

themselves particularly pressured by such attitudes, and this could have acted as a constraint to disclosure of their HIV positive status. The disclosure has not been a big issue as the results showed in this study, majority of participants supported the idea of disclosing their HIV status either to their family or to their partners. Thus, the majority of the repeat pregnancies for HIV-positive women were both unplanned.

Discussion and recommendations

Several factors influencing fertility decisions among pregnant women on ART were brought to light by the women in Chiradzulu District Hospital. The majority of the women interviewed became pregnant after they had known that they were HIV-positive. Common factors associated with pregnancy included the husband's influence and the availability of drugs that maintain a good health status and help prevent vertical transmission of HIV. Many women indicated that they felt stronger than before starting ART and that they desired more children. They had hope that becoming pregnant would do them no harm.

It has been revealed in other studies that most HIV-positive women who become pregnant, or desire children after their diagnosis, seem more confident in the efficacy of risk reduction strategies. However, the findings of this study suggest that, regardless of a woman's pregnancy experiences or intentions, reproductive decision-making of participants considers the perceived risks of vertical transmission (which is often overestimated); beliefs about vertical transmission risk-reduction strategies; desire for motherhood; stigma; attitudes of partners and healthcare providers; and the impact of the mother's health. Some women reported that they became pregnant because they wanted or desired to have another child, even though they knew that they were HIV-positive. This is contrary to a study in which many women feared getting pregnant if they suspected that they were HIV positive, because pregnancy would "bring out" the disease.

In this study, most of the participants reported the desire to have more than three children. These characteristics possibly made the women less empowered to make their own decisions regarding childbearing or contraception, and thus become pregnant unwillingly. In other words, this vulnerability could lead to unstable relationships in which women enter relationships men with intention of receiving support, and this can contribute to repeated pregnancies.

Most of the women had disclosed that they were HIV positive to their husbands only, friends, and family members. Women in a study felt hesitant to disclose their HIV-positivity to others out of fear of stigmatization.

Women were found to feel pressured by such attitudes, and this could have acted as a constraint to disclosure of their HIV-positivity. The present study indicates that disclosure was not problematic, as the results showed that the majority of participants supported the idea of disclosing, either to their families or to their partners. The women discussed being able to participate in social activities more freely and actively. Their openness assisted them in discussing more of their family future through acquisition of knowledge from others. This is similar to a study in which the results showed that repeated pregnancies were more likely to occur among women who did not disclose to their spouses.

Through ANC and ART clinics, where health workers, especially nurses and health surveillance assistants (HSAs) provide health talks. Most women were not consistent with any method mentioned and some even failed to use any method. This agrees with the results of a study on pregnancy desires and contraceptive knowledge and use among HIV positive women for prevention of subsequent pregnancies, where most of the HIV-positive women spontaneously interrupted contraceptive methods, and hence more women had unplanned pregnancies.

It was shown in this study that there is poor support by family, partners, and peers related the reproductive decisions of HIV infected women. This concurs with a study that revealed a lack of support from partners, unequal gender relations, and stigmatization as results of increasing pregnancies amongst HIV-positive mothers, contribute to failure of drug collection in the ART clinics. The same study also found that women who were on ART were the most stigmatized after frequent pregnancies, and this compromised their health.

Another important finding in this study was that the majority of participants stated that their family advised or encouraged them to continue bearing more children. This concurs with other studies on

reproductive intentions among HIV-positive women, which point out that familial, spousal, and societal expectations for childbearing are important influences on women's reproductive intentions. Families often expect that marriages should give rise to children, and this influences HIV-positive couples to bear children.

Conclusion

This study revealed factors that influence fertility decisions among pregnant women with HIV attending ANC and ART clinic at Chiradzulu District Hospital. Some of participants became pregnant because they desired to have another child and others because their partners wanted a child. A proper understanding of factors associated with pregnancies among these women is essential to guide interventions and counselling strategies to better inform and support them. Religious doctrines, beliefs about having a healthy baby, personal desire and familial desires to have a baby, combined with the social stigma that accompanies HIV, puts women who are HIV-positive in a difficult situation. HIV-positive women must be appropriately counselled about the risks of childbearing rather than focusing only on issues related to mother-to-child transmission of HIV.

Limitations

Despite the important roles carried out by husbands and partners in this context, males were not interviewed. There is a need to triangulate results from interviews with women with interviews with men to verify or dispute the points made by each group. The authors recommend further research involving partners of HIV-positive women who attend ANC services. Furthermore, the purposeful sampling method of recruiting participants means that data were collected from unrepresentative study informants, and the results cannot be generalized to a wider population. However, the qualitative data collected was relevant to the study topic.

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