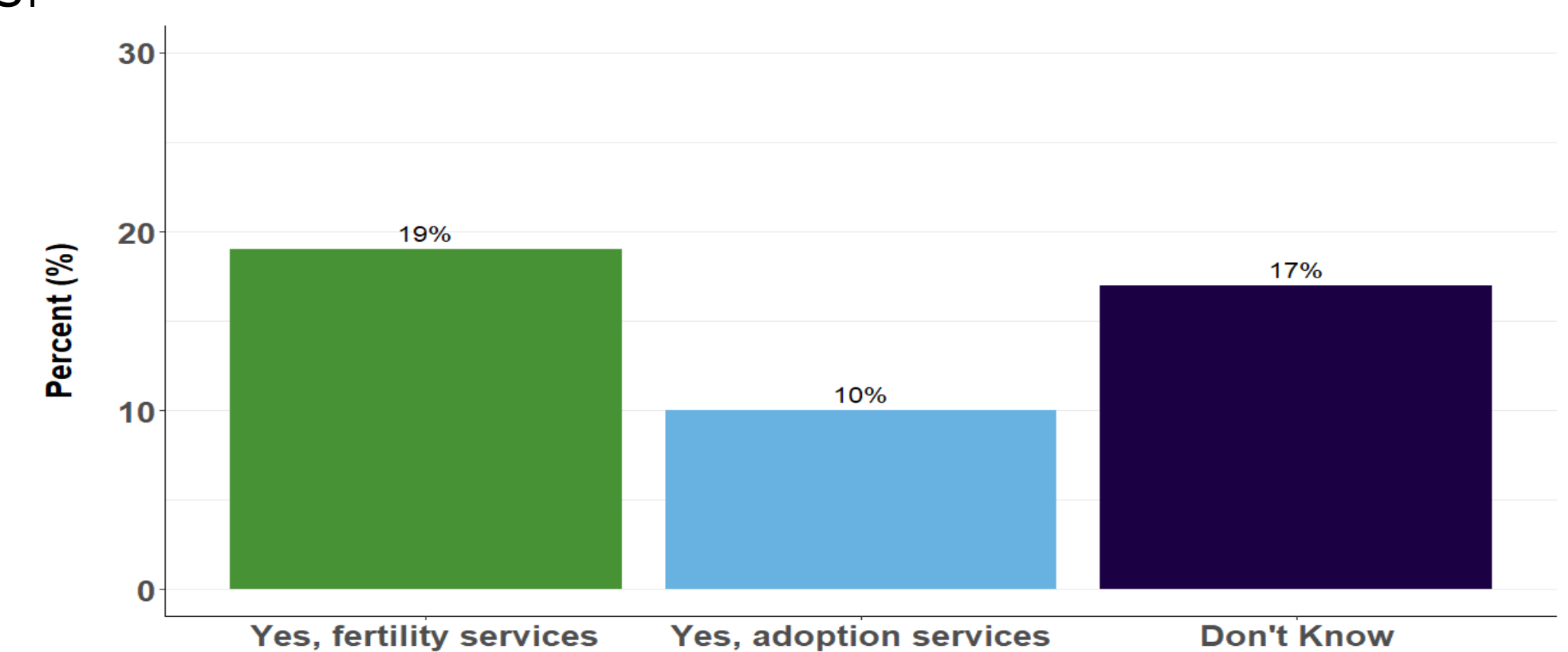
## Sample Characteristics

We analysed data from 398 women interviewed in 2021, including questions on reproductive health needs, parenthood, and parental stress.

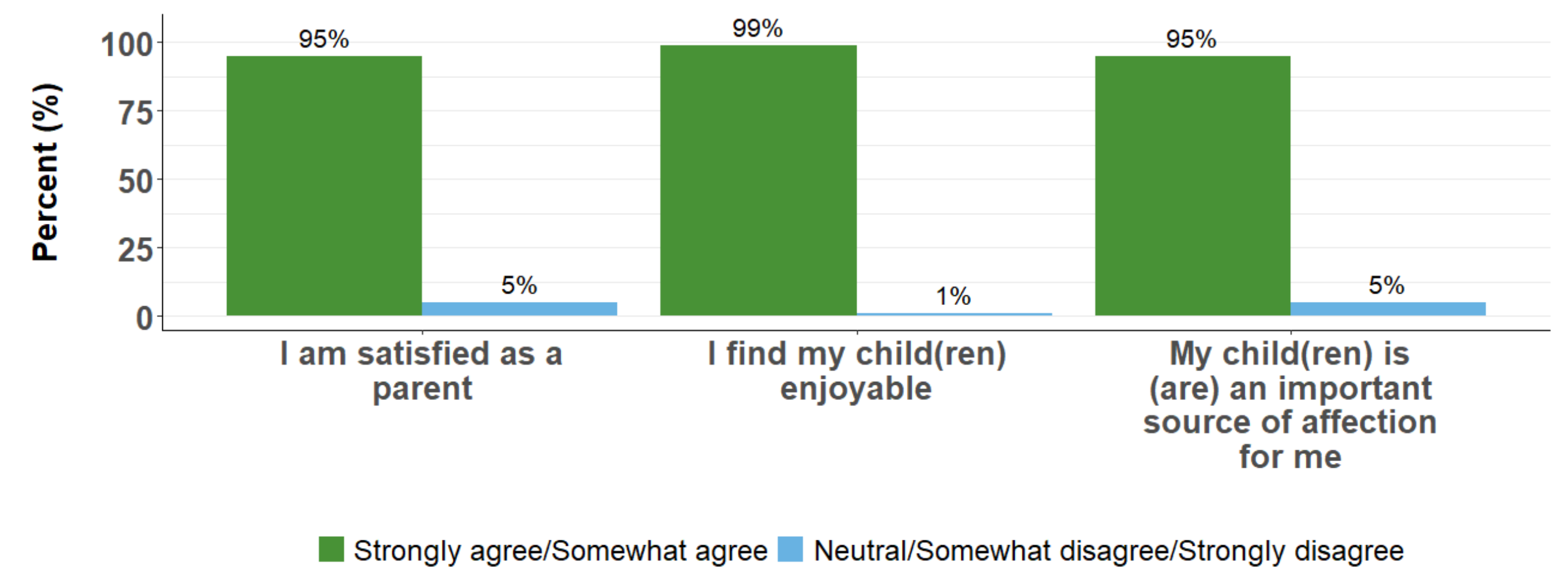
- Median age of 50 years
- 60% are black, 28% are white, 12% are other races
- 32% are married, living common-law with partner, or in a committed relationship, 68% are single, separated/divorced, or widowed
- 34% earned <20K CAD, 61% had difficulty paying for housing, and 54% were food insecure
- 77% are mothers; 41% have children under 18 years and 42% have children 18 years or older
- 35% had children since their diagnosis and 12% considered, but have not had children
- 148 women are of reproductive age (15-49 years)

## Results

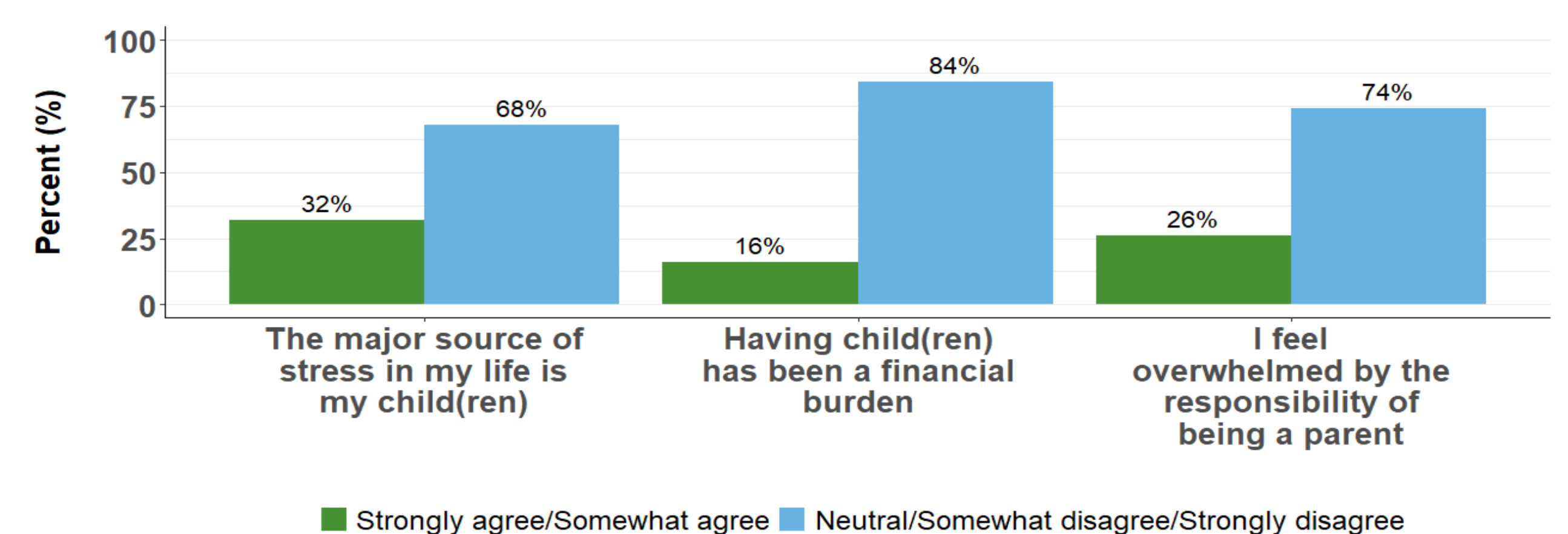
- 78% of women of reproductive age reported having a provider with whom they can discuss reproductive needs.
- However, of women of reproductive age, 71% aged 40-49, 73% of black women, and 76% of women born outside of Canada had a provider with whom they can discuss reproductive needs.
- For mothers who have children under 18 and who were born in Canada or moved to Canada more than 19 years ago, 28% reported that their provider did not support their decision/did not provide support/counseling on breastfeeding/chest feeding.
- 48% of WLHIV of reproductive age are still interested in becoming a parent, among whom 69% intend to become pregnant, 19% feel they will require fertility services and 10% feel they will require adoption services.



- Of the 162 WLHIV who have children under 18 years of age, most enjoy their children, are satisfied with being a parent, and find their children to be a source of affection.



- However, children are also a major source of stress and financial burden, and some WLHIV are overwhelmed by parental responsibility.
- For WLHIV with a household income of under \$20,000 CAD, 13% agree they feel overwhelmed by the responsibility of being a parent compared to 31% of WLHIV with a household income of \$20,000 CAD or more (p=0.0196).



## Conclusions

Optimal health for WLHIV includes reproductive health options and support in their role as a parent. Increasing support services for pregnancy planning should be considered by healthcare providers and policy makers. WLHIV require social, medical and financial supports in order reduce parental stress and maintain optimal health.

## Acknowledgements

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