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(MURTI FELLOW- COHORT 2)

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Objectives

- **General objective**

Evaluate the effect of a family planning support intervention on pregnancy intentions and contraceptive use among **recently** postpartum women living with HIV (WLWH) who delivered at Mbarara Regional Referral Hospital(MRRH).

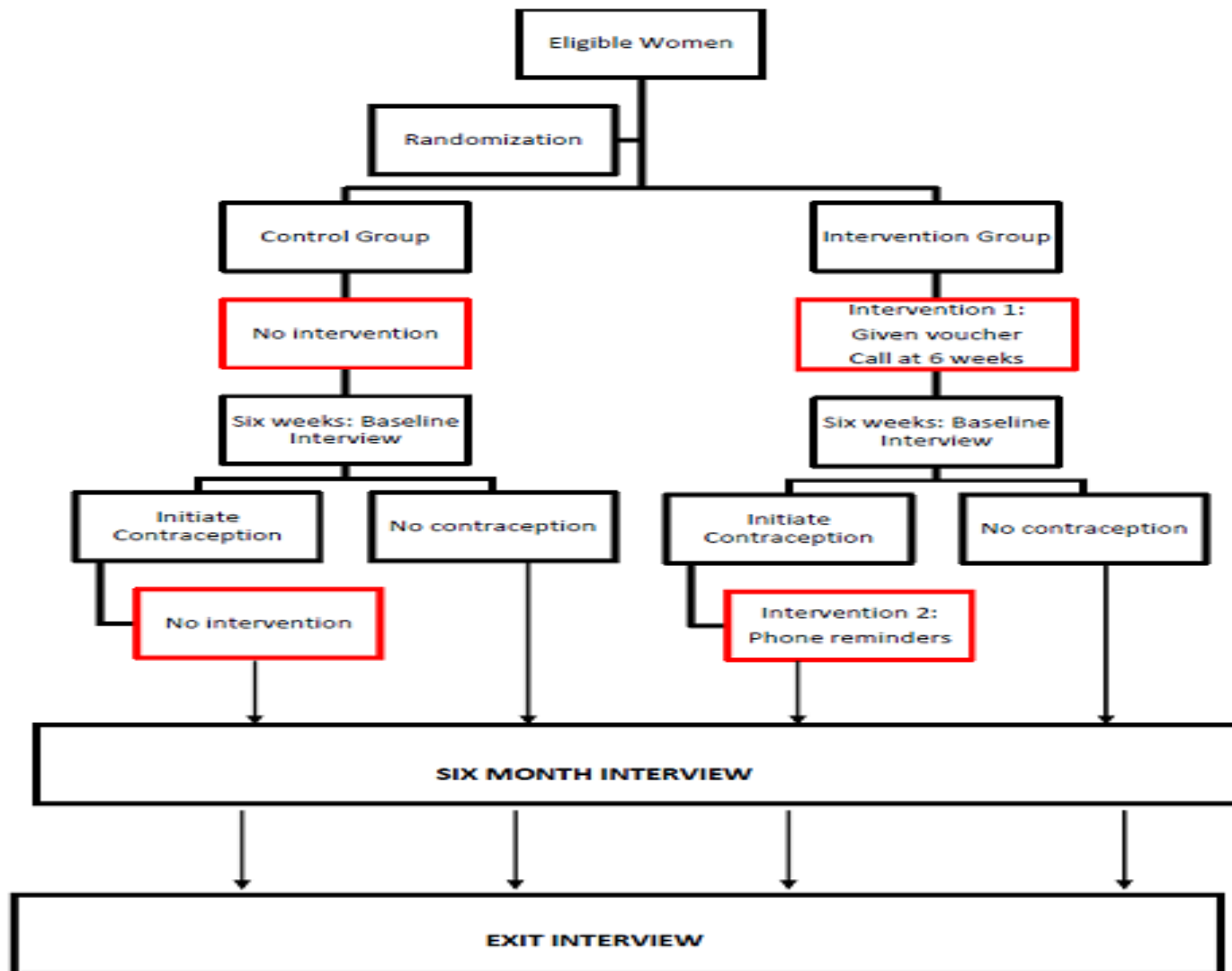
- **Primary outcomes**

- 1) Confirmed consistent contraceptive use at 12 months
- 2) pregnancy desire/intention at exit

- **Hypothesis:**

Continuous Family planning availability and support is significantly better than no continuous support on pregnancy intentions and effective contraceptive use

Study profile



- 156 required per group (95% CI)
- 30 spouses/sexual partners purposively selected and interviewed
- Enrolment October 2016-April 2017.
- Parent trial approved by REC, UNCST, and registered by clinicaltrials.gov (NCT02964169).



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

Accepted in AIDS and Behavior Journal (Aug 2018)

Context

- The second prong of the WHO strategy to 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.

Context

- Unmet need for family planning among WLWH in Uganda (Snow et al., 2011), modern contraceptive prevalence at 35% (MoH, 2016).
- 1/3 of WLWH in-care in a large Ugandan cohort became pregnant within 3 years of initiating ART (Kaida et al., 2013)
 - 45% unplanned (Jarolimova et al., 2017).

Objectives

- We describe future pregnancy plans and associated factors among postpartum WLWH in rural southwestern Uganda
- in order to inform interventions promoting postpartum contraceptive uptake.
- Primary outcome of interest: pregnancy intention in the next 2 years

Methods

- Pregnancy intention assessed using the CDC pregnancy Risk Assessment Monitoring System Instrument (Ahluwalia et al., 1999).
- All study procedures conducted at MRRH, a publicly-funded teaching hospital in rural southwestern Uganda.
- Baseline data for an RCT

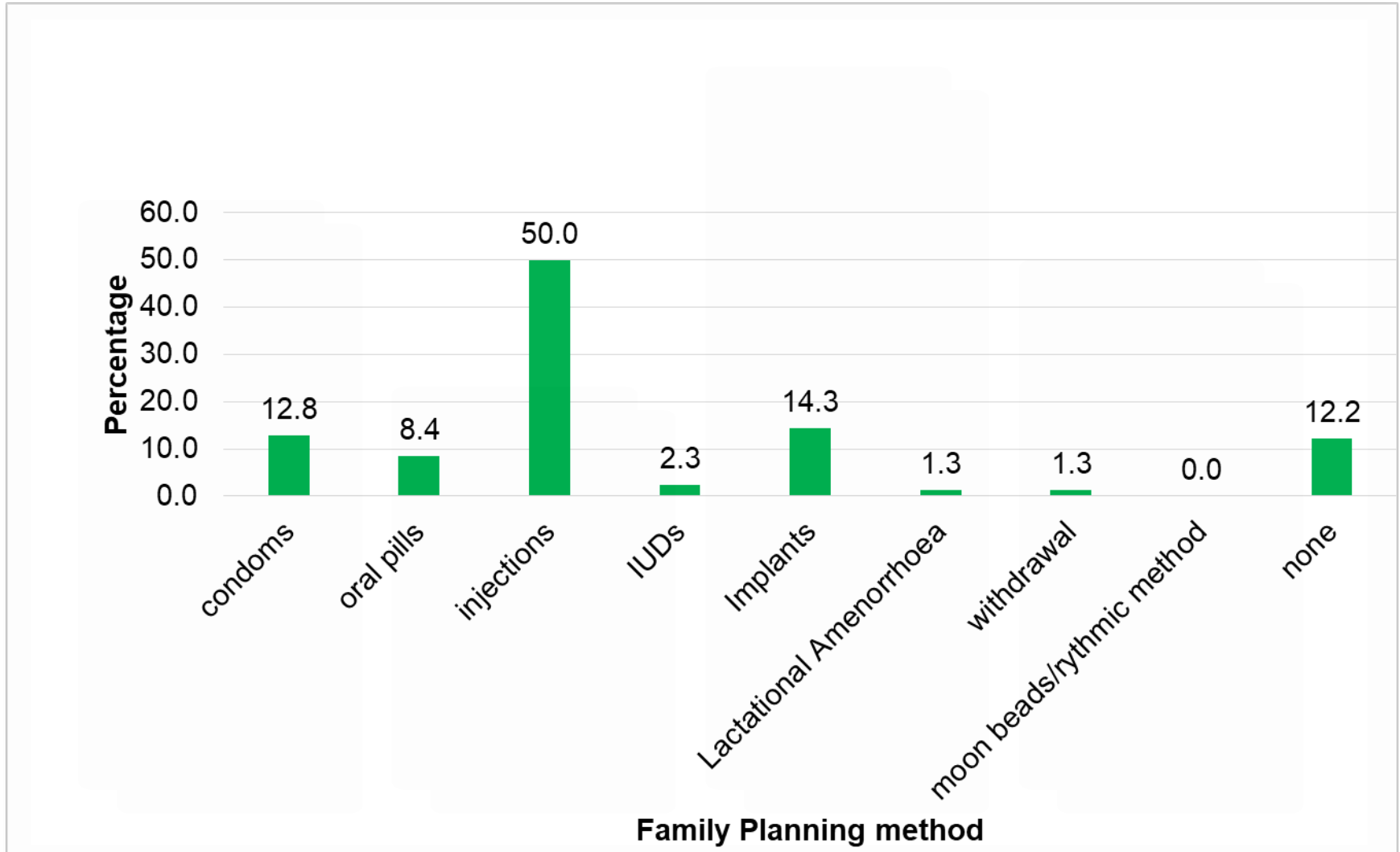
Baseline demographic and clinical characteristics

Characteristics	Mean (SD) or n (%)
Mean age (years)	28.9 (5.8)
Partner age (years)	34.7(7.2)
Educational attainment greater than primary	148 (46.3)
Mean duration on ART (years)	4.5 (3.9)
Mean CD4 (SD)	395 (62)
Children <18 years in household, median (IQR)	2(1,3)
Parity, median (IQR)	3(2,4)
Prenatal visits attended ≥ 4	66 (20.6)
Severe food insecurity	61 (19.1)
HIV Stigma, median (IQR)	4 (2-6)
Depression score, median (IQR)	5 (3-10)
Median social support score, (IQR)	2.4 (2.1-2.8)
Household income >150,000 UShs	70 (28.1)
Vaginal mode of delivery for last pregnancy	254 (79.4)
Most recent pregnancy was planned	266 (83.1)
Disclosed HIV sero-status to sexual partner/spouse	281 (87.8)

Patterns of contraceptive use and reproductive health goals amongst study participants

Characteristic	Frequency (%)
Contraception	
Ever used any modern FP method	278 (86.9)
Used any modern FP method in the last 2 years	121 (37.8)
Used condoms + any other modern FP method (n=278)	22 (07.9)
My sexual partner disapproves of using contraception	46 (14.4)
My partner knew I was on FP (n=278)	217 (78.1)
Pregnancy intentions	
Partner wants to have another child in the next 2 years	186 (58.1)
I want to have another child in the next 2 years	175 (54.7)
Either partner wants another child in the next 2 years	189 (59.1)
I need to have as many children as my partner desires	110 (34.4)
Ever discussed FP with partner	
0	24 (07.5)
1-2 times	105 (32.8)
3-4 times	67 (20.9)
>4 times	124 (38.8)

Previous history of contraceptive use



Factors associated with report of pregnancy intentions in the next 2 years postpartum

Characteristic	Multivariable analysis	
	Adjusted Odds Ratio	P
Participant age	0.34 (0.14, 0.79)	0.012
Partner wants to have child in future	31.36 (15.17, 64.86)	0.000
Referent planned pregnancy	2.69 (1.01, 7.59)	0.050
Household income \geq 150,000	1.37 (1.08, 1.75)	0.010
Parity \geq 3	0.59 (0.39, 0.90)	0.015
\geq 3 own children in a household	0.42 (0.19, 0.94)	0.021
Previous use of modern FP methods	0.08 (0.01, 0.34)	0.003

Conclusions

Findings highlight;

1. The striking role male partners play in influencing pregnancy intentions postpartum (aOR 31)
1. Household income, planned pregnancy, age, parity, previous contraceptive use amongst WLWH in modern Uganda.

Relevance

- Important to accept gender norms in this context, actively engage male partners in sexual and reproductive health
- alongside individual-level social, economic and structural factors within which couples can understand risks of unplanned pregnancies and access effective contraceptive methods when they need or want them

- Need for integration of these reproductive health services into routine HIV care
 - improve access
 - minimise the burden-time and money spent looking for such services
- observed high rate of injectables
 - shows how much women rely on this method & thus a need to understand the effects of ART on levels of hormonal therapy.

PROGRESS

- RCT enrolment & Exits at 100%
- Manuscript (4+2) & Grant writing (5-3)
- Mentoring JuniOr faculty, Post/undergraduates (10)
- Independent at data analysis & manuscript writing
- Grant writing team, partly from my mentorship team
- K43, *Patient-centered mobile technology interventions to improve maternal health in Uganda, (Impact factor: 21)*
- Will be speaking at the World Health Summit-Oct'18
 - *FP voucher and support facilitates Early Initiation of Contraceptive use amongst Postpartum women in SW Uganda: A Randomised Controlled Trial*

Progress ctd

- **Appointed Chair- Learning and Research Quality Assurance of a World Bank-funded ACEII Centre of Excellence**
- **Panellist on the Maternal Health Task force**
- **Appointed member Faculty Research Ethics –MUST**
- **Research Coordinator,**
 - **Organizing regular research seminars for staff and students**

challenges

- **Mentorship in maternal health & intervention development & testing- as a career path**
- **Stock outs**
- **Discordancy & socio-cultural barriers**
- **Disclosure**
- **Lack of Protected time, working mothers**

Ultimate Goal

- Publish at least 3-1st-authored manuscripts annually
- Attempt and win more grants
- Become an independent investigator
 - *expertise in development and evaluation of culturally informed solutions to reduce maternal-child mortality/ morbidity.*



acknowledgements

- NIH/ MURTI
- VC MUST
- Mentors
- Staff MRRH
- Participants and Research Assistants
- Family



Thanks for listening!!

