HIV RISK PERCEPTION AND PREP USE AMONG KENYAN WOMEN DURING AND AFTER PREGNANCY

Abstract #773

Mary .M. Marwa[1], Anna Larsen[2], Felix Abuna[1], Julia Dettinger[2], Ben Odhiambo[1], Salphine Watoyi[1], Pascal Omondi[1], Nancy Ngumbau[1], Laurén Gómez[2], Grace John-Stewart[2], John Kinuthia[1,2], Jillian Pintye[2]

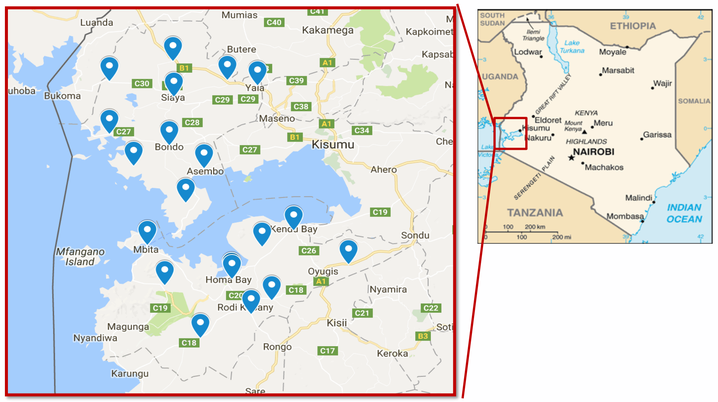
[1]Kenyatta National Hospital, Nairobi, Kenya; [2]University of Washington, Seattle, Washington, United States

PrIMA
PrEP IMPLEMENTATION FOR MOTHERS IN ANTENATAL CARE

Background

Self-perceived HIV risk influences PrEP use and may be altered during pregnancy and after delivery when women are motivated to protect their infants from HIV.

Figure 1. Distribution of sites in Siaya and Homa Bay Counties, Kenya



Methods

- Data analyzed from the PrIMA Study (NCT03070600), a cluster RCT that evaluated PrEP delivery models at 20 antenatal clinics in Western Kenya.
- Women were enrolled and offered PrEP in pregnancy and followed through 9 months postpartum with HIV testing at each visit.
- A validated risk score developed to predict HIV acquisition among perinatal women defined as high HIV risk (corresponding to 8.9 HIV infections per 100 person-years)*.
- PrEP uptake defined as filling a PrEP prescription at any point during pregnancy or postpartum
- HIV risk perception was assessed by asking "what is your gut feeling about how likely you are to get infected with HIV?" dichotomized as low ("extremely/very unlikely") versus high ("extremely/very likely").

*Pintye et al 2017

Results

Table 1. Demographic characteristics

	N(%) or Median (IQR
Age, years	24 (21-28)
Gestational age, weeks	25 (20-30)
Prior pregnancy	74%
Married	82%
Secondary education	59%
Partner living with HIV	4%
Unknown partner HIV status	22%
High HIV risk	27%
High perceived HIV risk	43%

Figure 2. Perceived High HIV risk among high-risk women

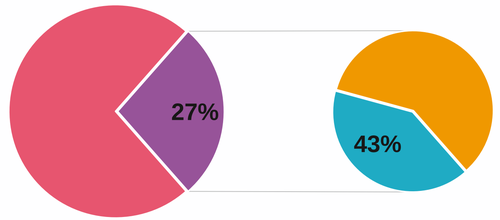


Table 2. Correlates of Perceived HIV risk among high-risk women (n=617)

	Prevalence Ratio (95% CI)	p-value
>24 years	1.4 (1.0-1.9)	0.002
Prior pregnancy	1.8 (1.0-3.1)	0.027
Polygamous marriage	1.6 (1.2-2.2)	0.002
Partner living with HIV	1.5 (1.05-2.10)	<0.001
Syphilis diagnosis	2.6 (1.5-4.4)	0.015
PrEP Uptake	1.5 (0.44-0.64)	<0.001

Women who perceived high-risk were more likely to have a partner known to be living with HIV (21% vs.5%, prevalence ratio [PR =1.5, 95% CI:1.2-6-2.1) and more likely to initiate PrEP (40% vs. 18%, PR:2.2, 95% CI:1.5-3.4)

Table 3. Characteristics of women who seroconverted (n=9)

	N(%) or Median (IQR
Age, year	26 (20-27)
Married	100%
Polygamous marriage	22%
Unknown partner HIV status	11%
>1 sexual partner	78%
High perceived HIV risk	44%
High empiric HIV risk	11%
Regular employment	15%
Condomless sex	91%

Of 9 women who seroconverted, 3 reported ever taking PrEP, all of whom discontinued PrEP prior to seroconversion

Conclusions

In this cohort, most high-risk women did not self-perceive high-risk, and most declined PrEP. Ensuring syphilis testing and improving knowledge of partner HIV status in PrEP delivery programs, may refine risk perception and encourage PrEP uptake, particularly among younger women

Acknowledgements

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Global WACh
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