the pill, injectables and sterilization are most effective but also can cause side effects, which may be particularly worrisome for an HIV-positive woman. The pill was the main focus of discussion about negative side effects.

While sterilization did not come up in the women’s discussion groups and interviews, men were divided in their support for the method. Some advocated for sterilization as the most effective method, while others found it culturally unacceptable. Participants believed traditional methods to be appropriate for women with HIV because they do not have health side effects, but most study participants dismissed these methods as being inconsistently effective in preventing pregnancy and not effective at all in preventing HIV infection.

Most discussion centered on condom use to prevent pregnancy when a woman is HIV-positive. Both women and men said condoms would be a good method for a husband and wife to use to prevent pregnancy. Respondents believed that when the motivation is to extend the woman’s life and mitigate HIV’s impact on the family, the stigma about condom use is reduced and the need to negotiate use is minimized. Many respondents also mentioned that condoms prevent “blood contact” (contact with sperm) when either partner is HIV-positive, suggesting that they were aware of the benefit of reducing the risk of infection in serodiscordant couples. However, a few men mentioned doubts about the efficacy of the condom to prevent disease transmission.

Discussion

Conclusions

The findings from this qualitative study indicate that the widespread prevalence of HIV in the community plays little role in women’s and men’s own childbearing and contraceptive use decisions. The one exception is the impact of obligations to care for the children of family members who have died of AIDS. A number of women and men cited the extra burden of caring for AIDS orphans as a reason to curtail their own future childbearing. Estimates of the number of AIDS orphans in the future suggest that this reason may grow in importance.

In the study population, HIV and AIDS appear to have little effect on childbearing and contraception unless there are signs or symptoms present. When we asked women and men to consider a hypothetical case where a woman knew she was HIV-positive, the majority view was that pregnancy should be avoided and condoms would be one of the best methods to use. Such changes in reproductive behavior have not been found by studies in the region conducted among populations who were informed of their HIV status. That research found that knowledge of one’s own HIV status sometimes influenced later contraceptive use but not subsequent fertility.22

One way to explain these seemingly contradictory attitudes and practices is that HIV-positive women are having unwanted births or births they would prefer not to have if they could do so without paying a large price in their relationship or community. Thus, we need to know more about what factors so strongly influence women or couples to continue childbearing in the face of such poor outcomes for the unborn child. Moreover, we need to determine what information, services and support would help them limit childbearing, if they so choose.

Recommendations

The reproductive health field has viewed family planning programs as a logical focal point for STD, HIV and AIDS prevention services because these programs serve large numbers of women; already address sensitive issues of sexual behavior and fertility control, and provide methods that can prevent both unwanted pregnancy and disease. What might family planning programs consider doing to help people achieve their family-building goals while avoiding HIV infection and transmission of HIV to themselves, their partners and their children?

• Encourage women and men to evaluate their risks of contracting HIV and to consider having an HIV test. Study participants felt that women with HIV should not bear children, yet they also acknowledged that because few people actually know whether they are infected, they do not often consider HIV when making reproductive decisions. In this setting, where many people are concerned about their risk of HIV infection but do not know their HIV status, family planning programs could help clients ascertain their own risk of infection, and thus perinatal HIV transmission, through frank discussions of risk factors and HIV testing.

The risk factors for HIV are well known, and a number of risk-assessment checklists, tools and exercises have been developed for providers to use during counseling—in individual or group sessions with peers, with and without partners, and for self-assessment. Family planning programs should explore how these tools could be integrated into their programs to help clients assess whether they may be infected or are at high risk of infection, as well as what their appropriate reproductive and contraceptive choices are. Programs could also promote or offer voluntary HIV testing to women and men. An initial step may be to provide counseling about the advantages as well as the potential negative consequences of an HIV test and referrals for testing.

Any program that promotes voluntary HIV testing for women must first ascertain whether the benefits of the test will outweigh potential harm. In some settings, women who have sought HIV testing, particularly when they receive a positive result, have suffered violence from or have been abandoned by their partners or by others in the community. It is encouraging that we received few reports of these latter situations from our study participants. In fact, many men said that they commonly are the ones who bring AIDS into the home and that women are victims of their behavior.

Other results of our study (not presented here) suggest that tests may be unacceptable in long-standing relationships because of the issues they raise about trust.

Table 1. Summary of respondents’ perspectives on attributes of selected contraceptive methods for HIV-positive women

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness at preventing pregnancy</th>
<th>Health side effects</th>
<th>Effectiveness at preventing HIV transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill/injectables</td>
<td>Highly effective</td>
<td>Many side effects, problematic for HIV-positive women</td>
<td>Not effective</td>
</tr>
<tr>
<td>Sterilization</td>
<td>Most effective method, but culturally not very acceptable</td>
<td>No mention</td>
<td>No mention</td>
</tr>
<tr>
<td>Traditional methods</td>
<td>Low effectiveness</td>
<td>Few side effects, safe for HIV-positive women</td>
<td>Not effective</td>
</tr>
<tr>
<td>Condom</td>
<td>Highly effective</td>
<td>Main side effect is breakage</td>
<td>Doubts about effectiveness</td>
</tr>
</tbody>
</table>

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