## **HIV/AIDS**

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Repeat pregnancy study in HIV positive and negative women in selected health facilities in Regions 3, 4, 6 and 10 in Guyana, South America

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**Objectives:** To determine factors influencing repeat pregnancies in HIV positive and negative women in Regions 3, 4, 6 and 10.

**Subjects and Methods:** A descriptive cross-sectional survey was conducted using cohorts of HIV positive and negative women in the age group 18-44 years (n=222). Stratified random sampling was used, where, for every one HIV positive woman, four HIV negative women were selected at each health facility until the total sample size was obtained. Data on repeat pregnancies and family planning (n=58) were collected through interviews using questionnaires.

Epi Info, version 7 was used to do data input and analysis. Fisher test or Chi-squared tests were used to test the significance of a variable. A qualitative assessment was also done to glean more from the quantitative data.

**Results:** The pregnancies of HIV+ mothers were intentional and there was high uptake in antiretroviral (ARV) drugs. It was notable that most women knew their HIV status prior to pregnancy. Sixty-three per cent of the respondents felt that an HIV+ woman should get pregnant if wanted. For protection of the unborn child, answers were adherence to ARV drugs and treatment, abstaining from breastfeeding and abstaining from sex or having sex with a condom

**Conclusions:** Respondents clearly showed that the decision to have a baby is a fundamental human right, with other determinants being their confidence in adherence to ARV treatment regime and abstention from breastfeeding. There is the need for more health promotion activities to reduce unwanted pregnancies among this special population.

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Sexually transmitted infections among PLHIV attending the STI clinic in Trinidad

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**Objective:** The purpose of this study was to determine the sexually transmitted infection (STI) prevalence in HIV infected patients, so as to better understand the common trends in HIV/STI transmission in this population, so that appropriate HIV/STI prevention strategies may be designed.

**Subjects and Methods:** A chart review study of STI prevalence among people living with HIV (PLHIV) attending an STI clinic in Trinidad was conducted during the period January–December 2012. Data were abstracted from client records and laboratory log books to obtain the clinical and the laboratory diagnoses of STIs and analysed using SPSS version 22.

**Results:** A total of 385 PLHIV (168 males [43.6%] and 217 females [56.4%]) were seen during this period; age range 16–77 years, mean age 36.5 years. Of these, 104 (27.0%) were newly HIV diagnosed and 281 (73.0%) had a known history of HIV infection. An STI was concurrently diagnosed in 135 (35.1%) of the 385 PLHIV and 18 (4.7%) had two concurrent STIs. In patients with known HIV infection, 117 (48.6%) patients were diagnosed with an STI compared to 18 (17.6%) patients newly diagnosed with HIV infection (p < 0.001). The most common STIs included syphilis = 51 (13.2%), genital warts = 46 (11.9%), non-gonococcal urethritis/cervicitis = 27 (7.0%), genital herpes = 17 (4.4%), gonorrhoea = 6 (1.6%) and trichomoniasis = 6 (1.6%).

**Conclusion**: The STI prevalence is high among patients with known HIV infection in Trinidad, identifying them as a critical target group for efforts to prevent the spread of HIV and STIs.

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Quality of life and labour force participation in people living with HIV: The TREVI study in Barbados and The Netherlands

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**Objective:** The TREVI study compared cohorts of persons living with HIV in Barbados and The Netherlands to investigate the impact of living with HIV on health-related quality of life, cognitive functioning and labour force participation.

**Subjects and Methods:** Cross-sectional cohorts were recruited from the Ladymeade Reference Unit, Barbados (n = 129) and the Outpatient Clinic of Erasmus Medical Centre, Rotterdam, The Netherlands (n = 315).

**Results:** The Barbados cohort was younger (mean age 37 years) and more gender mixed (58% male) than the Dutch

cohort (48 years; 87% male). Both cohorts were well controlled with respect to viral load (> 90% undetectable HIV virus). Unemployment was similar (31% vs 35%) but Dutch respondents reported greater job satisfaction and less anxiety. The Barbadian cohort scored better in self-reported quality of life, physical functioning, general health perception, happiness, cognitive functioning and depression. Dementia assessed on the International HIV Dementia Scale scale was equivalent (10.8  $\pm$  1.0 vs 10.8  $\pm$  1.3). Dutch clients were more likely to have disclosed their status to sexual partners, family, or work colleagues. Barbadians were more likely to have been hurt by the reaction of friends to their HIV status (36% vs 17%).

Conclusions: The TREVI study revealed higher perception of health, happiness and quality of life among an HIV cohort living in Barbados. Willingness to disclose HIV status and perceptions of stigma and workplace satisfaction were better among the Dutch cohort. Both recorded similar levels of educational attainment and unemployment. The social, workplace and psychological support needs of persons living with HIV are therefore distinct between these two countries.