

# P1

## Reproductive desires of men and women living with HIV: implications for family planning counselling

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### INTRODUCTION:

An estimated 18.8% of the South African population within their reproductive years (15 to 49 years of age) is infected with human immunodeficiency virus (HIV). Reportedly 28.9% of individuals within this age group are exposed to antiretroviral treatment, while 31.4% of all babies born in South Africa are exposed to HIV.

### AIM:

The research was guided by the following research questions:

- (i) What underlying social processes influence the reproductive desires of men and women living with HIV who are attending public health services?
- (ii) Does the possible risk of HIV transmission affect reproductive desires among people living with HIV (PLHIV)?
- (iii) What are the implications of their reproductive desires for family planning counselling aimed at HIV prevention?

### MATERIALS AND METHODS:

HIV-positive men, pregnant women and non-pregnant women were recruited from two clinics at a large public hospital in Tshwane, South Africa. Individual interviews were used to explore the reproductive desires of HIV-positive participants. HIV counsellors' perceptions of their clients' reproductive desires were explored during focus group discussions.

### RESULTS:

Parenthood proved to be an important factor to all participants in continuation of the family and establishing their gender identities, despite the possible risk of HIV transmission and community stigmatisation. Different cultural procreation rules for men and women and stigmatising attitudes towards PLHIV affected their reproductive decision making. Women had the dilemma of choosing which community expectations they wanted to fulfil. Community stigmatisation toward PLHIV was visible in the negative attitudes of some HIV counsellors regarding HIV and procreation.

### CONCLUSION/DISCUSSION:

Because the reproductive desires of PLHIV are currently not given high priority in HIV prevention and family planning in the public health sector in South Africa, the prevention of HIV transmission may be jeopardised. These results necessitate the integration of HIV and sexual and reproductive health counselling on a primary health care level.