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CLINICAL ARTICLE

Unintended pregnancy among HIV-positive pregnant women in Enugu, southeast Nigeria

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ABSTRACT

Objective: To determine the prevalence and factors associated with unintended pregnancy among HIV-positive pregnant women in Enugu, southeast Nigeria. **Methods:** A questionnaire-based cross-sectional study was performed of HIV-positive pregnant women receiving prenatal care at two tertiary health institutions in Enugu between March 1 and August 31, 2012. The women were interviewed with a pretested questionnaire. **Results:** Overall, 180 HIV-positive pregnant women were recruited, 67 (37.2%) of whom declared that their pregnancy was unintended. Overall, 174 (96.7%) patients were receiving antiretroviral therapy and 99 (55.0%) had future fertility intentions. Participants with regular partners (married or cohabiting) had a significantly higher rate of unintended pregnancy than those with unstable partners (40.3%, $n = 64/159$ vs 14.3%, $n = 3/21$ $P = 0.029$). Age, parity, educational level, and current treatment with antiretroviral therapy did not significantly affect the prevalence of unintended pregnancy. **Conclusion:** A substantial number of HIV-positive pregnant women declared their pregnancies to be unintended. Modern contraceptives should be made readily available and accessible to HIV-positive women to help eliminate mother-to-child transmission of HIV and subsequent new pediatric HIV infections.

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1. Introduction

HIV infection is a global public health problem: by the end of 2012, an estimated 35.3 million people were living with HIV and approximately 1.6 million AIDS-related deaths had occurred. Sub-Saharan Africa is the worst affected region, which accounts for approximately 71% of people living with HIV globally, with an estimated one in every 20 adults living with HIV infection [1]. The majority (60%) of these adults living with HIV infection in Sub-Saharan Africa are women [2].

Despite efforts aimed at combating HIV/AIDS by both government and donor agencies, Nigeria still ranks amongst the worst hit countries in the Sub-Saharan region, with an estimated 3.1 million Nigerians living with HIV/AIDS in 2010, the second highest prevalence in the world after South Africa [3]. A HIV seroprevalence rate of 5.1% has been reported among pregnant women in Enugu [4], which is greater than the Nigerian national HIV seroprevalence rate of 4.1% [3]. According to the 2013 UNAIDS report, Nigeria had the largest number of children acquiring HIV infection in 2012, with approximately 60 000 new infections among children [5]. The majority of these infections were acquired by

mother-to-child transmission of HIV. There are concerns that if urgent preventive measures are not taken immediately, Nigeria may not achieve global HIV targets by the end of 2015 [5].

Although the prevention of unintended pregnancy among women living with HIV infection has been judged by WHO to be one of the four pillars in the prevention of new pediatric HIV/AIDS infections, this preventive strategy has not been effectively utilized in many low- and middle-income countries [6].

Generally, unintended/unwanted pregnancy continues to be a burden in Sub-Saharan Africa, with an estimated 14 million cases occurring each year [7]. A recent survey of 42 countries in Sub-Saharan Africa—a region known for an unacceptably high prevalence of HIV infection—indicated that 10%–65% of women reported that their last pregnancy was unintended [7].

With the reportedly high unmet need for family planning among married women in general in Nigeria (16%) [8], and specifically among HIV-positive women (26.9%) [9], it may be suggested that some pregnancies among women living in Nigeria may be unintended, thereby posing a challenge to efforts intended to prevent new pediatric HIV infection.

The aim of the present study was to determine the rate and factors associated with unintended pregnancy among HIV-positive pregnant women attending prenatal clinics at two government-owned tertiary health institutions in Enugu, southeast Nigeria. It is hoped that this information will be relevant for public health officers, and governmental

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and non-governmental agencies working towards the prevention and control of adult and pediatric HIV infection through the development of policies and goal-oriented programs aimed at combating HIV/AIDS.

2. Methods

The study was a questionnaire-based, descriptive, cross-sectional study among HIV-positive pregnant women attending a prenatal clinic at the University of Nigeria Teaching Hospital Enugu and the Enugu state University Teaching Hospital over a 6-month period from March 1 to August 31, 2012. Approval for the study was obtained from the research ethics committees of both institutions. All participants provided written informed consent.

The University of Nigeria Teaching Hospital and the Enugu State University Teaching Hospital are both government-owned tertiary health institutions located within Enugu, southeast Nigeria. They serve as referral healthcare centers for the five southeastern states of Nigeria, namely Abia, Anambra, Ebonyi, Enugu, Imo, and the other neighboring states of Benue and Kogi. Both institutions offer comprehensive adult, pediatric, and prevention of mother-to-child transmission of HIV (PMTCT) clinics.

Using a pretested questionnaire, a trained research assistant (ECE or JCA) conducted a face-to-face interview in private to obtain the following information: age, parity, marital status, educational level, previous history of childbirth, previous history of induced abortion, contraceptive use, intention for further child bearing after index pregnancy, and whether index pregnancy was intended or not. An unintended pregnancy was defined as pregnancy that is either unwanted or mistimed (wanted but at a later time) [10].

Using the previously reported HIV prevalence rate of 5.1% among women attending prenatal care in Enugu [4], a confidence level of 95%, error margin and non-response rates of 5% and 10%, respectively, and a study power of 90%, the sample size of 180 participants was determined to be adequate for the present study.

Data were collected and analyzed using Epi Info version 17 (Centers for Disease Control and Prevention, Atlanta, GA, USA). Frequency tables were generated from the results and a comparison of statistical variables was performed using the Pearson χ^2 test and Fisher exact test as appropriate. $P < 0.05$ was considered statistically significant.

3. Results

A total of 195 HIV-positive pregnant women attending a PMTCT clinic at either study institution were approached for participation. Eight patients declined to participate in the study, and another seven HIV-positive pregnant women were excluded owing to incomplete data. Therefore, data from 180 (92.3%) HIV-positive pregnant women were used for analysis.

The mean age of the women was 30.54 ± 4.40 years (range 20–40). The majority of the patients were aged 25–34 years ($n = 134$; 74.4%), married ($n = 159$; 88.1%), and were Christian of Roman Catholic denomination ($n = 98$; 54.4%). Almost three-quarters of patients were multiparous ($n = 140$; 77.8%). The majority of the women had received secondary education ($n = 113$; 62.7%), were traders or worked in business ($n = 73$; 40.7%), and lived within an urban area ($n = 109$; 60.6%) (Table 1).

Approximately 70% ($n = 125$) of patients had been aware of their HIV status for longer than 12 months before the study. Excluding index pregnancy, 19.8% ($n = 35$) of participants had been pregnant since they had been diagnosed with HIV infection. Additionally, 3.3% ($n = 6$) of study participants had previously had an induced abortion for an unwanted pregnancy since knowing their HIV status (Table 2).

The majority of the study participants were currently being treated with antiretroviral therapy (96.7%, $n = 174$) and, at the time of the study, had received family planning counseling (92.2%, $n = 166$) previously.

Table 1
Sociodemographic characteristics ($n = 180$).

Characteristics	No. (%)
Age, y	
20–24	12 (6.7)
25–29	64 (35.6)
30–34	70 (38.8)
35–39	28 (15.6)
≥ 40	6 (3.3)
Parity	
0	40 (22.2)
1–4	127 (70.6)
≥ 5	13 (7.2)
Marital status	
Married	159 (88.3)
Single	9 (5.0)
Widowed	9 (5.0)
Divorced	3 (1.7)
Educational level	
Primary	18 (10.0)
Secondary	113 (62.8)
Tertiary	49 (27.2)
Occupation	
Business woman	73 (40.7)
House wife	12 (6.7)
Civil servant	40 (22.2)
Banker	3 (1.7)
Student	18 (10)
Applicants ^a	34 (18.9)
Religion	
Catholic	98 (54.4)
Pentecostal	58 (32.2)
Anglican	12 (6.7)
Others	12 (6.7)
Place of residence	
Urban	109 (60.6)
Semi urban	46 (25.6)
Rural	25 (13.8)

^a For the purpose of this study, applicants are defined as graduates of secondary and tertiary school that were unemployed at the time of the present study and were seeking employment.

Greater than one third of the study participants ($n = 67$; 37.2%) reported that their current pregnancy was unintended (Table 2). Almost half ($n = 81$; 45.0%) of the study participants expressed a desire not

Table 2
Answers to queries relating to duration of HIV status, number of pregnancies, induced abortions after knowledge of HIV status, future fertility intentions, and intention of the index pregnancy^a ($n = 180$).

Query	Value
How long have you been aware of your HIV status?	
≤ 12 mo	55 (30.6)
13–60 mo	101 (56.1)
> 60 mo	24 (13.3)
Are you currently receiving antiretroviral therapy?	
Yes	174 (96.7)
No	6 (3.3)
Excluding the index pregnancy, how many times have you been pregnant since you learned of your HIV-positive status?	
0	145 (80.6)
1	28 (15.7)
2	7 (4.1)
Have you undergone any induced abortions for unwanted pregnancy since you learned of your HIV-positive status?	
Yes	6 (3.3)
No	174 (96.7)
Was your current pregnancy intended?	
Yes	113 (62.8)
No	67 (37.2)
Do you intend to have another child after your current pregnancy?	
Yes	99 (55.0)
No	81 (45.0)

^a Values are given as number (percentage).

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