O18 - HIV and women's health

O18.1 PREVALENCE AND FACTORS ASSOCIATED WITH MODERN CONTRACEPTIVE USE AMONG HIV- POSITIVE WOMEN AGED 15–49 YEARS IN KILIMANJARO REGION, NORTHERN TANZANIA

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Background Of 270,000 new HIV infections in children, 90% are in Sub-Saharan Africa. High fertility levels and high number of women infected with HIV results in high rates of Mother-to-Child-Transmission (MTCT) in SSA. To date, most efforts to prevent MTCT of HIV have focused on the third prong, a strategy that offers ARV drugs to HIV infected pregnant women and their exposed infants. However, the effective use of contraceptives to prevent unwanted pregnancies among HIV-positive women has the ability to reduce the rates of MTCT of HIV at a lower cost compared to the third prong. There is limited information on the levels of contraceptive use and associated factors among HIV positive women in Northern Tanzania.

Methods This was a cross-sectional study conducted in February–May 2014 in three randomly selected districts of Kilimanjaro region. Univariate and multivariate logistic regression analysis were used to describe data and determine independent predictors of modern contraceptives use respectively.

Results Of the 672 HIV-positive women participated in this study, 93% were aware of modern contraceptive methods, 54% were current modern contraceptives users and 21% were using dual contraceptive methods. Commonly modern contraceptives method used included male condom (41%), Depo-Provera (13%) and oral contraceptive pills (10%). Modern contraceptive use was significantly higher among HIV-positive women with; secondary education (aOR = 3.6, 95% CI 1.4–9.5), who do not plan to have more children (aOR = 2.2, 95% CI 1.5–3.2), counselled on contraceptives at CTC (aOR = 3.7, 95% CI 2.7–5.1), disclosed their HIV status to their partner (aOR = 2.5, 95% CI 1.8–3.4).

Conclusions Prevalence of modern contraceptive use was higher than the national level. 46% of HIV-positive women are not using any method of contraception despite being sexually active. Strategies are required to increase use of long-term contraceptive methods to those who do not want more children and strengthening counselling to target non-users.

O18.2 INJECTABLE PROGESTIN CONTRACEPTION AND ACQUISITION OF HSV-2 INFECTION AMONG SOUTH AFRICAN WOMEN PARTICIPATING IN THE VOICE TRIAL

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Introduction Observational data suggest HIV-1 acquisition differs between users of two common injectable progestin-only contraceptives (IPC), depot medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN). Data are limited on the potential impact of both IPC types on herpes simplex virus type 2 (HSV-2) acquisition.

Methods We conducted a secondary analysis among IPC users enrolled at South African sites in VOICE, a multi-centre randomised trial of topical and oral HIV-1 chemoprophylaxis. Contraceptive use assessment was conducted monthly. HSV-2 was diagnosed by Focus HerpeSelect EIA at enrollment and repeat EIA at study exit in all participants (seroconversion cutoff value ≥3.5); quarterly EIA was available for a subset to assess seroconversion timing. Using Cox proportional hazards regression, we assessed the association between IPC type and HSV-2 acquisition with adjustment for potential confounders (age, marriage/cohabitation, education, condom use, number of partners, VOICE study arm).

Results Among 1776 IPC users who were HSV-2-seronegative at enrollment, 922 (51.9%) used DMPA, 716 (40.3%) used NET-EN, and 138 (7.8%) used both IPC types at different times during follow-up. Among the 1638 IPC users who did not switch IPC type during follow-up, 1506 (91.9%) had baseline and exit HSV-2 serology available. Over 1534.1 person-years (py) of follow-up, 178 incident HSV-2 cases occurred: 107 in DMPA users (crude incidence rate [IR] 11.3/100 py) and 71 in NET-EN users (crude IR 12.1/100 py). Among 640 participants with quarterly HSV-2 serology, 45 cases occurred among DMPA users over 350.4 py and 31 among NET-EN users over 231.1 py (HR = 0.97; 95% CI 0.61–1.53; aHR = 1.02; 95% CI 0.64–1.62).

Conclusion HSV-2 risk did not differ by DMPA versus NET-EN use. These results are consistent with our findings that DMPA users in VOICE did not have higher risk of genital tract infection (gonorrhoea, chlamydia or trichomoniasis) compared to NET-EN users, despite having higher risk for HIV-1 infection.

Disclosure of interest statement The authors report no conflicts of interest.

O18.3 ADOLESCENTS IN SOUTH AFRICA AND ASSESSMENT OF HIV RISK: KNOWING WHO WE ARE TRYING TO PROTECT

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Introduction South African adolescent females are at high risk of HIV acquisition, disproportionate to their sexual behaviour. We hypothesised that biological changes associated with puberty may influence this susceptibility.

Methods This study was conducted in two South African sites, the Desmond Tutu Youth Centre, Masiphumele, Cape Town and the Perinatal HIV Research Centre, Soweto, Johannesburg. Cytokines were measured by Luminex. Sexual risk behaviour, contraceptive use and the prevalence of sexually transmitted infections (STIs) [*C. trachomatis* (CT), *N. gonorrhoeae* (NG), *T. vaginalis*,