Factors influencing the decisions of couples about having children taking into account the risk of possible congenital defects because of the infection caused by the Zika virus

Introduction

This report shows a set of recommendations in relation to family planning when there is a risk of congenital defects because of the infection caused by the Zika virus, as well as, the prevention of its sexual transmission.

Due to a lack of evidence on factors that influence couples decisions to have children because of the congenital risk due to Zika virus infection, the evidence was gathered from studies published in the last 10 years related to other cases (e.g. HIV, diabetes, epilepsy, malaria, heart disease and inflamed bowel disease).

Factors influencing family planning decisions were grouped into three categories:

- Cognitions and practices in relation to sexual and reproductive health.
- Counseling and health care services.
- Cultural factors, beliefs and desires that can affect family planning and decisions.

How do families plan pregnancies while there is a potential risk of medical complications?

Knowledge, attitudes and behavior in sexual and reproductive health

There is a wide evidence that knowledge does not always lead to practice:

- Knowledge about the potential risk of medical complications during pregnancy does not always affect sexual and reproductive behaviors, particularly with regard to having intercourse with protection or contraceptive practices.

Often, the association between who has the disease (father/mother) and the possible health consequences in the child in gestation is not recognized:

- Both in vector-borne and other diseases (e.g. HIV, diabetes), there was no clear relation between an ill pregnant woman and her child in gestation.

- Similarly, in the case of malaria, although the risks of the mother health were recognized, the consequences were ignored in the child or, even, they did not relate the symptoms to the disease.

- People who had a disease (e.g. diabetes, epilepsy, HIV) that could be transmitted to the child had no difference on sexual
and/or reproductive behaviors when compared to those who had not suffered the disease.

- A large sector is unaware of the importance of knowing the risks on the child and the mother. Therefore, they make poorly informed decisions regarding pregnancy.

- There is not always a request of information on diseases and pregnancy when consulting health professionals.

However, literature also highlights concerns related to both the possibility of pregnancy and its consequences on the health of the baby or the parents. In different studies, women expressed stress, an exaggerated feeling of self-blame and responsibility because of extreme pressure on pregnancy, the transmission of possible diseases, and the death of the baby or themselves.

COUNSELING AND HEALTH CARE SERVICES

Considering the potential risk of congenital defects, another factor that influences decisions about having children is the limitation in guidance and counseling services that offer health care providers.

- Research in this area has provided evidence on the lack of information by health care providers and physicians on sexual and reproductive health.

- The evidence shows that in some countries, health professionals do not mention issues such as abstinence or abortion. The latter applies where permitted by law.

Another factor is the barrier in communication between health provider and patient.

- An environment of trust is not created for couples to dare seeking fertility advices from their doctors/health care providers.

- Health care provider gives very technical information difficult to the patient to understand.

- The indifference of the doctors that is showed when they discourage couples who are willing to have babies.

- A number of stigmas and discrimination have been identified in the treatment of infected patients, especially those carrying HIV.

The lack of an interdisciplinary team that offers a joint service among several specialists that facilitate a complete

- Having a team of specialists who provide comprehensive information could lead a joint decision-making between couples who are at risk of pregnancy with possible congenital defects. This contributes to a greater confidence and allows an informed decision-making process.

CULTURAL FACTORS, BELIEFS AND DESIRES

Another essential factor influencing decisions about couples having children, despite the risk of congenital defect, is the meaning of paternity and maternity in the culture they are in.

- Different studies have identified a stigma on those women who do not have children. In some cases, there is a belief that they are promiscuous, since childlessness is associated with abortion and prostitution.
There is also the perception that having children is a way to support family values and motherhood, which is vital in certain communities. In these cases, for women is natural to have children, and for men, paternity reaffirms elements of masculinity. They do not consider other options such as adoption or insemination, especially in the case of HIV carriers.

However, some communities often see HIV-positive women with children as irresponsible. There is also a perception that women's health may deteriorate and propitiate a postpartum death. Besides, there is the possibility of infecting the baby. These cultural perceptions increase stigma and affect the decision of having a child.

Regarding abortion, there is a strong stigma in this topic even when it is performed to safeguard the mother’s life, or when there is a condition on the fetus that prevents a desired birth.

Finally, studies show that some of the reasons to voluntarily terminate pregnancy in the case of HIV are: socio-economic difficulties, concerns that pregnancy deteriorates health, fear of inflicting suffering on the baby or on other children if they had them.

Another important factor to consider is gender differences.

- In some contexts, women do not have the power to negotiate the use of contraceptive methods or to refuse sex. Therefore, it is possible that a pregnancy is given in adverse health circumstances.

In other contexts, the stigma of single women without children is greater, which may influence the decision to get pregnant to avoid this social pressure.

---

**Tanzania**


**Method:** A survey of 1708 pregnant women who had given birth in the last 6 months.

**Outcomes:**

- Media by which messages were transmitted:
  - Radio 83.3%
  - Brochure 37.3%
  - Poster 22.8%
  - TV 20.5%

- Reasons for not getting prenatal care:
  - There was no need or it was very early 37%
  - It was not known the pregnancy 13%
  - Distance of the medical center 10%
  - Do not know 5%

- Knowledge about the dangers of malaria in the baby:
  - No impact is known 63.2%
  - A possible impact on the baby is known 22%
  - Two or more threats to the health of baby are known 14.8%

**Recommendations:** Factors on malaria complications in the baby should be reported. Not only through campaigns, but also through health education sessions integrated with prenatal care, as one of the means where women are more affordable.
Beliefs deeply rooted in certain contexts or groups can influence decisions about having children with congenital defects.

- In some communities, condom use is seen as something that leads to loss of spontaneity and enjoyment. This has even brought consequences in couples where one of them is HIV positive.

There are beliefs based on cultural patterns that influence the decision of couples.

- It has been observed that there is a deep-rooted belief that the disease can be caused by spirits or evil forces.

- Some women believe that having extra-marital sex relates to diseases, according to their community’s myths. Moreover, the community may consider extra-marital sex as a source of health issues to the baby, or spirit possessions, because traditions were broken.

Factors influencing the decisions of couples about having children taking into account the risk of possible congenital defects because of the infection caused by the Zika virus.
FINAL CONSIDERATIONS AND RECOMMENDATIONS

Based on the aforementioned and the findings in the consulted studies, the following considerations are proposed:

Strengthening Zika Care Programs.

These programs should provide specialized information on sexual and reproductive health so that the population at risk, in this case women of childbearing age, pregnant women and their partners, may know that Zika is also sexually transmitted and it is possible to prevent it by using condom. Similarly, it is sought that this population can make informed decisions about pregnancies in contexts where there is risk of Zika base on an understanding of the possible consequences on the baby.

Creating programs of interdisciplinary attention that involve specialists in the area of the disease and in sexual and reproductive health.

Training health care and counseling providers on the necessary information, especially regarding contraceptive methods and pregnancy in cases of risk, either to avoid contagious or to decide to be pregnant in such a risk context.

It is necessary that doctors and health personnel supporting women create an environment of trust and comfort to patients, where the desire of having children and family planning are openly discussed.

Design of new intervention models

It is necessary to improve an intervention model that aims at strengthening the capacity of women to decide on their sexuality, especially on the use of contraceptives, despite the attitudes of their partners.

Furthermore, women shall be given the option of voluntary termination of pregnancy, despite the stigma of society. This capacity building must be accompanied by access to information and methods of contraception, especially in populations that do not have the resources to acquire them with their own resources.

When conducting an intervention, it is necessary to integrate involvement strategies between communities, families, and partners of the affected women, in order to reduce the stigma against women who do not have children, women who wish to have children despite a risk, and women who consider abortion at some point.

To develop more complex interventions focused not only on individuals, but other actors such as partners, family, local community, providers of health and education services, and public officers. These actors should be involved in the socio-ecological model analysis in order to understand that even individual decisions related to risk behaviors are connected to multiple entities. The involvement of other actors helps to consider that they are, in turn, articulated to cultural situations, such as beliefs that the disease is the product of an evil event or of extra/premarital sex.

These interventions could be more effective if they articulate strategies oriented beyond the knowledge, the social norms and the capacities of action. Also they shall involve not only changes in individual behavior, but also social mobilization and advocacy.
Method

A review of studies of the last 10 years was made in databases such as Google Scholar, Com Update, Science Direct, Web of Science, PLOS One, Elsevier, Wiley, Scopus, SciELO, PubMed and Dialnet Plus. In addition, sources such as Health Compass, The Communication Initiative, UNICEF, World Health Organization.

It was included studies that analyzed factors that influenced in the decision of having babies when there were some of those diseases and studies that analyzed the family planning, perceptions, attitudes, behaviors and challenges. It was found 56 documents that met with keywords, of which 28 articles were relevant.

BIBLIOGRAPHY


Orner, Phyllis. et al., ‘A qualitative exploration of HIV-positive


Tanzania Capacity and Communication Project (TCCP). “Love me, parents”: An Evaluation of Tanzania’s National Safe Motherhood Campaign. Baltimore, Maryland and Dar es Salaam, Tanzania: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, TCCP, 2014, pp. 120.

