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Factors associated with pregnancy intentions amongst postpartum women living with HIV in rural southwestern Uganda

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Background: The second prong of the WHO strategy to eliminate mother to child transmission of HIV (eMTCT) is to support women living with HIV (WLWH) to avoid unplanned pregnancies. HIV treatment and care, makes it safer for WLWH to have the children they desire. Provision and appropriate use of effective contraception are important strategies to prevent unintended pregnancies. There remains an unmet need for family planning among WLWH in Uganda (Snow et al., 2011), where modern contraceptive prevalence is at 35% (MoH, 2016). Nearly one third of WLWH in-care in a large Ugandan cohort became pregnant within 3 years of initiating ART (Kaida et al., 2013) and half of these incident pregnancies (45%) were unplanned (Jarolimova et al., 2017). In this paper, we describe future pregnancy plans and associated factors among postpartum WLWH in rural southwestern Uganda in order to inform interventions promoting postpartum contraceptive uptake.

Methods: This analysis includes baseline data collected from adult WLWH enrolled into a randomized controlled trial in southwestern Uganda between October 2016 and April 2017. The parent trial aims to evaluate the effect of family planning support versus standard of care at 12 months postpartum (NCT02964169). Follow up is ongoing. Eligible women were HIV positive adult women admitted in postnatal ward at

Mbarara Regional Referral Hospital (MRRH) and qualified for any family planning methods available. Enrolled women completed a face to face questionnaire prior to discharge. The primary outcome of interest, pregnancy intention in the next 2 years, was assessed using the CDC pregnancy Risk Assessment Monitoring System Instrument (Ahluwalia et al., 1999). All study procedures were conducted at MRRH, a publicly-funded teaching hospital in rural southwestern Uganda.

Conclusion: These findings highlight the striking role male partners play in influencing pregnancy intentions postpartum. In adjusted analysis, perceived male partner desire for future pregnancy was associated with a 31-fold increased odd in female plans for pregnancy. Other associated factors including household income, planned pregnancy, parity, previous use of modern contraception for at least a year are also important. These findings emphasize the importance of engaging male partners in counseling about child spacing for the health of women and their children alongside individual-level social, economic and structural factors within WLWH can ably/supportively understand the risks of unplanned pregnancies and thus easily access reliable contraceptive methods whenever they need or want them.

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