

## Poster Abstract – P197

# Reasons why HIV-positive women do not want to have a child: the questionnaire-based DIDI study

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Given that the majority of HIV-positive women are of reproductive age, it is necessary to understand the interaction between HIV and family planning, especially as antiretroviral medications allow to live longer, healthier lives. Aim of this analysis from the DIDI study was to assess prevalence of motherhood desire in current years and to identify variables associated pregnancy decision-making in HIV-infected women. DIDI is an Italian, 16-center, questionnaire-based survey performed in 585 HIV-positive women between Nov. 2010 and Feb. 2011. The items covered in the self-administered questionnaire included: socio-demographic characteristics, sexual and gynecological health, motherhood desire, strategies adopted to become pregnant, reasons for not wanting a child, partnership, HIV disclosure, physical and mental health, ART adherence, drug use. For the present analysis only women aged <45 years and engaged in a partnership were included. Absence of motherhood desire was defined by a negative answer at the question whether the women at present would like to have a child. 178 women were included: mean age 39 (IQR, 33–42), HIV transmission heterosexual 75%, IVDU 11%, heterosexual/IVDU 2.5%, not known 7.5%; mean CD4 and HIV-RNA were 552/mm<sup>3</sup> (+252) and 3.85 c/ml (+4.7), respectively. Absence of motherhood desire was found in 61% of women; 50% of women declared that HIV negatively affected motherhood desire, and 22% declared a decrease in desire after start of ART. The probability of vertical transmission was estimated higher than 50% by 19% of women, even when adopting all preventive measures. Not wanting a child was associated with: fear of vertical transmission ( $p < 0.001$ ), fear of not being able to raise the child ( $p < 0.001$ ), decline in motherhood desire after HIV ( $p = 0.007$ ), unstable partnership ( $p = 0.02$ ). At multivariable analysis, variables found to be significantly associated with negative pregnancy decision-making were: fear of vertical transmission (AOR 3.75; 95%CI 1.18–11.89), economic restrictions (AOR 0.28; 95% CI 0.10–0.76). In conclusion, absent motherhood desire in HIV-positive women with child-bearing potential is frequent and essential information on vertical HIV transmission is lacking. HIV-positive women of childbearing age may benefit from counseling interventions sensitive to factors that influence infected women’s pregnancy decisions.

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