MEAL SPOUSE PERPETRATED PSYCHOLOGICAL AND SEXUAL ABUSE AMONG PREGNANT WOMEN IN NAIROBI, KENYA

P3.171

Introduction The purpose of this comparative retrospective study was to evaluate the nature of male spouse perpetrated gender based violence (GBV) during pregnancy. The objective was to establish whether diagnosis of HIV infection during pregnancy mitigates or exacerbates male spouse perpetrated psychological and sexual abuse during pregnancy.

Methods Case group comprising 96 HIV infected pregnant women, and comparison group (96 uninfected), all in their third trimester of pregnancy were interviewed upon consent. A modified Conflict Tactics Scale 2 was administered to compare the two groups in terms of psychological aggression and sexual coercion.

Results Results indicated prevalence and severity of male spouse perpetrated abuse to be higher for case group than comparison group across both psychological aggression and sexual coercion subscales. The odds of male spouse perpetrated violence was 6.64-fold higher in HIV positive pregnant women compared to HIV negative pregnant women (OR=6.64, 95% CI 1.56–28.27, p=0.010). Thus, diagnosis of pregnancy and absence of HIV infection was associated with mitigated occurrence and severity of male spouse perpetrated abuse, while diagnosis of HIV infection during pregnancy exacerbated the same.

Conclusion The investigator recommends immediate sensitisation of health and social workers attending to pregnant women on the escalating effect of HIV positive diagnosis on male-spouse perpetrated violence. Intensive couple counselling and follow up care will be needed to specially designed and implemented for such couple whether they are concordant positive or discordant.

TRIPLE-ANTIRETROVIRAL PROPHYLAXIS TO PREVENT MOTHER-TO-CHILD HIV TRANSMISSION THROUGH BREASTFEEDING–THE KISUMU BREASTFEEDING STUDY, KENYA: A CLINICAL TRIAL

P3.173

Introduction Effective strategies are needed for the prevention of mother-to-child HIV transmission (PMTCT) in resource-limited settings. The Kisumu Breastfeeding Study was a single-arm open label trial conducted between July 2003 and February 2009. The overall aim was to investigate whether a maternal triple-antiretroviral regimen that was designed to maximally suppress viral load in late pregnancy and the first 6 months of lactation was a safe, well-tolerated, and effective PMTCT intervention.

Methods and findings HIV-infected pregnant women took zidovudine, lamivudine, and either nevirapine or nelfinavir from 34–36 weeks’ gestation to 6 months post partum. Infants received single-dose nevirapine at birth. Using Kaplan-Meier methods we estimated HIV-transmission and death rates from delivery to 24 months. We compared HIV-transmission rates among subgroups defined by maternal risk factors, including baseline CD4 cell count and viral load. Among 487 live-born, singleton, or first-born infants, cumulative HIV-transmission rates at birth, 6 weeks, and 6, 12, and 24 mo were 2.5%, 4.2%, 5.0%, 5.7%, and 7.0%, respectively. The 24-mo HIV-transmission rates stratified by baseline maternal CD4 cell count <500 and ≥500 cells/mm³ were 8.4% (95% confidence interval [CI] 5.8%–12.0%) and 4.1% (1.8%–8.8%), respectively (p=0.06); the corresponding rates stratified by baseline maternal viral load <10 000 and ≥10 000 copies/ml were