

1. INTRODUCTION

1.1. Background

In the early years of the HIV epidemic, little attention was given to the reproductive decisions among people living with HIV because of the high risk of mortality and few options to reduce mother to child transmission. (Heard, Sitta, Lert and the VESPA Study Group, 2007). In recent years, however, HIV-related morbidity, mortality and mother to child transmission of HIV during pregnancy, delivery and in the newborn are reducing because of antiretroviral therapy. Consequently, there has been a shift in research where efforts are now integrating HIV/AIDS and reproductive decision issues. (Akribi, Du Loû, Msellati, Dessou and Ekra 1999, Rutenberg, Biddlecom and Kaona 2000, Kirshenbaum et. al. 2004 and Ko and Muecke 2005).

Despite these far reaching considerations, globally, the literature on reproductive decisions among people with HIV has been focussed on women's reproductive behaviours and experiences. Only few studies have included both partners as couples. However, while research of this kind is vital in laying the foundations for understanding reproductive decisions, there are limitations. The major limitations are the absence of a dyadic focus and broader social cultural context approach. Since making pregnancy decisions requires the active participation of both women and men, there is need for an ethnographic study on pregnancy decision of HIV-positive couples from patrilineal and matrilineal social systems in Malawi.

Such a study in Malawi would, therefore; supplement work recently done in the general field of reproductive health. Generate knowledge of HIV-positive couples which may create a framework to facilitate their improvement in the society as well as care given at a health facility and in designing culturally appropriate interventions. Produce suggestions for policy regarding HIV-positive couple's pregnancy decision making. While much has been done over the past decade to develop policies and programmes promoting male involvement in reproductive health, much work remains.

1.2. Malawi in a context

Malawi is a small landlocked country south of equator. It shares borders with Mozambique to the east, south and south west, Zambia to the west and Tanzania to the north. Malawi has one of the highest national HIV prevalence rate, 11.9%, in the world (UNAIDS, 2008). Heterosexual contact is the principal mode of transmission, while mother-to- child transmission (MTCT) accounts for twenty five percent of all new HIV infections (NSO,2004). NSO, (2004) further indicates that twelve percent of the adults' age 15-49 years in Malawi is infected with HIV. Among 1,324 couples involved in the Malawi Demographic Health Survey (MDHS) in 2004, eighty three percent were HIV negative and seven percent were both HIV-positive. Ten percent of the couples were discordant, that is, one partner is infected and the other not.

The country is divided into three administrative regions namely: North, Central and South (NSO, 2004). Malawi is a multi-ethnic country. However, these ethnic groups can be placed in two broad categories; patrilineal and matrilineal social systems. The northern region is predominantly patrilineal while the central and southern regions are predominantly matrilineal.

In communities where kinship groups are formed by patrilineal descent, residence after marriage is virilocal (patrilocal) i.e. women leave their natal household to live in their

husbands' household. A marriage is legitimized by transfer, *lobola*, traditionally cattle, to the bride's family. *Lobola* symbolically, transfers a woman's reproductive capacities from her own lineage to that of her husband's agnatic lineage and generally men are the decision makers in the domain. Women in patrilineal groups do not normally make decisions considered important by society such as farming and household affairs, including reproduction (University of Malawi/UNFPA, 1987). The value of fertility is strongly emphasised in patrilineal groups, and barrenness in a woman is a valid reason for divorce. (Chigawa 1987 in Kishindo, 1995, Grieser, et. al, 2001 and Chimbiri, 2007). By contrast, in communities where kinship groups are formed by matrilineal descent, marriage is followed by uxorilocal (matrilocal) residence. Men thus leave their natal household at marriage to live in those of their wives. A woman in a matrilineal social system as well as a man, reproduces his wife matrilineage. However, a woman's brother, *nkhoswe*, is her guardian, helper and defender in all matters. As such, some *nkhoswe*, put pressure on their brothers' in-law and sisters to have many children (Mitchell, 1971, Chigawa, 1987 in Kishindo, 1995, and Chimbiri, 2007).

2. HIV AND COUPLE PREGNANCY DECISION MAKING

Although HIV-positive couples recognize that the decision to bear a child while infected carries a risk for the child as well as for themselves, they still have a strong desire to have the child. Research from other societies has shown that childbearing is a number one priority in a couple's lives. This is so because child symbolizes adulthood and responsible membership of the society for both men and women, attainment of culturally defined dominant masculine and feminine identities and emotional well being (Caldwell & Caldwell 1987 Akribi, Du Loû, Msellati, Dossou, & Ekra, 1999, Ingram & Hutchinson, 2000, Runganga, Sundby & Aggleton, 2001 and Heard, Sitta, Lert & the VESPA Study Group, 2007).

Several authors have indicated that in a married couple, the responsibility for infertility is viewed as the female partner's problem and the community may sometimes subject barren women to ridicule. Consequently, the process involved in maternal role attainment show that deviations from the norm like not bearing children result in profound doubt about competence and self-worth. Therefore, despite knowledge of being infected, many women may become pregnant or continue their pregnancy (Leifer 1980, Mercer 1986, Meena 1992, Sakyi-Oheneba 1999, Kirshenbaum et.al, 2004 and Gombachika, Kaponda and Blystad 2005). This value placed on fertility may have an impact on the decision making by HIV-positive couples during pregnancy also in Malawi. In the sense that an infected couple may decide to proceed with their pregnancy despite knowing the risks to the woman's health and the risk of transmission to the baby, in order to fulfil their own desire as well as the societal expectations to bear children.

Furthermore, with wider reproductive options available to HIV-positive individuals, evidence emerging from research in developing countries indicates that ART may encourage HIV-positive individuals receiving treatment to reconsider their reproductive choices in favour of childbearing. This is related to perceptions that ART allows them to live longer and, have more 'normal' social sexual lives, and possibly have healthy, HIV-negative children (Williams, Finnerty, Newberry, West, Thomas, & Pinkerton, 2003).

In Malawi, people of the reproductive age group, 15-49 years, are one of the fastest growing groups being diagnosed with HIV/AIDS. HIV prevalence rate is 11.9% (UNAIDS, 2008). Consequently, the country has an estimated 807 maternal deaths per 100,000 live births which

is one of the highest maternal mortality ratios globally (Ministry of Economic Planning and Development (MOEPD), 2008). Furthermore, there is increase evidence that HIV/AIDS related maternal deaths have increased considerably and AIDS has overtaken direct obstetric causes as the leading cause of maternal mortality (Ratsma, Lungu, Hoffman, & White, 2005 and McIntyre, 2005).

In order to address issues related to maternal mortality, Malawi, through the Ministry of Health, has embarked on several activities and some of them are: Safe Motherhood Initiative in 1997 with its ultimate goal of reducing maternal and infant mortality by improving access to quality essential obstetric and neonatal care, adoption of the international reproductive health policy developed at the International Conference of Population and Development (ICPD) at Cairo in 1994. Development of the Millennium Development Goals (MDGs) by the United Nations in particular: MGD 3 (promotion of gender equality and empowerment of women, MGD 5 (reduction of maternal deaths) and MGD 6 (halt the spread of HIV/AIDS, control and prevent malaria and other infectious diseases). The development of the Road Map through the African Union in 2004 in order to accelerate attainment of MGD's related to maternal and newborn health is one of such activities.

In line with these developments, in Malawi, there has been a revival of interest in the relative role played by men and women in making reproductive decisions, particularly those concerning contraceptive use and family limitation. Basically from the facts that concentration on women as change agents is inadequate because women do not really control their own reproductive capacities, it is the males as husbands, and brothers who have the decisive voices in reproductive issues (Kishindo, 1995). In addition, Kishindo, (1995) and Zulu, (1997), concur that men in Malawi, whether in a patrilineal or matrilineal social system, are brought up to believe that they are inherently superior to females and therefore tend to downplay the importance of new ideas originating from females, especially issues of reproduction which affect a man's social status. However, while it is apparent that men are expected to make most decisions in Malawi, the extent to which this monopoly has been applied to pregnancy decision both in the modern and traditional patrilineal and matrilineal settings needs to be examined carefully which can be a step forward towards improving maternal survival in Malawi.

Currently, in areas where people of the reproductive age group are heavily affected by the epidemic like in sub-Saharan countries, little research is available on the reproductive choices of HIV-positive couples. Neither has the impact of the availability of Prevention of Mother to Child Transmission (PMTCT) nor ART on their reproductive decision making been explored. Although literature is available about these issues in some developed countries, it still remains uncertain whether the results can be generalized to African countries.

Similarly, in Malawi, little attention has been paid by researchers to reproductive health (RH) issues in particular pregnancy decisions in HIV-positive couples. For example, Mbweza, Noor and Mc Elmurry (2008) in their study looked at couple decision making and use of cultural scripts in Malawi but did not focus on HIV-positive couples per se. Therefore, the study aims to generate new knowledge about pregnancy decisions among HIV-positive couples in patrilineal and matrilineal social systems in Malawi.

3. CONCLUSION

3.1. What is at stake in Malawi?

Unless we better understand the various processes that come into play regarding pregnancy decisions in a social-cultural context of these extremely vulnerable couples, improving health of the women in Malawi will remain a distant goal. For instance, what influences HIV-positive couples to decide to become pregnant, what are the concerns of HIV-positive couples who would like to become pregnant, and what could be their wish if they were appropriately informed about their reproductive rights and the possibility of having a healthy baby? The paucity of research about HIV-positive couples and how they make pregnancy decisions suggests that much more information is needed.

REFERENCES

- Akribi, A., Du Loû, D., Msellati, P., Dossou, R. & Ekra, C. (1999). Issues surrounding reproductive choices for women living with HIV in Abidjan, Cote d'Ivoire. *Reproductive Health Matter*, 7, 20-29. doi:10.1016/S0968-8080(99)90108-8
- Caldwell, J.C., & Caldwell, P. (1987). The cultural context of high fertility in sub-Saharan Africa. *Population and Development Review*, 13, (13), 409-437.
URL:<http://htc.anu.edu.au/index.html>
- Chigawa, M. (1987). Report on customary law and social development: de jure marriages vis-avis de facto marriages at customary law in Malawi, Chancellor College, Malawi.
- Chimbiri, A. M. (2007). The condom is an 'intruder' in marriage: Evidence from rural Malawi. *Social Science & Medicine* 64, 1102-1115.
doi:10.1016/j.socscimed.2006.10.012
- Chimphamba Gombachika, B.T, Kaponda, C. & Blystad, A. Social – cultural dynamics in HIV-positive pregnant women's reproductive decisions" Lilongwe, Malawi". 3rd IAS Conference on HIV Pathogenesis and Treatment, 24-27th July, 2005, Rio de Janeiro, Brazil.
- Grieser, M., Gittelsohn, J., Shankar, A.V., Koppenhaver, T., Legrand, T.K., Marindo, R., Mavhu, W.M. & Hill, K. (2001). Reproductive decision making and the HIV/AIDS epidemic in Zimbabwe. *Journal of Southern African Studies*, 27, 225 – 243.
doi:10.1080/0305707012004994 9
- Heard, I., Sitta, R., Lert, F. & the VESPA Study Group. (2007). Reproductive choice in men and women living with HIV: evidence from a large representative sample of outpatients attending French hospitals (ANRS-EN12-VESPA Study) *AIDS*, 21, (suppl 1):S77–S82.
doi:10.1097/01.aids.0000255089.44294.6f
- Ingram, G. & Hutchinson, S. (2000). Double binds and reproductive and mothering experiences of HIV-positive women. *Qualitative Health Research*, 10, (1), 117-132.
doi:10.1177/104973200129118282
- International Conference on Population and Development (ICPD) and Programme of Action, 1994 (often known as the Cairo Declaration) New York: UNICPD Secretariat.
- Kirshenbaum, S., Hirky, E., Correal, J., Goldstein, R.B., Johnson, M.O., Rotheram-Borus, J. & Anke, A. (2004). "Throwing the dice": Pregnancy decision-making among HIV-positive women in four US cities. *Perspectives on Sexual and Reproductive Health*, 36, (3), 106-113. doi:10.1363/3610604
- Kishindo, P. (1995). Family planning and the malawian male. *Nordic Journal of African Studies*, 4, (1): 26-34.
- Ko, N. & Muecke, M. (2005). Reproductive decision-making among HIV-positive couples in taiwan. *Journal of Nursing Scholarship*, 37, (1), 41-47.
- Leifer, M. (1980). *Psychological Effects of motherhood: A study of first pregnancy*. New York: Praeger.
- London, L., Orner, P.J., & Myer, L. (2008). 'Even if you're still positive, you still have rights because you are a person': Human rights and reproductive choice of HIV-positive

- persons. *Developing World Bioethics*, **8**, (1), 11-22. doi:10.1111/j.1471-8847.2007.00223.x
- Mbweza, E., Norr, K.F. & McEmurry, B. (2008). Couple decision-making and use of cultural scripts in Malawi. *Journal of Nursing Scholarship*, **40**, (1), 12-19.
- McIntyre, J. (2005). More features. Maternal health and HIV. *Reproductive Health Matters*, **13**, (25), 129-135. doi:10.1016/S0968-8080(5)25184-4
- Meena, R. (1992). *Gender in Southern Africa. Conceptual and theoretical issues*. Harare: Sapes Books.
- Mercer, R. (1986). *First-time motherhood: Experiences from teens to forties*. New York: Springer.
- Ministry of Economic Planning and Development (2008). *Millennium Development Goals Report*. Lilongwe, Malawi.
- Mitchell, J.C. (1971). *The Yao village: A study in the social structure of a Malawian people*. Manchester: Manchester University Press.
- National Statistical Office (2004). *Malawi demographic and health survey 2004*. Zomba, Malawi.
- National Statistical Office (2008). *Malawi demographic and health survey 2008 Preliminary Report*. Zomba, Malawi.
- Ratsma, Y.E., Lungu, K., Hoffman J.J., & White A. (2005). Why more mothers die: confidential enquiries into institutional maternal deaths in the southern region of Malawi, 2001. *Malawi Medical Journal*, **17**, (3), 75-80
- Runganga, A., Sundby, J. & Aggleton, P. (2001). Culture, identity and reproductive failure in Zimbabwe. *Sexualities*, **4**, (3), 315-332.
- Rutenberg, N., Biddlecom, A.E & Kaona, F.A. (2000). Reproductive decision-making in the context of HIV and AIDS: A qualitative study in Ndola, Zambia. *International Family Planning Perspectives*, **26**, (3), 124-130.
- Sakyi-Oheneba, Y. (1999). *Female autonomy, family decision making, and demographic behaviour in Africa*. Wales: The Edwin Mellen Press.
- UNAIDS, Report on the global AIDS epidemic, 2008.
- University of Malawi/UNFPA (1987). *Report on the workshop of the value of children and child spacing practices in Malawi*, held on Oct. 12-15 and Dec. 7-10, 1986. Zomba and Lilongwe.
- Williams, C. D., Finnerty, J. J., Newberry, R. N., West, R. W., Thomas, T. S., & Pinkerton, J. V. (2003). Reproduction in couples who are affected by human immunodeficiency virus: Medical, ethical and legal considerations. *American Journal of Obstetrics and Gynaecology*, **189**, (2), 333–341. doi:10.1067/s0002-9378(03)00676-8
- Zulu, E. (1997). The role of men and women in decision making about reproductive issues in Malawi. African Population Policy Research Centre /Population Council. Working paper #2. Retrieved from <http://www.aphrc.org/documents/Working>