CONTRACEPTIVE USE AND ASSOCIATED FACTORS AMONG HIV INFECTED WOMEN IN LAGOS, NIGERIA.

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INTRODUCTION

- The practice of contraception has helped women in preventing unintended pregnancies which is usually associated with high risk induced abortions and other poor pregnancy outcomes
- Globally, about one third of the 357 000 annual maternal deaths are attributable to unintended pregnancies especially in low and middle income countries
- Improved access to contraceptive services in sub-saharan Africa will result in marked reductions in unintended pregnancies and unsafe abortions therefore reducing maternal deaths by 69% as well as reduce newborn deaths by 57%





INTRODUCTION

- The use of contraceptives among women living with HIV is an evidence-based, cost effective strategy for preventing unintended pregnancies and for reducing new paediatric HIV infections.
- Studies in Uganda have shown that contraceptive use was responsible for the prevention of 6100 vertical infections compared with 2 200 infections prevented by ARV prophylaxis
- Currently contraceptive use in Sub-saharan Africa is preventing 173,000 HIV positive births annually despite the low contraceptive prevalence rate in this region.





OBJECTIVES

General objective:

To determine the prevalence, pattern and factors associated with contraceptive use among HIV infected women attending the NIMR-ARV Clinic.

Specific objectives:

- ▶ To determine the proportion of HIV infected women using contraceptive methods in the NIMR-ARV clinic.
- To identify the type of contraceptive methods used by HIV infected women attending NIMR-ARV clinic.
- To identify the factors influencing the practice of contraception by HIV infected women attending NIMR-ARV clinic.

METHODOLOGY

- A descriptive cross-sectional study
- Conducted among 475 HIV infected women attending the Nigerian Institute of Medical Research-HIV care and treatment centre, Lagos, Nigeria.
- Consecutively consenting HIV infected women between ages
 15-49 who were sexually active were enrolled
- Data was collected using an interviewer administered semi structured questionnaire.
- Data was analysed using SPSS version 20
- Ethical Approval was gotten from LUTH HREC and NIMR IRB





KESULIS

Socio-demographic characteristics

| Variable | Frequency (n=475) | Percentage |
|---|-----------------------------------|---|
| Age | | |
| 15-24 25-34 35-44 >44 | 11 176 241 47 | 2.3 37.1 50.7 9.9 |
| Marital status | | |
| Married Single Co-habiting | 365 54 56 | 76.8 11.5 11.7 |
| Religion | | |
| Christianity Islam Traditional | 424 51 0 | 89.3 10.7 0.0 |
| Educational status None Quranic Vocational Primary Secondary Post secondary | 19 1 10 73 218 154 | 4.0 0.2 2.1 15.4 45.9 32.4 |

Results Reproductive history Table 2

| Variable | Frequency | percentage |
|---|------------------------|------------------------------|
| Ever being pregnant (n=475) Yes No | 423 52 | 89.1 10.9 |
| No of pregnancies (n=423) I-2 3-4 >4 | 143 181 99 | 33.8 42.7 23.5 |
| No of living children (n=423) None I-2 3-4 >4 | 61 188 132 42 | 14.4 44.4 31.2 10.0 |





RESULTS Contraceptive use Table 3

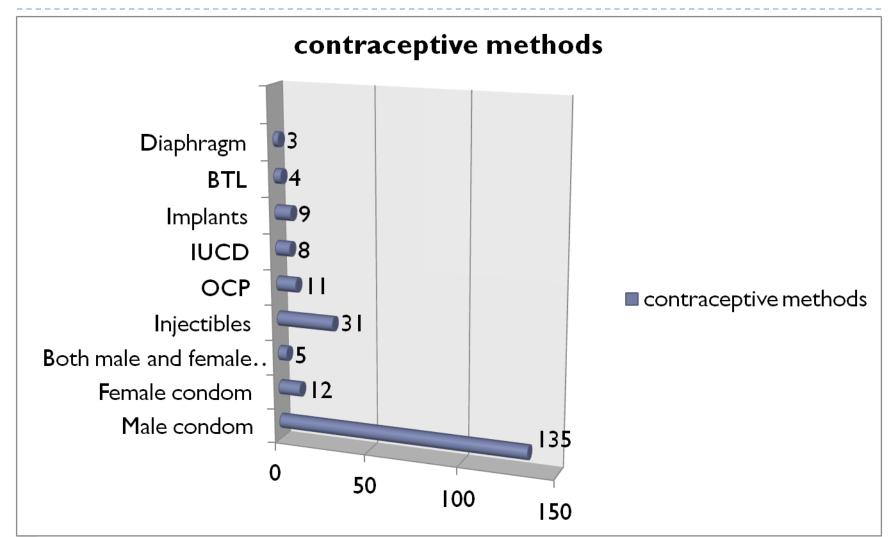
| Variable | Frequency (n= 475) | Percentage |
|--|--------------------|---------------------|
| Aware of contraceptive methods Yes No NR | 43 I 4 I 3 | 90.7 8.6 0.7 |
| Ever used contraception Yes No NR | 304 164 7 | 64 34.5 1.5 |
| Currently use contraception Yes No NR | 202 229 44 | 42.5 48.2 9.3 |





RESULTS

Contraceptive methods in use

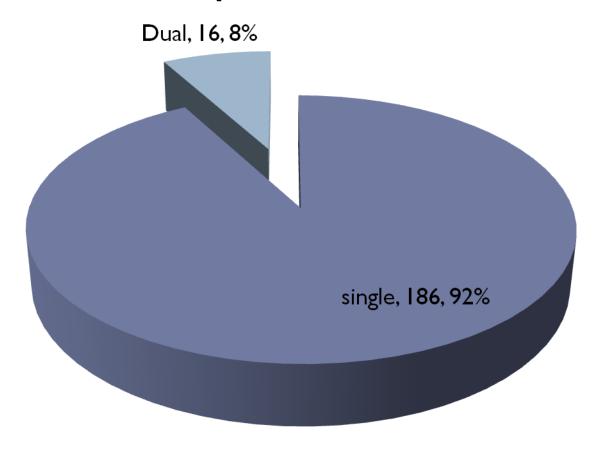






Results

Contraceptive method in use







Results Association between contraceptive use and socio-demographic data Table 4

| Variable | Contracep tive use N(%) | Contracep tive non- use N(%) | Chi square | DOF | P value |
|---|---|--|------------|-----|---------|
| Age 15-24 25-34 35-44 >44 | 4(44.4) 77(48.4) 99(45) 22(51.2) | 5(55.6) 82(51.6) 121(55) 21(48.8) | 0.8 | 3 | 0.848 |
| Marital status Single Married Co-habiting | 13(28.9) 169(50.8) 20(37.7) | 32(71.1) 164(49.2) 33(62.3) | 9.63 | 2 | 0.008 |
| Religion Christianity Islam | 175(45.7) 27(56.3) | 208(54.3) 21(43.7) | 1.91 | I | 0.167 |





Results
Association between contraceptive use and reproductive history
Table 5

| Variable | Contracep tive use N(%) | Contracep tive non- use N(%) | Chi square | DOF | P value |
|------------------------------------|--|---|------------|-----|---------|
| No of children I-2 3-4 >4 None | 71(40.8) 73(60.8) 25(64.1) 33(33.7) | 103(59.2) 47(39.2) 14(35.9) 61(66.3) | 25.85 | 3 | 0.0000 |
| No of induced abortions I-2 3-4 >4 | 72(54.5) 11(37.9) 2(28.6) | 60(45.5) 18(62.1) 5(71.4) | 4.04 | 2 | 0.132 |





Results
Association between contraceptive use and HIV status information
Table 6

| Variable | Contracep tive use N(%) | Contracep tive non- use N(%) | Chi square | DOF | P value |
|---|-------------------------------|------------------------------------|------------|-----|---------|
| Treatment with ARV Yes No | 163 23 | 185 30 | 0.22 | I | 0.639 |
| Partner's HIV status Positive negative | 60(60.6) 130(44.7) | 39(39.4) 161(55.3) | 7.51 | l | 0.006 |
| Status Disclosure Disclosed Undisclosed | 186(93.9) 181(84.2) | 12(6.1) 34(15.8) | 8.86 | Ī | 0.002 |





CONCLUSION

- ▶ The rate of contraceptive use among respondents was 42.5%.
- Condom was the commonest form of contraceptive used
- Only 8% of the respondents were using dual methods
- Married status, having more than 2 children and disclosure of status to sexual partners were statistically significantly associated with the use of contraceptives.
- Contraceptive use among serocordant couples was significantly higher than in sero-discordant couples
- Age, religion, educational status, time of HIV diagnosis and treatment with ARVs had no statistically significant relationship with contraceptive use.





RECOMMENDATION

- A higher rate of contraceptive use is required among HIV infected women due to its tremendous benefits, therefore, aggressive and continuous dissemination of information, education and communication on the role of contraceptive use in halting the spread of HIV should be encouraged and carried out by both govt and NGOs
- Strengthening of integration of sexual and reproductive health services into HIV/AIDS programs as this will ensure availability and accessibility of contraceptive services to PLWHIV.





THANKYOU



