No Fly Zone

One theory suggests that the best way to prevent mother-to-child HIV transmission is to keep women from getting pregnant in the first place.

April 1, 2008 By Kellee Terrell

As more women around the world contract HIV, more leave children (both HIV positive and HIV negative) behind to fend for themselves. So how can prevention efforts best keep women, particularly those in developing nations, from infecting future gen-erations? (More than 2 million African babies are living with the virus.)

The December 16, 2007 *Washington Post* suggests that handing out birth control, as opposed to antiretroviral medications (ARVs), is the answer. But AIDS activists, health experts and women around the world wonder whether restricting an HIV-positive woman's right to have a child isn't a bitter pill to swallow.

The *Post* article, by Craig Timberg, said: "A single pill of [ARVs] for a woman in labor, followed by a sip of syrup for her newborn baby, cuts the HIV transmission rates by more than half, potentially saving the lives of millions of children...But studies show that only one in 10 infected African mothers have access to the drugs." Referencing a study conducted by the Family Health Organization (FHO), a private agency based in North Carolina, Timberg theorized that a better, cheaper strategy for combating pediatric AIDS is to avert births altogether. FHO head researcher Ward Cates says in the study, "By using [contraception], we could save almost 173,000 lives a year from AIDS-related deaths." Cates compares this number to the 101,000 lives he says ARVs save, telling *POZ*: "[Contraception] really is the best-kept secret in fighting AIDS deaths in children in Africa."

Cates maintains that FHO's plan is not population control—though he acknowledges that someone could conclude that from the *Post* article's structure and tone. "I want to emphasize that this is about a woman deciding when and if she becomes pregnant," Cates told *POZ*. "We are finding that a lot of these women do not want to have children. All we are saying is that this one overlooked step does address the issue." Indeed, in many developing and developed nations, women both inside and outside marriage may have little choice about whether or not they will have sex and whether or not it will be protected.

FHO is hardly alone in its view—the World Health Organization (WHO) also contends that female contraception can dent the numbers of infants born with HIV. But neither FHO nor WHO considers

this approach the holy grail of ending AIDS, as Timberg's article did.

Kathryn Anastos, MD, the executive director of Women's Equity in Access to Care and Treatment, a community-based group that works with African women, says, "[While] I agree that family planning services are a critical component of saving lives, it is certainly not true that we could have an HIV-free Africa just by providing more contraception."

Anastos also raises the issue of consistent health care for all HIV-positive women: "Given that children represent a small proportion of HIV infections [around 10 percent], women themselves are the most likely to be infected—[they represent] nearly 60 percent of all people infected. So, they should have access to fully effective drugs, which would prevent many more infections than contraception." She adds, "HIV-positive women deserve more than just one pill during childbirth."

Timberg failed to note that while contraception could reduce rising numbers of HIV-positive and HIV-negative children born to positive moms, IUDs and the pill would neither prevent those women from infecting other adults, nor save the women's lives. Not to mention the racial issue of forcing this seemingly impossible choice on largely black, disenfranchised women who are often too poor to mount an effective challenge.

While there is not one definitive method to stopping the spread of this pandemic, Anastos is clear about what we know can make a difference: treatment, primary prevention and education. "That is what we should be providing," she says.

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