



OPEN Prevalence and predictors for unintended pregnancy among HIV-infected pregnant women in Lira, Northern Uganda: a cross-sectional study

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Prevention of unintended pregnancies is a global strategy to eliminate mother-to-child transmission of HIV. Factors surrounding unintended pregnancy among women living with HIV are not well understood. We aimed to determine the prevalence and predictors for unintended pregnancy among these women in Northern Uganda. We conducted a cross-sectional survey among 518 women using a structured questionnaire. We asked questions on socio-demographic, reproductive-related and HIV-related characteristics. We conducted multivariable logistic regression and reported adjusted odds ratios. The prevalence of unintended pregnancy was 41.1%. The predictors for unintended pregnancy were: being single (not living with a partner or being in a marital union), having five or more children and taking antiretroviral drugs for long periods of time. HIV counselling services should target women living with HIV who are not in a marital union, those having a higher parity and those who have taken ART for longer periods.

The Human Immunodeficiency Virus (HIV) prevalence in Uganda was 6.0% in 2017¹. There has been a scale up of prevention of mother-to-child transmission of HIV-1 (PMTCT) services covering over 95% of pregnant women and as a result there has been a significant reduction in the mother-to-child transmission of HIV-1 (MTCT) rate to less than 5%¹. The global strategy by the World Health Organisation (WHO) for PMTCT is multi-pronged and includes: (a) primary prevention of HIV infection among women of child-bearing age, (b) prevention of unwanted pregnancies among women living with HIV (WLH), (c) prevention of HIV transmission from WLH to their infants and (d) provision of appropriate treatment to WLH and their children². Uganda has taken strides in PMTCT largely because of infections prevented due to the provision of antiretroviral therapy (ART) to pregnant WLH; these strides do not reflect infections averted due to preventing unintended pregnancies¹. Fertility desires for WLH have increased overtime³⁻⁷ and so it is eminent to support them in their fertility choices through family planning and contraception. To ensure provision of contraception, the consolidated guidelines for prevention and treatment of HIV in Uganda promote the availability of accessible and comprehensive contraceptive services for WLH to not only meet their birth control needs but to also reduce rates of unintended pregnancy². Prevention of unintended pregnancy through reliable contraceptive methods reduces MTCT of HIV, improves women's health as well as reduce both maternal and infant mortality among WLH and their offspring⁶. Preventing unintended pregnancy also offers several additional benefits for WLH and their babies by reducing

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