

## ORIGINAL ARTICLES

## THE DESIRE TO HAVE CHILDREN AND FAMILY PLANNING AMONG HIV SERODISCORDANT COUPLES

Renata Karina Reis\*  
Lis Aparecida de Souza Neves\*\*  
Elucir Gir\*\*\*

## ABSTRACT

This qualitative descriptive study was conducted with people living with human immunodeficiency virus (HIV) or human acquired immunodeficiency syndrome (AIDS) living with serodiscordant sexual partners. The study aimed to identify the desire to have children and the strategies adopted for family planning and the use of contraceptive methods. Data were collected through individual interviews which were recorded and analyzed considering the Prose analysis by André (1983). The ethical aspects were considered. Regarding the saturation of the data, 11 people living with HIV/AIDS, four women and seven men participated in the study. The reasons reported by those who did not wish to have children referred to issues that went beyond the HIV seropositivity condition. Among those who wished to have children, the fear of transmitting HIV to their partner and child was not constituted as an impediment. Nevertheless, health professionals had not always welcoming attitude. Family planning is rarely discussed among serodiscordant couples. Professionals should be trained and sensitized to promote care and orientation to serodiscordant couples, addressing family planning and their reproductive decisions.

**Keywords:** Acquired Immunodeficiency Syndrome. Family Planning. Reproduction. Sexual Partners.

## INTRODUCTION

Not so long ago, people living with the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) had a very limited life expectancy<sup>(1)</sup> and a pregnancy in a couple in this context would have a large number of consequences such as frequent hospitalization due to related diseases and the possibility of orphaned children because of the death of the father or the mother. Besides that, the pregnancy could result in a considerable reduction in the quality of family life, because one or more of its members could be compromised by the illness<sup>(2)</sup>.

With the scientific and technological development related to the health of people living with HIV/AIDS, especially in terms of therapeutics, due to the advancement of antiretroviral therapy (ART), important changes in life expectancy and in the perspective of these people has occurred, changing this reality.

Because of such changes, seropositive individuals with HIV have started to have a higher survival rate and a better quality of life, enabling them to reconstruct their life projects, both professional and personal, including with people who are HIV seronegative<sup>(3)</sup>.

This reality implies other demands on health professionals to ensure that they have a wider comprehension of the health necessities of people living with HIV/AIDS, their families and the caring service provided within the perspective of the integrality of health care. One of the most important questions to be asked is linked to sexual health and the reproductive rights of these individuals.

In the area of reproductive rights and the context of health care, it is legitimate to recognize the wishes for motherhood/fatherhood among this population. However, the appropriate approach regarding such reproductive demands are not always evident during assisting practice, even in specialized caring services for those

\*Nurse. PhD in Nursing. Professor, General and Specialized Nursing Department, Escola de Enfermagem de Ribeirão Preto-USP. E-mail: rkreis@eerp.usp.br

\*\*Nurse. PhD in Sciences, Escola de Enfermagem de Ribeirão Preto-USP. Nurse, Secretaria Municipal de Saúde de Ribeirão Preto. E-mail: lisapneves@yahoo.com.br

\*\*\*Nurse. Full Professor, General and Specialized Nursing Department, Escola de Enfermagem de Ribeirão Preto-USP. E-mail: egir@eerp.usp.br

infected by HIV/AIDS<sup>(4)</sup>.

The provision of family planning advice on the part of health services has an important role to play in preventing mother-child HIV transmission and the infection or reinfection of the partner. Part of this role is assisting couples during the decision-making process regarding whether or not to have children, ensuring that they are fully aware and well informed<sup>(5)</sup>.

The aspects of reproductive life and mother-child transmission have led to the creation of many positions on the part of health teams regarding people living with HIV/AIDS<sup>(5)</sup>. Health professionals have developed distinct positions<sup>(6)</sup>, which may differ from patients' real necessities, values and rights, and on many occasions, these professionals have developed certain practices that might discourage the reproduction practices of this population<sup>(7)</sup>.

The important achievements in the therapeutic field and in reproductive health permits the use of steps to reduce the risk of the sexual transmission of HIV in reproductive planning among infected couples. Particularly with regard to serodiscordant couples, the recommendations include counseling, which must embrace the discussion of reproductive desire, measures to reduce risk, the clinical evaluation with regard to HIV and a gynecological evaluation in the case of women. This strategy especially aims to facilitate adherence to the treatment, to observe the undetectable blood viral load, the absence of infection in genital tracts and other opportunist illnesses, besides stability in terms of immunological parameters<sup>(8)</sup>.

To recognize the complexity of the aspects related to the reproductive rights of people living with HIV/AIDS, the permanent education of interdisciplinary teams is necessary. Based on this step, the professionals will be able to provide healthcare within a wider perspective, breaking with the predominant model in assisting care, yet present and centered on the biomedical model<sup>(5)</sup>.

Considering the need to embrace the questions related to the reproductive life of people living with HIV/AIDS that have serodiscordant partners, the objectives of this research were to analyze the desire of HIV serodiscordant couples to have children, and to

identify the strategies adopted for family planning, and the use of contraceptive methods.

## METHODOLOGY

This descriptive study was performed in a public outpatient service in a college hospital, a reference service available to individuals who live with HIV/AIDS in a municipality located inland of the Brazilian state of São Paulo.

This 11 people living with HIV/AIDS who had an HIV serodiscordant sexual partner and who met certain inclusive criteria participated in this study. The criteria for inclusion were: for the patient to have know his/her serologic status regarding HIV infection for at least, six months; to have an affectionate-sexual relationship with a HIV serodiscordant partner; to perform the clinical-ambulatory follow-up in the place of study of this research and; to be in an emotional and clinical condition to be interviewed.

The participation of the subjects was possible because they consent to be part of this research and the number of participants was determined by requirements related to the saturation of data, i.e., the recurrence of information.

The data collection was done through individual interviews, recorded in a private service room that guaranteed confidentiality and anonymity. The interviews, which lasted from 30 to 90 minutes, were based on a pre-established guidelines composed of open questions.

To analyze the data, we used Prosa's analysis<sup>(9)</sup>, which is a way to investigate the meanings of qualitative data that include intentional or non-intentional, explicit or implicit, verbal or non-verbal, alternative or contradictory messages. The material to be analyzed can be based on a series of observations or interviews, as well as being obtained using other data collection techniques. After the transcription and organization of the data, the resulting texts were submitted to an exhaustive reading, and from this exercise, themes and topics emerged.

This project was approved by the Ethics in Research Committee of the institution being studied (registered under Protocol 7656/2002). All participants were informed of the objectives of the study and also signed the Free and Clear

Consent Agreement. The names presented in this paper are made up in order to guarantee the anonymity and safety of the participants.

## RESULTS AND DISCUSSION

From the eleven participants who took part in this study, four were women and seven were men, with ages varying from 30 to 51 years. Regarding the level of education, seven of the participants had not finished Middle School, two had just ended their education at this level and the other two had college degrees. With regard to the domestic situation faced by the serodiscordant couples, it was seen that seven participants already had their partners before they found themselves infected by HIV, and the others (n=4) started their present relationships after they acknowledged their HIV seropositive diagnosis.

After an exhaustive analysis of the speeches, two themes emerged: Theme 1 – Reproductive Health, with a distinction with regard to one topic: the use of contraceptive methods; Theme 2 – Family planning among serodiscordant couples, with three topics: the desire to not have children; the desire to have children; the absence of family planning.

### Theme 1 – Reproductive Health

In healthcare services, sexual and reproductive health should not have a low priority, as it is a fundamental dimension that needs to be approached and understood by health professionals.

Sexual and reproductive health of people living with HIV/AIDS is not yet taken into consideration in a proper fashion in Brazil, as counseling with regard to family planning is not present or even not planned in the majority of AIDS programs<sup>(10)</sup>. Besides that, men are considered less important has been observed in the routines with regard to family planning programs<sup>(11)</sup>, and it is usually seen that the reproductive necessities and demands of men living with HIV have not been properly answered<sup>(12)</sup>.

### Topic I - The Use of Contraceptive Methods

Before the infected women in this research found out about their HIV condition, it was determined that they did not worry about the use

of any contraceptive methods. Three of them reported they did not use any contraceptive method at all, and one mentioned a random use of preservatives.

[...] I didn't use to take any medication; I didn't use to take anything (Solange)

[...] nothing, I didn't use to take anything, not even the pill (Júlia)

[...] I don't have both tubes because I had a tumor. I had them removed, so I never used anything (Antônia)

[...] before I got sick, sometimes I used condoms. I never used anything else (Aline)

Among men, some inequalities were noted over the responsibility to use contraceptive methods with their partners before the HIV infection, as this was a responsibility they attributed to women. In this area, three interviewees mentioned that their partner used to take birth control pills, three others reported that they did not use any contraceptive method, and one pointed to the sterilization of the partner as a reason for not using any method.

[...] I didn't use anything, not even the pill, unless she did it and I didn't know, but I've never seen it. I used to live with her, so unless she used to take them and hiding it from me, but I've never seen it (Mário)

[...] she took pills to not get pregnant all the time (Cláudio)

[...] before she got pregnant she used to take pills (Rogério)

[...] she used many pills, but after some time she just stopped taking them (Sandro)

[...] she had surgery; she doesn't have her uterus anymore (João)

We can consider this matter as one of the determinants of individual vulnerability on the part of the subjects in the study in terms of the reasons linked to HIV infection, considering the use of methods that do not protect against Sexually Transmitted Diseases (STD)/HIV and low adherence to the use of preservatives.

In the last two decades, the participation of men has been the main target of many studies, due to the preoccupation with the masculine role and the perspective towards reproductive health.

Nowadays, there is a conviction that men have an important role to play in the reproductive health of the couple, and that the effective use of contraceptive methods, and even the satisfaction with the chosen method, are frequently influenced by men<sup>(13)</sup>.

After the discovery of HIV seropositivity some changes in preventive behavior were noticed, with a higher adherence to the use of masculine preservatives during sexual intercourse. Besides that, it is possible to identify the difficulty in using it in all intercourse episodes, because between the investigated subjects, it was seen that five used exclusively masculine preservatives as a contraceptive and preventive method, one eventually used the preservative as well as coitus interruptus which is not considered a safe method to prevent the sexual transmission of HIV and of an unplanned pregnancy while another subject mentioned that he no longer engages in sexual activity.

[...] nowadays we are using condoms. It was never something I would do by myself like: 'Ok, I'm gonna use it and that's it!' It doesn't look like the condom will do anything; it never fits in and I don't feel good holding a condom (Sandro)

[...] it seems that I can't get used to the condom, maybe a little, but not all the time, but sometimes I think it bothers me (Cláudio)

[...] sometimes I have some intercourse, but it's not, it's not,... I don't ejaculate inside the vagina (Rogério)

[...] we don't have any sexual intercourse anymore... We are too far from each other...(Pedro)

[...] it is too different for me and for her too... Lubrication is not the same, even with those lubricating gels, because it dries out during penetration. Masculine condom... is not cool for either of us ...(Rogério)

The results of a study showed that the most frequently used contraceptive method of people living with HIV/AIDS is a masculine preservative<sup>(14)</sup>. The adherence to preservative use and the its difficulties must be evaluated, as it has the same level of acceptance among men and women<sup>(15)</sup>. Besides that, it is necessary to increase the number of methods and devices that amplify the options for protection and prevention under women's control.

Among the women, after infection by HIV/AIDS, it was seen that two used masculine preservatives, one reported the exclusive use of preservatives, and another mentioned the lack of sexual intercourse.

[...] I use preservatives. For me, it doesn't change anything, it's the same thing (Solange)

[...] before it was as normal as any other couple. Now I don't have any sexual intercourse with my husband... (Antônia)

The use of double protection methods includes the use of preservatives in conjunction with other contraceptive methods that generate a level of protection against both HIV infection and pregnancy. In this study, it was seen that these methods are not adopted by the participants, and it was also observed to lead to unwanted pregnancy due to the use of a single contraceptive method.

[...] the condom broke and I got pregnant (Solange)

[...] because we were always careful and these two children came from problems we had with preservatives (Marcelo)

The information here found matched the ones found in a study performed with 841 people living with HIV/AIDS in Argentina. This last research points out the difficulty of providing orientation regarding contraception and reproduction to this population, and debates the fact that health services could provide better assistance with regard to contraceptive and reproductive necessities of the population studied, if some barriers could be broken. Among them, there is the fragmented organization of the health service provided, the ambiguity regarding which professional is responsible for giving contraceptive orientation to women that live with HIV, and the challenges related to interdisciplinary work<sup>(16)</sup>.

## Theme 2 – Family planning among serodiscordant couples

For the serodiscordant couple, the decision to have or not have children presents some peculiarities, such as the possibility of transmitting the infection to the non-infected partner, and from the infected mother to the child<sup>(17)</sup>.

Maternity/paternity in the context of HIV infection/AIDS has become a real possibility with the rise of ART, as it is seen that vertical transmission is considerably lowered, less than 2%, when all steps with regard to prophylaxis are taken during the pre-natal, birth and the puerperal stages<sup>(8)</sup>.

With regard to the risk of sexual transmission of HIV to the seronegative partner as a result of unprotected sexual intercourse, as the available evidence show, many aspects exist that include the frequency of sexual relations, the presence of other concomitant STDs, the presence of HIV in the plasma, vaginal and semen secretion, the stage of the disease, the TCD4+ cell count, and the use of antiretroviral medication (ARV)<sup>(18-19)</sup>.

When the couple decide to have children, besides a full understanding of the risks of HIV transmission, they must continue to receive orientation from the multidisciplinary team, aiming towards how to approach the best moment to get pregnant. At the same time, a careful physical evaluation must be included. This includes the monitoring of the viral charge, which should be low or undetectable, and a high level TCD4+ lymphocyte count, without any trace of specific symptomatology or manifestation of the defining illnesses of AIDS<sup>(8)</sup>.

A Brazilian study conducted with 93 HIV serodiscordant couples showed that the use of ARV and an undetectable viral charge were the reasons identified for why HIV transmission did not occur<sup>(20)</sup>. A similar result was reported in research developed on the African continent, with 349 people living with HIV, which reinforced the protective role of ARV with regard to the reduction in the sexual transmission of HIV<sup>(19)</sup>.

Other developments have occurred with regard to prevention and reproduction within the context of people with HIV/AIDS, with the possibility of assisted reproduction among serodiscordant couples. When the man is seropositive and the woman is seronegative, a safe alternative is artificial insemination done in specialized human reproductive health centers. The insemination is performed after the "cleaning of the semen", which consists of the elimination of HIV located in the seminal liquid, and the removal of other non-spermatic cells to

completely eliminate undesired elements<sup>(21)</sup>. Despite that, this is a high cost medical proceeding that is not available in all specialized services in the public health system, and therefore not all people have access to this option.

Besides that, the Brazilian protocol to reproductive health within the context of HIV proposes some other possibilities to the couples. In the cases that the woman is seropositive and the man seronegative, it is possible to use self-insemination during the woman's fertile period. When the man is seropositive and the woman is seronegative, it is possible to conceive, under planning, during the woman's fertile period, as long as the partner uses ART and has an undetectable viral charge in his plasma, and as long as the woman is offered post-exposure antiretroviral prophylaxis medication<sup>(8)</sup>.

Counseling regarding the risks of sexual transmission of HIV and the necessary adherence to reduction strategies in family planning are fundamental questions that must be discussed with the serodiscordant couple by the interdisciplinary team. Then, the team can offer some updated instructions that can assist in a conscious decision-making process regarding family planning. Other guidelines include the evaluation of fertility in both partners, the practice of unprotected sexual intercourse only during the woman's fertile period, the exclusion and/or treatment of infections in the genital tract or inflammatory processes that can increase the chances of HIV transmission in both partners, and the orientation to stop unprotected sexual practice after the confirmation of the pregnant status<sup>(1)</sup>.

### Topic 1 – The desire to not have children

Among the subjects of this study, the reasons of the desire to not have children were not necessarily related to the infection by HIV/AIDS and the matter of serodiscordance in the couple. They pointed out the financial challenges they were facing, which would influence the education of the child in today's world, the lack of projects related to maternity, and the fact that some couples already had children.

I don't want to have any more children; they are all grown-up already. Besides that, she's already a grandmother and I'm a grandfather. My daughters

are 24 years old. I want to live the rest of my life in peace (João)

[...] I know that if I have another son with her, he will be normal and she is going to be ok. I just don't do it because of my financial life. But I'm sure that if I get a child he's gonna be ok, but at the moment I don't want one (Mário)

[...] the thing about having more children in today's world is so difficult, you know. There's criminality, and many other things involved. If you say: 'from today on you can have a child, there's no risk [to transmit HIV], it is proven, tested, you have no chances [to transmit HIV], you can have a child', I still wouldn't have one (Rogério)

However, other studies show that the serologic condition has negative influence in reproductive choices<sup>(22)</sup>, the fear of HIV transmission to the child and to the partner being the main inhibiting factor with regard to the desire to have children<sup>(7)</sup>.

## Topic 2 – The desire to have children

The desire to be parents was present in women and men living with HIV, and it is seen as the concretization of a dream for both partners. Serodiscordance among couples, and the recognition of the risk of infection of the child and of the partner, are not impediments to pregnancy.

I want to have children, and he also wants it, but he respects me because of HIV, but not because he has prejudice. He says he is afraid I will get sick during the pregnancy or because of the pregnancy; and another worry that we have is if the child will be born like this [with HIV] (Aline)

The change of partner also influenced the decision to have children. Even in cases in which the couple did not have children, but had children from previous relationships, this desire was still there.

He really wanted to have a child. I was his first wife, I already had one and he wanted another one. I was really scared, because I thought 'now he is' [infected by HIV], and then he had the exams and he was clear (Janaína)

Pregnancy is an important mark in the lives of women living with HIV/AIDS<sup>(23)</sup>. However, the necessities, the desires and the values of men living with HIV and paternity is little known as yet. In this study, it is seen that the desire to have

children may be part the life plan of the couple. Men also showed a desire for paternity, interpreted by them as the fulfillment of "*a dream*", even though this means taking some risks.

[...] I was in love with the idea of having a child with her, and she used to say 'Jesus will give me a child, a child with him, who I like very much'. So we started to plan, as we both wanted it. I started to have intercourse with her on a normal scale and she accepted it (Mário).

However, the desire to have children comes together with the conflict and fear of HIV transmission to the baby and to the partner.

[...] my dream was to have a boy, but I lost any hope of that because it is not 100% guaranteed, so it is too difficult. She also had this dream. I'd love to take some risks, but if I had the certainty that I wouldn't contaminate my partner and the child, I'd be more confident (Pedro)

A similar result was found in a study done in the city of São Paulo, which shows that the majority of the men living with HIV/AIDS had a desire to have a family. And this, besides the treatment regarding the infection of HIV, the aspects of reproductive health and the rights of men, are little incorporated in terms of both education and prevention, and the organization of the healthcare services<sup>(12)</sup>.

In this sense, health professionals must be capable of giving information regarding the risks of transmission of HIV during pregnancy, both to the child and to the seronegative sexual partner, which then, generates an ethical position to support in terms of all reproductive choices.

Besides that, it is fundamental that public policies be introduced that amplify the access to healthcare services and that legitimate the right to reproduction of couples living with HIV/AIDS. In this situation, developments in reproductive health must be considered, as well as the use of technologies applied to assisting reproductive practices, with the possibility of artificial insemination and/or washing of sperm, depending on each case, which are scientifically proven alternatives that reduce the risks of the vertical transmission of HIV and to the partner<sup>(24)</sup>.

Another important aspect involves the position of health professionals who assist this population, given that there are some diverging

positions inside the health service system regarding the pregnancy of people living with HIV/AIDS. As was reported by one participant:

She took the risk, and had a child with me. When she came here, pregnant, here inside [the hospital], she was criticized by many people, including some professionals. She was harshly criticized by them! (Mário)

In terms of the experience of pregnancy in conjunction with seropositivity, people with HIV/AIDS do not always get a proper reception from the people who are in their network of relationships, and from health professionals<sup>(25)</sup>.

The position of health professionals in favor or against the reproduction of HIV seropositive women is based, many times, on value judgments, and not on the technical competence that is observed by their profession. This calls attention to the fact that even health professionals find it difficult to deal with serodiscordant couples, especially regarding their sexual and reproductive life<sup>(26)</sup>.

There has been little support of HIV seropositive parents in the public health system, because the emphasis of the service provided is the implementation of methods to prevent the vertical transmission of HIV, and it has not provided enough support for the decision-making process of couples to have or not to have children<sup>(10)</sup>.

In the health service, treatment is offered to the HIV-infected individual, and not to the couple. The seronegative partner is not included in many services, and the health needs of that individual are not considered regarding the necessities that involve the couple, such as the experience of sexuality<sup>(27)</sup> and the reproductive choices and decisions<sup>(5)</sup>.

It is the role of health professionals to offer updated information about the infection, aiming to develop internal resources on the part of the patient so that people living with HIV/AIDS have the possibility of recognizing themselves as being responsible for their own health and responsible for their own decision-making processes<sup>(28)</sup>.

There are differences in the perception of pregnancy on the part of health professionals and of women infected with HIV. For the professionals, pregnancy associated with seropositivity is seen as a problem to be faced,

by which they aim to control the vertical transmission of the virus through the use of approaches aimed at “adhering” to the therapeutic regime, rather than considering the possible reproductive necessities<sup>(28)</sup>.

From the point of view of the professionals, the pregnancy of women living with HIV happens due to a lack of proper orientation, or due to a lack of understanding of the implications of the pregnancy because of the infection. They do not consider the possibility of the desire to become pregnant as a necessity, not even in the context in which the pregnancy happens<sup>(4)</sup>.

Such positions require the implementation of permanent education aimed at the health professionals, as the changes and development regarding HIV infection/AIDS are continuous.

Some changes in clinical practice are also necessary, and the organization of work in specialized health care services of people infected by HIV must provide treatment to the couple, including the seronegative partner. Thus, when answering this question, the objective should be to provide a holistic health care service, based on the treatment of the serodiscordant couple, because independently from the conflicts experienced by the health professionals, people living with HIV/AIDS have the right to a conscious decision regarding their decision to have children, and access to the contraceptive methods they prefer.

The desire to have children is not changed because of the infection<sup>(29)</sup>, because the possibility of motherhood, part of the role of the woman, which has been built historically and is socially incorporated, is kept strong, and it may even be strengthened among women living with HIV/AIDS. The meaning of motherhood in the lives of these women is a positive benchmark in which the redefinition of life occurs. It is within this experience that, many times, they find a reason to live<sup>(23)</sup>, which provides them with satisfaction and fulfillment as people, with a profound feeling of personal achievement, pleasure and strengthened self-esteem, and yet it configures a possibility to challenge the disease and death<sup>(6)</sup>.

A more ethical and welcoming attitude towards the couples that live with HIV/AIDS that want to have children is to recognize them

as subjects, observing the meanings and values associated with maternity/paternity.

For the recognition of autonomy in regard to the reproductive decisions of people living with HIV/AIDS, it is necessary that assisting strategies be formulated that protect their human rights and that minimize the risks of HIV infection<sup>(4)</sup>.

### Topic 3- Lack of family planning

In this research, it can also be seen that family planning is not present in a systematic format in the service studied. The intention to have children does not lead to the planning of the best clinical moment in terms of pregnancy, once frequently, it is unplanned.

[...] it was very traumatic when she got pregnant. These two children happened because of problems using the preservatives; we didn't mean to be... (Marcelo)

[...] I got this child after I was sick; I was in need, so... you know... (Mário)

[...] before I got sick sometimes I wore condoms; I never used anything else... (Aline)

The silence about family planning can reveal the difficulties associated with discussing it and the conflicts faced by the couple, as well as the fear of being disapproved by people in their social or family network, and also by the health team. This leads to the need for new studies that can embrace these questions.

Such a situation can contribute to the fact that the reproductive aspects are not well addressed. The fact that the desire of couples is not recognized, implies that there are many deficits for serodiscordant couples, because the opportunity to deal with the risk of HIV infection to the child and to the partner, is lost. Besides, there is the difficulty of accessing the available resources that could help to reduce the risk of infection.

Therefore, a revaluation of the ethical and professional position on the part of all those involved in the treatment of people living with HIV/AIDS in regard to the sexual and reproductive rights of these subjects is necessary. This is the case because of the differences in cultural values regarding parenthood between professionals and serodiscordant couples.

With the chronicity of AIDS, the formation of HIV serodiscordant couples<sup>(30)</sup> is increasingly common. This requires a change in health practices to understand the needs of such couples, not only in terms of pre-natal care, but also in the specialized centers with an emphasis on conscious reproductive decisions. The determination of the public policies regarding reproductive planning in the context of HIV/AIDS is a challenge, but it is also a measure of progress when it comes to ensuring the integrality of healthcare.

### FINAL CONSIDERATIONS

Healthcare services must be prepared to treat and guide couples, especially with regard to family planning. The rise in survival rates and the improvement in the quality of life of people living with HIV, and the medical developments to prevent vertical transmission, have generated an increasing number of serodiscordant or seroconcordant couples who want to have children.

It has been seen that the preservative is the most commonly-used contraceptive method by the participants in this study, despite the fact some men indicated some difficulty in using them regularly. It is necessary that we consider the increased use of methods and devices that amplify the options of protection and prevention under female control.

The reproductive aspects that involve guidance and the possibility of choice in the use of contraceptive methods, as well as reception and family planning which are not currently properly performed, even within the specialized healthcare services designed for people living with HIV/AIDS. The silence over this matter can reflect the difficulty with regard to the dialogue on the part of the couples themselves, and the conflict caused by serodiscordance, together with health professionals. There is a need for strategies that aim to create a conscious decision-making process regarding pregnancy, and the best moment to become pregnant, within the context of the infection.

In the area of reproductive and sexual rights and integral health care, among the most fundamental questions to be answered by serodiscordant couples is the decision to have



children, as this is an important stage in the vital cycle of family relations. This desire may be part of the couple's plan, on the part of both men and women, especially on the part of those who do not have children yet.

Among the couples studied, the HIV infection was not the reason or the impediment to the desire to have children. In fact, the difficulties found were related to their present situation, which includes the existence of other children and financial challenges.

The instruction and permanent education of the health teams that support people living with HIV/AIDS is a fundamental aspect with regard to improving healthcare, as the discourse in favor of the prevention of vertical and horizontal transmission of HIV can influence the diverging positions with regard to the needs and demands of people living with HIV/AIDS in terms of the actual stage of chronicity, the rise in survival chances and a better quality of life.

Assistance to these individuals must be provided by a multidisciplinary team, so that they can provide updated orientation that can enable a conscious decision-making process related to family planning.

Besides that, it is important to amplify the debate about reproductive questions in the area

of health in order to ensure the effectiveness of the principle of integrality in healthcare. This is necessary in order to take into account the individual understanding of all the dimensions involved, and the consideration of the promotion of health beyond the biological aspects.

The assistance for people living with HIV/AIDS must be amplified from the individual perspective to focus on the couple and their affectionate relationship. This also includes their needs, their desires and their plans to have children, to create a family, and to support their affectionate relationships. Consequently, the health team must provide updated information and offer guidance, independent of their personal values, in such a way as to support a conscious decision-making process related to family planning.

Performing this study using a qualitative approach enabled us to develop an understanding of important aspects regarding the reproductive aspects of people living with HIV/AIDS. However, the results cannot be generalized. We call attention to the need for research that evaluates the provision of services that are supposed to assist the reproductive demands of people living with HIV/AIDS.

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## DESEJO DE TER FILHOS E PLANEJAMENTO FAMILIAR ENTRE CASAIS SORODISCORDANTES AO HIV

### RESUMO

Estudo descritivo e qualitativo desenvolvido com pessoas vivendo com o vírus da imunodeficiência humana adquirida (HIV)/aids que convivem com parceria sexual sorodiscordante. Teve como objetivos identificar o desejo de ter filhos e as estratégias adotadas para planejamento familiar e utilização de métodos contraceptivos. Os dados foram obtidos por meio de entrevistas individuais gravadas e analisados considerando-se a análise de prosa de André (1983). Os aspectos éticos foram contemplados. Mediante a saturação dos dados, participaram do estudo 11 pessoas que vivem com o HIV/aids, sendo quatro mulheres e sete homens. Os motivos apontados pelos que não desejavam ter filhos referiram-se a aspectos que extrapolavam a condição de soropositividade ao HIV. Entre os desejavam ter filhos, o medo de transmissão do HIV para o parceiro e criança, não se constituiu como fator impeditivo. Apesar disso, os profissionais de saúde nem sempre apresentavam postura acolhedora. Planejamento familiar é discutido de maneira insuficiente entre casais sorodiscordantes. Os profissionais devem ser capacitados e sensibilizados para promover atendimento e orientação aos casais sorodiscordantes, abordando planejamento familiar e suas decisões reprodutivas.

**Palavras-chave:** Síndrome da Imunodeficiência Adquirida. Planejamento familiar. Reprodução. Parceiros Sexuais.

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## DESEO DE TENER HIJOS Y LA PLANIFICACIÓN FAMILIAR ENTRE PAREJAS SERODISCORDANTES AL VIH

### RESUMEN

Estudio descriptivo y cualitativo desarrollado con personas que viven con el virus de la inmunodeficiencia humana adquirida (VIH)/SIDA que conviven con parejas sexuales serodiscordantes. El objetivo fue identificar el deseo de tener hijos y las estrategias adoptadas para la planificación familiar y el uso de métodos contraceptivos. Los datos fueron recolectados a través de entrevistas individuales grabadas y analizadas teniendo en cuenta el análisis de prosa de André (1983). Los aspectos éticos fueron contemplados. Mediante la saturación de los

datos, participaron en el estudio 11 personas que viven con el VIH/SIDA, siendo cuatro mujeres y siete hombres. Las razones reportadas por aquellos que no deseaban tener hijos se refirieron a las cuestiones que excedieron la condición de seropositividad al VIH. Entre los que deseaban tener hijos, el miedo de transmisión del VIH a su pareja e hijo no se constituyó como un desincentivo. A pesar de esto, los profesionales de salud ni siempre presentaban actitud acogedora. La planificación familiar no es suficientemente discutida entre las parejas serodiscordantes. Los profesionales deben ser capacitados y sensibilizados para promover la atención y orientación a las parejas serodiscordantes, abarcando la planificación familiar y sus decisiones reproductivas.

**Palabras clave:** Síndrome de Inmunodeficiencia Adquirida. Planificación Familiar. Reproducción. Parejas Sexuales.

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**Corresponding author:** Renata Karina Reis. Av. Bandeirantes, 3900. Cidade Universitária. CEP. 14040-902. Ribeirão Preto, São Paulo.

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