

Introduction: The decision of HIV-infected couples to have children has important implications for the transmission of the virus to their sexual partners and infants. Noteworthy, health education and HIV-positive status has not meaningfully inclined childbearing decision making of couples in Nakasongola district. The research was carried out from Nakasongola health centre IV and its other three treatment centers particularly in the comprehensive HIV care clinic, in Nakasongola Town Council. The area is found 80 miles off Kampala-Gulu highway, towards Nakasongola Army Barracks and district headquarters.

Main objective: The main aim of the study was to assess influence of health education on decision to bear children among HIV sero-positive couples at Nakasongola Health centre IV, in Nakasongola.

Methodology: The research was cross-sectional study involving quantitative and qualitative measurement of variables. Quantitative methods used in the study were discrete and continuous, too applied qualitative methods as proportions and percentages, described in frequency tables and pie charts. A section of 94 respondents replied to the questionnaires. In addition were 8 Key Informants as; senior counselor, peer counselors or expert clients, health workers were directly involved.

Results: It was realized that HIV sero-positive couples receiving comprehensive care at ART clinic in Nakasongola are highly knowledgeable about decisions to have or not have children. To achieve couple's child bearing decision, majority 89(93%) had to fulfill marriage obligations, 87(92%) fulfilled child bearing decision by partner and 88(92%) gender preferences. Those who treasured children as God given gifts were 26(27%) and 25(26%) wanted boys as heir. 49(52.1%) wanted to reproduce 49 (52.1%), whereas 45 (47.9%) had a contraception decision. 47(50%) couples had difficulties to raise issues concerning child bearing options and 82(87%) lacked of awareness to SRH rights and SGBV prevention. Barriers faced by majority 76(80%) were anxieties around poor prognosis, 9(10%) were advancing age and 85(90%) feared to transmit the virus to foetus or partner. The majority 69(72%) wanted to bear more children and 25(26.5%) did not want more children. 39.4% couples applied a contraception, 67% knew condom use always for child bearing decisions and 45.7% couples went on to use condoms for more than a year. There was significant relationship $P < 0.05$ between marital status and frequency of applying or using condom. The research reveals that there is a high influence of health education and counseling towards child bearing decisions among Sero-positive couples in Nakasongola. Notwithstanding its theoretical soundness, the HIV couples who visit Health centres for

care face inadequate counseling and health education.

Conclusion: Couple counseling and communication education seem to be interesting and promising strategies in the child bearing issues and reduction of the risk of HIV transmission. Therefore integration of health education into SRH and HIV/AIDS counselling is an important health care issue which can be limited by a lack to consistent definition of good quality services.

Recommendations

Health workers in Nakasongola should keep up in providing both comprehensive health education and HIV services to the sero-positive couples. However, there should be an integration of other services into ART clinic, human resources development through planning, managing, and supporting professional development of providers; strengthen health promotion, advocate for SRH rights and SGBV prevention for couples be able to make child bearing decisions.