

Are HIV post-partum mothers' contraceptive needs met? A descriptive study of contraceptive uptake by women attending public hospitals in Swaziland.

Student: Amon Siveregi

Supervisor: Prof Dudley

Background: Studies have shown reduced uptake of contraceptive services in HIV positive women of child bearing age mainly due to unmet needs. This may be a result of poor promotion of available methods of contraception especially long term and permanent methods (LTPM).

Aim: This study aimed to compare the awareness and uptake of contraceptive methods, particularly LTPM by HIV positive and negative post-partum mothers, and to assess the effects of counselling on contraceptive choices.

Setting: The study was conducted at 3 government district hospitals in Swaziland.

Methods: This observational analytic study of contraceptive use in postpartum women was conducted through interviews using a structured questionnaire. Data on contraceptive choices was collected before and after counselling on all available methods by a trained counsellor. LTPM use, unintended pregnancy rates, future fertility and reasons for contraceptive choices were compared among HIV negative and positive mothers before and after counselling using chi square tests, Fischer's exact tests and logistic regression where appropriate. Statistical Data (STATA) 12 software was used for analysis.

Results: A total of 711 women, of whom 359 were HIV negative and 352 HIV positive, participated in the study. Most (72.3% HIV negative and 84% HIV positive) were on modern methods of contraception with the majority using the 2 monthly and 3monthly injectables. Intended use of any contraceptive increased to 99.1% in HIV negative and 98.6% in positive mothers after counselling. LTPM use was 9.48% in HIV negative mothers and 13.81% in HIV positive mothers before counselling compared to 41.29% and 42.36% of HIV negative and positive mothers respectively who preferred these methods after counselling (chi²: 60.79 p< 0.005).

Conclusion: Counselling on all methods including LTPM reduced unmet need in contraception in both HIV positive and negative mothers in this setting and may improve contraceptive uptake. Health workers do not always remember to include LTPM when they counsel clients on LTPM and this could result in low uptake of these methods in this setting. Further experimental studies should be conducted to validate these results.