

# Should healthcare practitioners discuss parenthood possibilities with HIV-positive MSM? Preliminary findings from the MAIL study

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## Background

- Despite extensive empirical literature on the sexual health of HIV-positive men who have sex with men (MSM) and the reproductive health of HIV-positive women and heterosexual couples, the topic of gay parenthood remains unexamined in HIV research.
- The objective of this study was to identify and explore contexts in which considerations about parenthood might be relevant to HIV-positive MSM.

## Methods

- We conducted qualitative interviews with 25 HIV-positive MSM and 16 healthcare practitioners across four HIV outpatient clinics.
- Men were aged 20-45 (median = 35), all but two self-identified as gay, and none had children.
- Patients were asked whether they wanted to become parents in the future, whether they had ever talked about parenthood possibilities with their clinicians, and whether they thought parenthood and the reproductive health should be discussed as part of HIV care.

## Findings

- Of the 25 MSM, 11 expressed some parenting desire. In a minority of cases, living with HIV seemed to have a direct impact on the men's parenting intentions.
- Only four patients recalled talking about parenthood possibilities with healthcare practitioners. In each case, the men had been briefly reassured at the time of HIV diagnosis that it was possible for HIV-positive people to become parents, which they saw as both significant and sufficient information.
- Most men said that they would like, or would have liked, to discuss issues related to parenthood in the context of HIV or to be directed to relevant information sources.
- The most frequently given suggestion was to highlight that parenthood was a possibility at the time of HIV diagnosis, with signposting to information sources for those potentially interested.
- Most men said that they would feel comfortable asking clinic staff about parenthood possibilities, especially if they had specific questions about implications of HIV for biological parenthood.

*"I think if you've just been told at the beginning of your journey, as it were, that it is a possibility and that if you want to talk to us about it we can put you in contact with people, for me personally, that would be enough."*

*"I would imagine at the point that someone gets diagnosed it would be a good thing to just touch on the subject. Just as like an add-on: did you know that if you did want to conceive children there are ways?"*

*"The first question I asked them was, you know, will I be able to have children? And they did tell me that it is possible, that's all I know. So as long as it's possible, it's fine. And actually, it could be one of the facts that made me want to, you know, not go to the dark side as well. It was that hope, that, yes, it's not the end, everything's possible."*

## Conclusions

- Our findings suggest that a significant number of HIV-positive MSM would like to have children in the future and that the time of HIV diagnosis is especially crucial for the reassurance that it is possible for people living with HIV to become parents.
- More detailed and reliable information should be available to clinicians so that they are able to direct patients to relevant resources if needed.
- It is important that healthcare practitioners make no assumptions about the relevance of parenthood and reproductive health to the MSM population.