

Title: The Impact of HIV Test Results on Subsequent Antenatal Care Attendance by Women in Rural Hospitals in Lesotho

Track: D9: Counseling and testing (HIV counseling and testing (HCT) and voluntary counseling and testing (VCT)), social, psychological and behavioral aspects of HIV testing and counseling

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Word count: 300

Background: Regular antenatal care (ANC) visits, beginning early in pregnancy, promote safe motherhood, particularly for HIV-positive women. While many factors affecting ANC attendance have been documented, the aim of this study was to explore the influence of a positive or negative HIV test result at women's first ANC visit on subsequent ANC attendance, for which existing research was limited.

Methods: Following ethical approval, a retrospective cohort design was utilized. Women's ANC records in three rural hospitals in Lesotho in December 2009-May 2010 were reviewed. Non-parametric rank sum tests compared the distribution of gestational age (GA) and number of visits between HIV status and knowledge of HIV status subgroups.

Results: Average GA at first ANC visit was 22.6 weeks and average number of ANC visits per woman was 1.65 (n=746); 91.7% did not know their HIV status before their first visit. Overall, 29.8% of ANC attendees were HIV-positive. Neither number of subsequent visits nor GA at first visit differed for women receiving a positive or negative HIV test result. However, women who knew their status before their first visit had significantly more subsequent visits than women of unknown status (2.1 vs. 1.6 visits, $P=0.014$) and attended ANC earlier (19.6 vs. 22.9 weeks, $P<0.001$). Of those with known status, HIV-positive women attended ANC nearly six weeks earlier than HIV-negative women, though results were not statistically significant.

Conclusions: Findings suggest women who know their HIV status attend ANC earlier and more frequently than women unaware of their status; HIV-positive women may be particularly motivated to seek earlier care. However, among women of unknown status at first visit, number of subsequent visits did not differ between HIV-positive and HIV-negative women. Testing and counseling for women and

couples prior to pregnancy can promote safe motherhood practices, including opportunities to provide PMTCT services for HIV-positive women.