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**FACTORS CONTRIBUTING TO PREGNANCY AMONG HIV POSITIVE
WOMEN IN SEROWE-BOTSWANA**

BY

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**A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF PUBLIC
HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTERS IN PUBLIC HEALTH.**

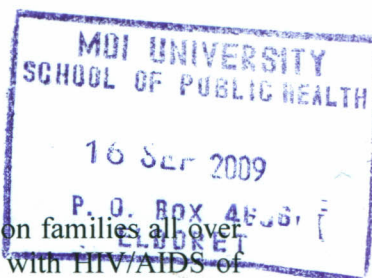
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ABSTRACT

**Background**

The global pandemic of HIV/AIDS has had a devastating impact on families all over the world. Estimated 28.9 million people worlds wide are living with HIV/AIDS of whom two thirds are in sub Saharan Africa. The majority of the people living with HIV/AIDS are aged 15-49 years of which 50% are women of reproductive age. Southern Africa is mostly affected by the epidemic, with Botswana experiencing the worst epidemic. According to (2005) HIV Sentinel surveillance 33.4% of pregnant women were HIV positive of which without intervention about 40% of them would pass on the infection to their infants, hence perpetuation of infection in generations.

Objective: The main objective of the study was to investigate the rate and factors associated with becoming pregnant while HIV positive among women in Serowe – Botswana.

Design: A cross sectional study was carried out to give a snapshot of the current picture of the status of pregnancy among HIV positive women.

Methods: Exit interviews were done to 384 HIV positive women between the ages of 20 - 49 years who met the eligible criteria. HIV positive women from Serowe who visited the randomly selected public health facilities were consecutively sampled as study participants and interviewed.

Results: The mean age of the participant was 34.3 years, 271 (70.6%) were single with very few (45 - 11.7%) being married. About 61 (28.3%) of the respondents were between age group 30 – 34 years. The rate of pregnancy subsequent to HIV diagnosis was 216 (56.2%). The main findings in bivariate analysis were that marital status, age and having children before testing HIV positive were independently significantly associated with pregnancy (all $p < 0.05$) whilst the multivariate analysis showed that after adjusting/controlling for all other factors, age and ARV were factors associated with pregnancy. As age increased by one year, the likelihood of becoming pregnant reduces by 10.8%, OR (95% CI) 0.892 (0.852, 0.934). Those on ARV were about four times more likely to become pregnant than those not on ARV, OR (95% CI) 3.579 (1.950, 6.570). Pregnancy occurring by mistake 65 (30.1%) and family pressure 49 (22.7%) to have a baby were the most contributing factors to becoming pregnant.

Conclusion: The study concludes that the rate of pregnancy among HIV positive women was high and factors that contributed to the likelihood of pregnancy among HIV positive women were by mistake, desire for motherhood and family pressure. Age, marital status, ARV and having children prior testing for HIV were associated with pregnancy.