

**INCIDENCE OF HIV SERROCONVERSION AMONG INITIALLY HIV
NEGATIVE PREGNANT WOMEN IN KAKAMEGA PROVINCIAL
GENERAL HOSPITAL**

BY

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ABSTRACT

Background: Human Immune deficiency Virus (HIV) counseling and testing provides an entry point to comprehensive HIV/AIDS management. In Africa, most women attending antenatal care (ANC) clinics are counseled and tested for HIV only once; during the initial visit and yet there is documented evidence of seroconversion later in pregnancy. Failure to repeat the test leaves a gap in Prevention of Mother to Child Transmission (PMTCT).

Purpose: To identify the incidence of HIV seroconversion in pregnancy among initially HIV negative pregnant women.

Objectives: To determine the incidence of HIV seroconversion among initially HIV negative women later in pregnancy. To describe the factors associated with seroconversion among initially HIV negative women later in pregnancy. To discuss factors that influence HIV repeat counseling and testing among initially HIV negative pregnant women.

Study site: Kakamega Provincial General Hospital ANC clinics and antenatal ward (ANW).

Study design: A descriptive cross sectional study was employed.

Sampling and sample size: Three hundred and two pregnant women as per Fisher's formula who on initial testing were HIV negative, revisiting ANC clinics or presenting in latent phase of labor at the ANW were systematically sampled for the study.

Data collection: A semi-structured questionnaire was used to collect data. Respondents were retested to identify their HIV seroconversion status.

Data analysis: Statistical Package for the Social Sciences was used for data analysis. Descriptive data were analyzed using descriptive statistics; frequency tables were generated, measures of central tendency calculated. Associations between variables were sought using chi square and significance tests. A p value of <0.05 was considered statistically significant.

Results: Among 302 women retested, 225 (74%) were married with a mean age of 24.6 ± 5.4 years. Ninety three (30.8%) of these were house wives. Nine women (2.98%) who were retested turned HIV positive. Only 9 (2.98%) thought it was not necessary to repeat HIV testing 4 (44%) arguing that they tested HIV negative during their last test. For those who thought it was necessary to repeat testing, 91 (31.1%) thought it was part of self care. There was significant difference between women with multiple sex partners and those who did not have multiple sex partners in so far as HIV seroconversion was concerned $\chi^2 = 14.532$; $p = 0.008$. those with multiple sex partners were almost 11 times more likely to seroconvert as compared with those without multiple sex partners (OR 95% C.I: 10.769; 2.419 – 47.942).

Conclusion: HIV seroconversion of 2.98% was clinically significant considering the fact that these women risk passing on the virus to their infants and their partners. It was realized that women still engage in risky sexual behaviors despite acknowledging that they have been taught on the need to avoid risky sexual behaviors. The government needs to strengthen repeat counseling and testing of pregnant women later in pregnancy in line with the Ministry's new policy guidelines and aim at giving health messages which will foster behavior change so that the women avoid risky sexual behavior.