

Reaching women in serodifferent relationships: safer conception & contraceptive counseling by providers of men living with HIV

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Abstract
Introduction: Male involvement is associated with women's increased contraceptive use and engagement in prenatal care, including among HIV-affected couples. Healthcare providers of men living with HIV may play a critical role in supporting male engagement in safer conception and contraception by supporting male involvement in women's reproductive health and providing risk-reduction counseling to serodifferent couples. However, knowledge of and attitudes towards contraception and safer conception among providers caring for men living with HIV have not been assessed.
Materials & Methods: A convenience sample of 75 clinicians providing care for HIV-positive men in San Francisco completed an anonymous survey in 2012. Questions addressed practice of assessing fertility desires and knowledge and attitudes of contraception and safer conception. Descriptive statistics were calculated.
Results: Of 88 providers approached, 87 consented, and 75 reported caring for HIV-positive men. Sixty-three respondents (84%) were physicians and 9 (12%) were nurse practitioners. Providers practiced in public, private and Veterans Administration clinics. Seventy-two (96%) provided primary care to HIV-positive men; clinicians cared for a median of 57 HIV-positive men annually (IQR 30-106). Forty-five providers (60%) asked some male patients at least once about desiring children; 5 (7%) asked all male patients at least once; 19 (25%) never asked; and 6 (8%) declined to answer. Main reasons for never discussing fertility included lack of time (37%), caring exclusively for men who have sex with men or older patients (42%), believing it wasn't important (32%), or waiting for patients to broach the subject (32%). Forty-two providers (56%) had a male patient spontaneously ask about fertility.
 Twenty-four providers (32%) asked some male patients at least once about preventing unwanted pregnancies; 34 (45%) asked all male patients at least once; 4 (5%) never asked; 13 (17%) declined to answer. Sixteen providers (21%) had a male patient spontaneously ask about contraception.
 Half of providers (39/75) had ever counseled a serodifferent male/female couple together; three-quarters (29/39) discussed contraception and half (19/39) discussed safer conception during those visits. Thirty-three providers (45%) had received any training on contraception. Median level of confidence in contraceptive knowledge (100 representing maximum confidence) was 62 (IQR 40-77). Confidence in knowledge of safer conception was similar (60, IQR 36-69). When discussing safer conception, all respondents discussed treatment as prevention, 64% (25/39) discussed pre-exposure prophylaxis, 67% (26/39) discussed sperm washing, and 31% (12/39) discussed timed intercourse. When queried if HIV providers should ask male patients about fertility and contraception, median scores (100 being providers should definitely ask) were 89 (IQR 74-100) and 93 (IQR 74-100) for fertility and contraception, respectively.
Conclusions: Providers of men living with HIV in San Francisco are including fertility and contraception counseling in their care. While the majority believe these domains are within their scope of work, fewer feel confident in their knowledge. More research is needed into the quality of contraception and safer conception counseling offered by these providers in order to identify and meet training needs, and support provision of integrated sexual and reproductive healthcare for serodifferent couples.

Background

- Male involvement is associated with women's increased contraceptive use and engagement in prenatal care, including in HIV-affected couples¹
- Healthcare providers of men living with HIV (MLWH) may support male involvement in women's reproductive health and provide risk-reduction counseling to serodifferent couples
- Knowledge of, attitudes towards and practices around contraception and safer conception counseling among providers of MLWH have not been assessed

¹Ramirez-Ferrero E, Lusti-Narasimhan M. The role of men as partners and fathers in the prevention of mother-to-child transmission of HIV and in the promotion of sexual and reproductive health. *Reprod Health Matters*. Dec 2012;20(39 Suppl):103-109

Methods

- 75 clinicians (convenience sampling) providing care for MLWH in San Francisco completed an online anonymous REDCap survey in 2012
- Questions addressed knowledge of and attitudes towards contraception and safer conception counseling, as well as counseling practices on these topics
- Descriptive statistics were calculated

Results

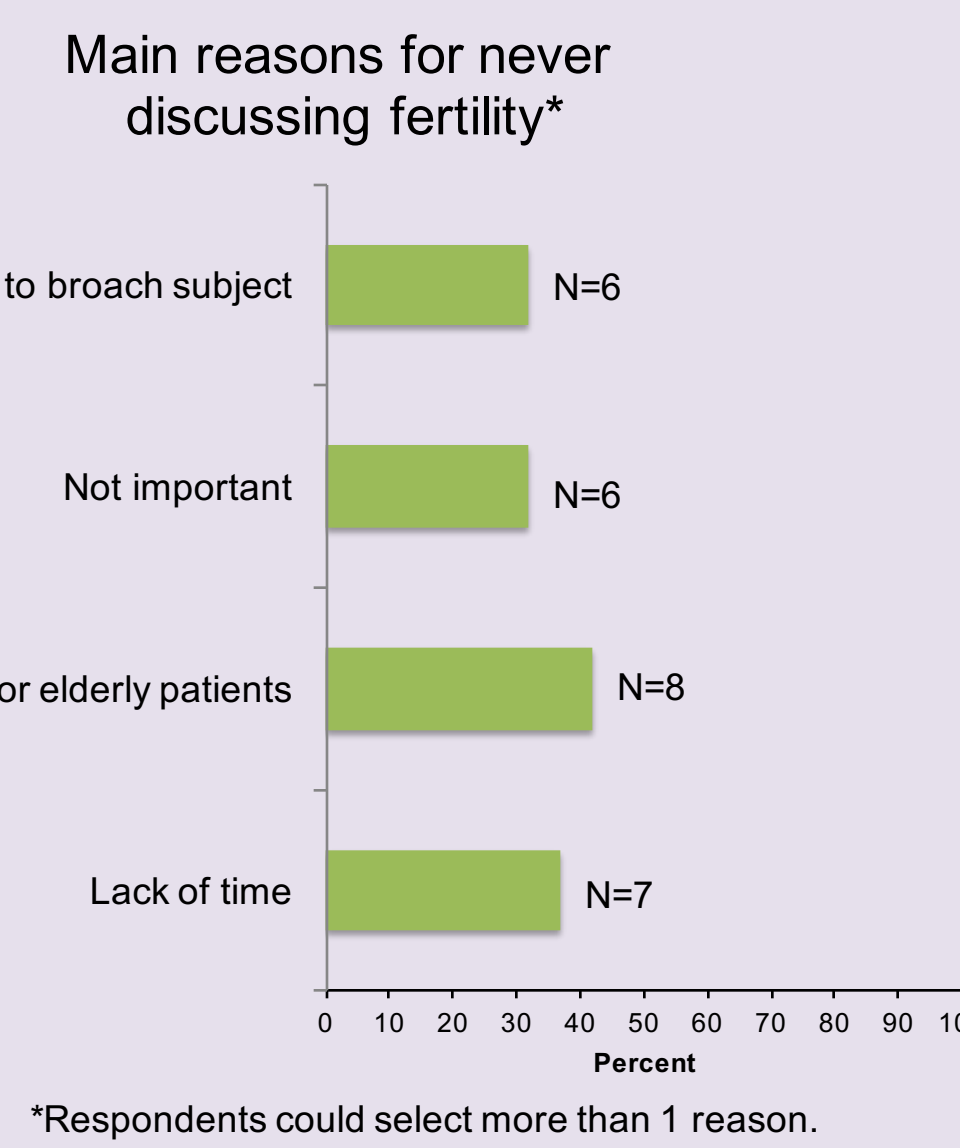
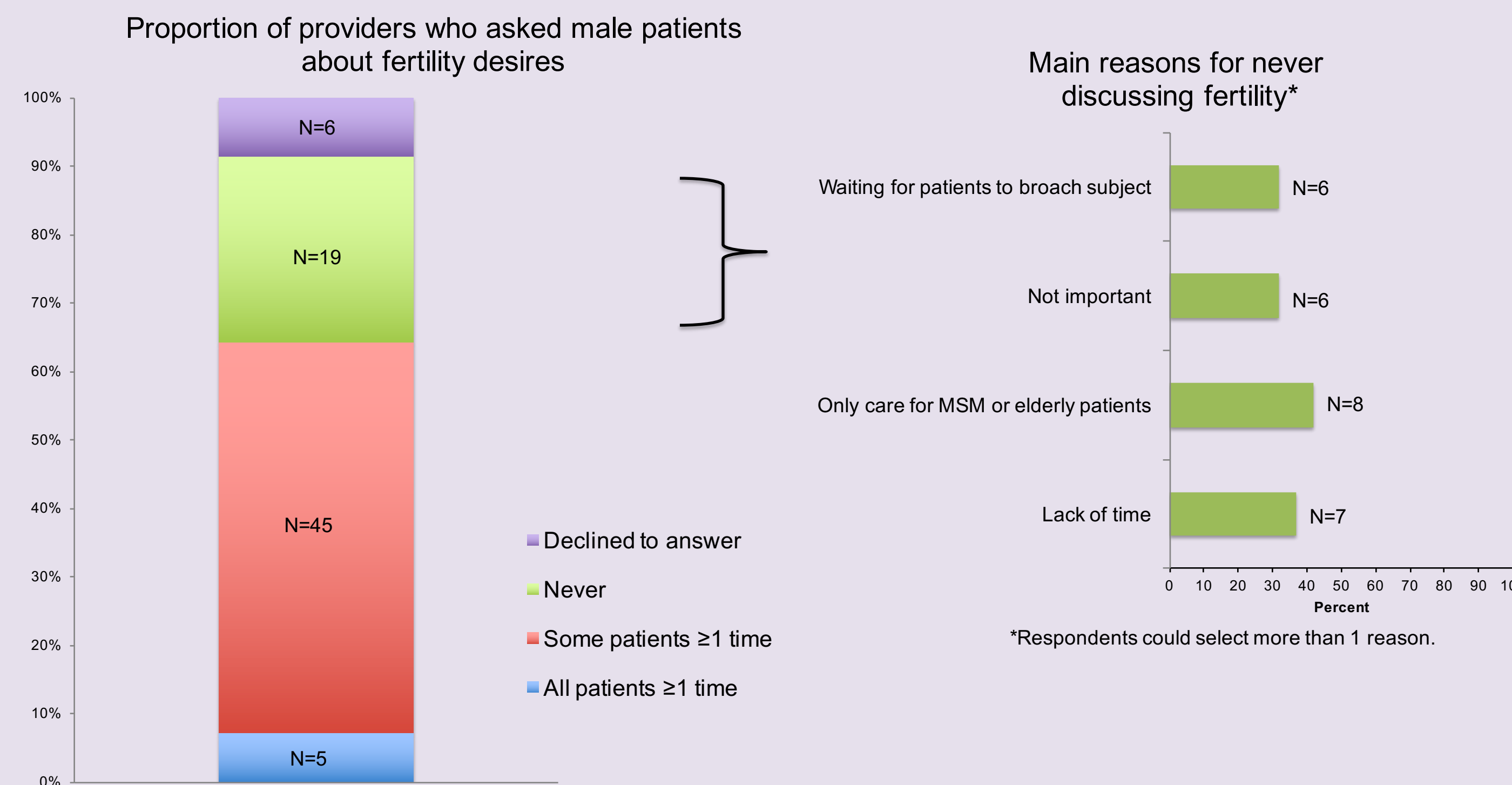
Recruitment: 88 providers were approached, 87 (98.9%) consented, and 75 (85.2%) cared for MLWH

Demographics of participants

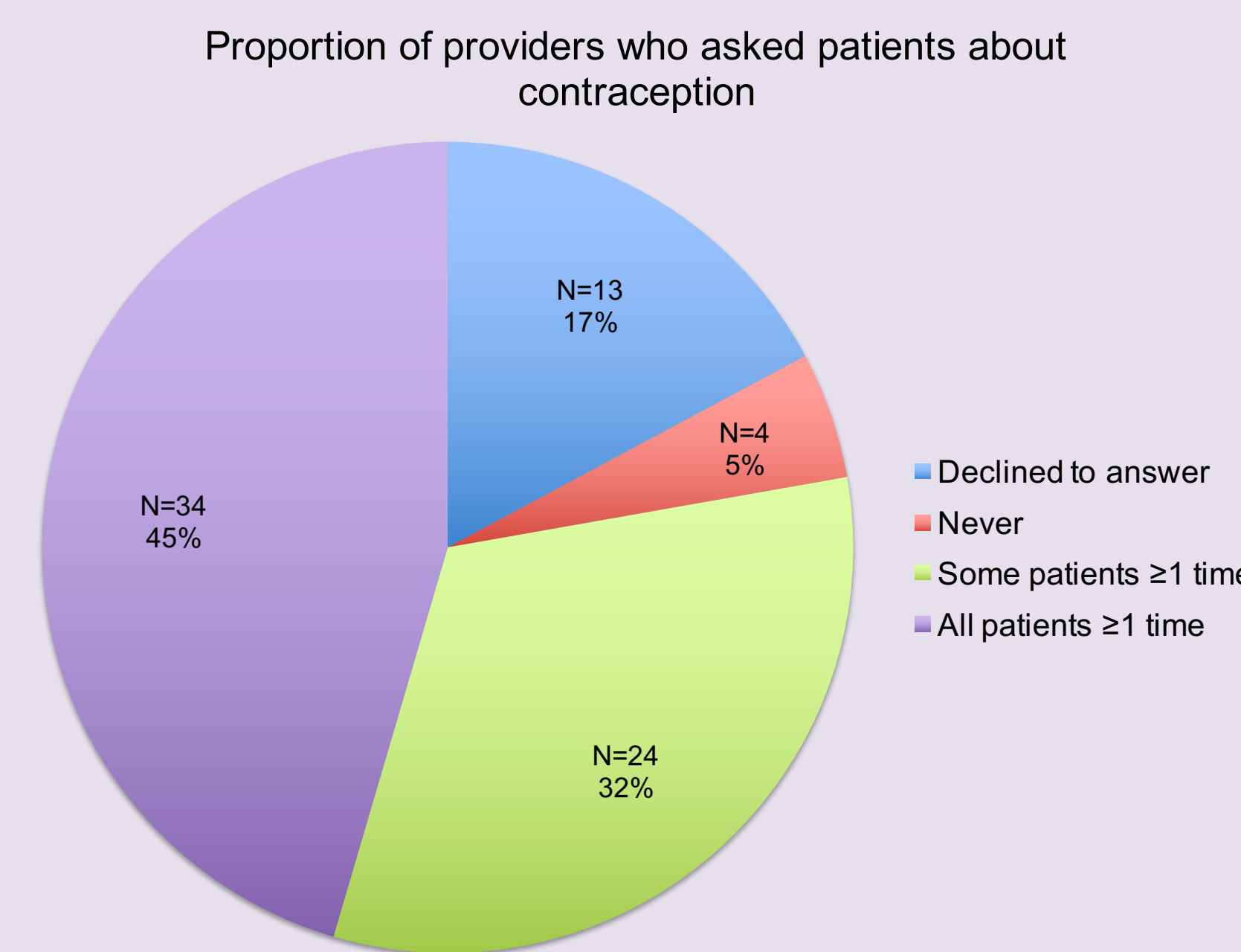
| | N=75 (%) |
|--|-------------|
| Age (median, IQR) | 47 (38-54) |
| Training | |
| Physician | 63 (84) |
| Nurse Practitioner | 9 (12) |
| Specialty | |
| Infectious disease | 32 (44) |
| Internal medicine | 21 (28) |
| Family medicine | 10 (13) |
| Provide primary care to MLWH | 72 (96) |
| Number of patients seen annually who are MLWH (median, IQR) | 57 (30-106) |

Results (cont)

Fertility discussions with MLWH

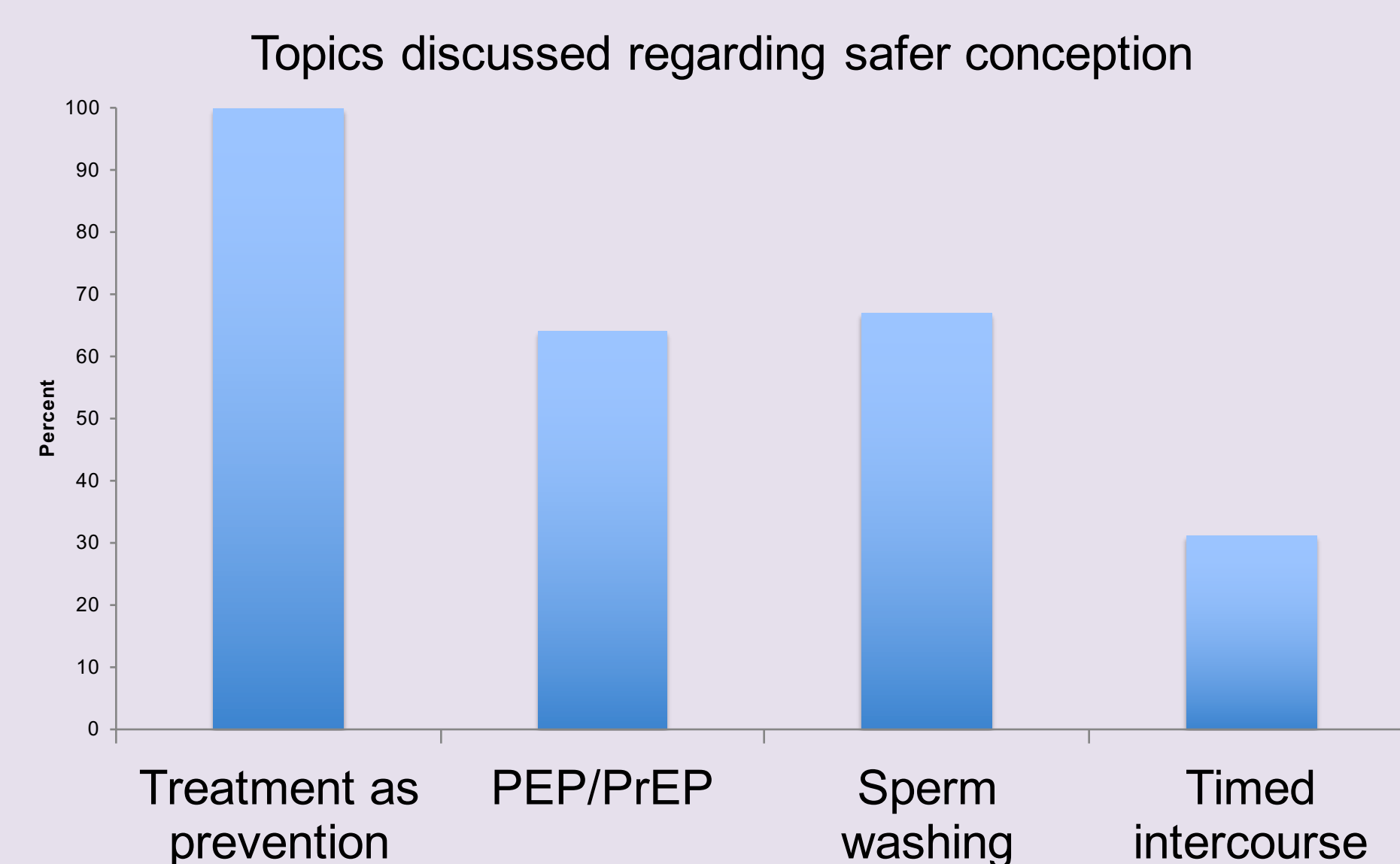


Contraception discussions with MLWH



Fertility & contraception conversations with couples

- 52% (39/75) had ever counseled a serodifferent male/female couple together
 - 74% (29/39) discussed contraception
 - 49% (19/39) discussed safer conception



Results (cont)

Provider knowledge & attitudes

Fertility

- Median level of confidence in knowledge of safer conception: 60/100 (IQR 36-69; 0=not at all confident; 100=very confident)
- Median level of agreement that fertility options should be discussed with MLWH: 89 (IQR 74-100; 0=strongly disagree; 100=strongly agree)

Contraception

- Median level of confidence in contraceptive knowledge: 62/100 (IQR 40-77; scale as above)
- Median level of agreement that contraception should be discussed with MLWH: 93 (IQR 74-100; scale as above)
- 45% (33/65) had ever received any training on contraception

Limitations

- Generalizability may be limited given convenience sampling from a single city (San Francisco)
- Social desirability reporting may be present

Conclusions

- A high proportion of providers caring for MLWH in San Francisco are including fertility & contraception counseling in their clinic visits
- The majority believe these domains are within their scope of work, but fewer feel confident in their knowledge
- More research is needed into the quality of contraception & safer conception counseling offered by these providers in order to identify and meet training needs, and support provision of integrated sexual and reproductive healthcare for serodifferent couples

Acknowledgements

- Macy's foundation
- Survey participants

Resources for providers & patients: please visit