

An Investigation into the Interaction between Fertility and HIV/AIDS: a Comparative

Analysis between Ghana and Zimbabwe

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INTRODUCTION

The extensive impact of HIV/AIDS on the Sub-Saharan Africa has influenced the landscape in myriad ways including fertility. This paper overviews two countries within the region at different spectrums of the epidemic. Ghana is within the early stage of the epidemic with a prevalence of approximately 2% and Zimbabwe at the generalized level with over 15%.

Main Concepts

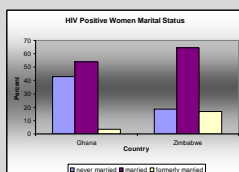
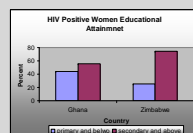
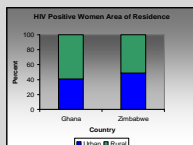
- Fertility is the actual reproduction of children
- Fecundity is the biological capacity to reproduce.

Hypothesis

The impact of socio-demographic predictors on fecundity and fertility differ by HIV status depending on the extent of the HIV/AIDS epidemic.

METHOD AND DATA OVERVIEW

The data for both countries were taken from the Demographic Health Survey (DHS) which employed a two-staged random stratified sampling design and a biomarker to ascertain HIV status. The data for Zimbabwe was collected in 2005 with 13069 cases and Ghana in 2003 with 6,600. Tools of analysis include both logistic and multinomial regression. The Zimbabwean assessed all members of the population but focused on those who knew their status.



RESULTS

Overall the hypothesis was partially proven. The study revealed that for fecundity the socio-demographic predictors differed by the extent of the epidemic. However, this relationship did not continue for fertility.

Fecundity

- There were no significant predictors of fecundity for Zimbabwe
- For Ghana the socio-demographic predictor was age with women in the 15-24 age group being more fecund than those in the 40+ category.

Fertility

Predictors of below replacement fertility

Country	Age	Education	Marital Status
Zimbabwe	15-24	Primary and below	Married
Ghana	15-24	Primary and below	Married

Only Zimbabwe had statistically significant replacement fertility predictors:

- ❖ Marital Status-Married
- ❖ Education-Primary and below



RECOMMENDATIONS

- There needs to be a healthcare regime to assist HIV positive women to reproduce in a safe environment.
- Counseling is also essential as these women undergo the stress of combating infecundity.
- Women who reside in rural areas need special access services to overcome urban bias of resources.



DISCUSSION AND CONCLUSION

- The extent of the epidemic will impact on being fecund.
- Urban women even with HIV have less children than rural women
- Once there is fecundity the predictors of fertility are the same despite the extent of the epidemic.



LIMITATION

The data suffered from a small HIV positive sample especially for Ghana and hence the impact of the variables could not be properly assessed.



Acknowledgement

The Demographic Health Survey for allowing data access.

MEASURE
DHS

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