



Characteristics of HIV Positive Recently Pregnant Women Aged 15-49 years South Africa 2017

Fact Sheet



science & innovation
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Background and context

The Human Sciences Research Council (HSRC) was commissioned by the United Nations Population Fund (UNFPA) in 2021 to undertake secondary data analyses to quantify the HIV prevalence among pregnant women (Naidoo et al., 2023). This work will support preventing and detecting HIV among pregnant women in South Africa. We used self-reported data on recent pregnancy from the fifth wave of the South African National HIV Prevalence, Incidence, Behaviour and Communication Surveys conducted by the HSRC in 2017. In this factsheet, we describe the characteristics of recently pregnant women aged 15 – 49 years.

Recently pregnant women aged 15 – 49 years in numbers

- About one-fifth (22.8%, 95% CI 21.4 – 24.2) of $n=9\ 250$ females reported a recent pregnancy. This translates to $n=2\ 022\ 044$ (95% CI 1 851 167– 2 192 921) recently pregnant women.
- A similar proportion of 20.5% (95% CI 19.2 – 21.8) or $n=1\ 838\ 138$ (95% CI 1 677 682 – 1 998 593) women indicated they were pregnant in the past 24 months, whilst 4.2% (95% CI 3.6 – 4.9) or $n=375\ 145$ (95% CI 314 516 – 435 774) were pregnant at the time of the 2017 survey.
- Most recently pregnant women were aged 25 – 29 years (29.4%, 95% CI 26.5 – 32.4). About one-fifth were aged 20 – 24 years (22.3%, 95% CI 19.9 – 24.8), and a further 6.4% (95% CI 5.1 – 7.9) were aged 15 – 19 years.

HIV prevalence among recently pregnant women

- The 2017 HIV prevalence among recently pregnant females aged 15 – 49 years was 27.0% (95% CI 24.0 – 30.2). This translates to $n=521\ 383$ (95% CI 448 962 – 593 805) HIV-positive recently pregnant females aged 15 – 49 years.
- Among AGYW aged 15 – 24 years, the HIV prevalence was 24.0% (95% CI 18.1 – 31.2) in 2005, 17.3% (95% CI 12.2 – 23.8) in 2008, and by 2017 had increased to 19.2% (95% CI 15.3 – 23.9). The 2017 HIV prevalence translates to $n=109\ 543$ (95% CI 78 556 – 140 529) HIV-positive AGYW aged 15 – 24 years.

Characteristics of HIV positive recently pregnant AGYW aged 15-24 years

HIV prevalence by multiple partners:

HIV prevalence was significantly higher among recently pregnant AGYW aged 15-24 years who reported they had \geq two sexual partners in the past 12 months (38.0%, 95% CI 19.6 – 60.7, $p=0.029$) versus those who had one partner (17.8%, 95% CI 13.8 – 22.5).

HIV prevalence and knowledge about prevention of mother-to-child transmission (PMTCT):

HIV prevalence was 21.6% (95% CI 16.9 – 27.2, $p=0.032$) among AGYW aged 15 – 24 years who had the correct knowledge of drugs/medicine/antiretrovirals (ARVs) for PMTCT.

HIV prevalence was 9.3% (95% CI 4.1 – 19.6) among AGYW who did not have correct knowledge of drugs/medicine/ARVs for PMTCT.

HIV prevalence was significantly higher among 15 – 24 year old AGYW with the following characteristics:

- Among residents of KwaZulu-Natal (aOR 1.8, 95% CI 1.07 – 3.35) compared to the Western Cape.
- Among those with primary school as their highest education level (aOR 4.70, 95% CI 1.88 – 11.80) compared to those with tertiary education.
- AGYW having an older sexual partner with a \geq five-year age gap (age-disparate sexual partner) were more likely to be HIV positive (aOR 2.32, 95% CI 1.41 – 3.82) than AGYW with a partner of similar age.



HIV prevalence and intimate partner violence:

Among AGYW aged 15 – 24 years who experienced intimate partner violence, nearly half were HIV positive (49%, 95% CI 29.3 – 69.1).

HIV prevalence and associated factors among recently pregnant women aged 15-24 years

HIV prevalence was significantly lower among 15 – 24-year-old AGYW of other race groups (aOR 0.6, 95% CI 0.01 – 0.45) compared to their Black African counterparts.

Characteristics of HIV-positive recently pregnant women aged 25 – 49 years

Awareness of HIV status:

About one-quarter of recently pregnant females aged 25 – 49 years who were aware of their HIV status were HIV positive (25.9%, 95% CI 22.0 – 30.4).

Condom use with main sexual partners:

Condom use almost every time:

- About half of the recently pregnant females aged 25 – 49 years who had used a condom almost every time were HIV positive (49.6%, 95% CI 30.9 – 68.4, $p < 0.001$).

Condom use sometimes:

- Two-fifths of recently pregnant females aged 25 – 49 years who sometimes used a condom were HIV positive (40.3%, 95% CI 32.3 – 48.8).
- The HIV prevalence among recently pregnant women aged 25 – 49 years who sometimes used a condom and were aware of their HIV status was 35.8% (95% CI 27.3 – 45.3).

Never used condom:

- About one-fifth of recently pregnant females aged 25 – 49 years who never used a condom were HIV positive (17.7% 95% CI 13.3 – 23.0).
- The HIV prevalence among recently pregnant women aged 25 – 49 years who reported never using a condom and were aware of their HIV status was 14.3% (95% CI 10.3 – 19.5).

No condom use at last sex act:

- The HIV prevalence was 23.6% (95% CI 19.4 – 28.4) among recently pregnant women aged 25 – 49 years who did not use a condom at the last sex act.
- The HIV prevalence was 19.6% (95% CI 15.6 – 24.3) among recently pregnant females aged 25 – 49 years who were aware of their HIV status and did not use a condom at the last sex act.

Risk perception regarding acquiring HIV

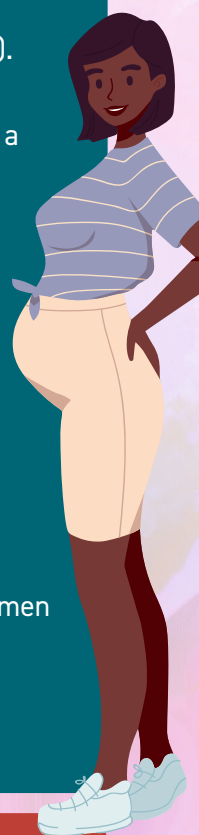
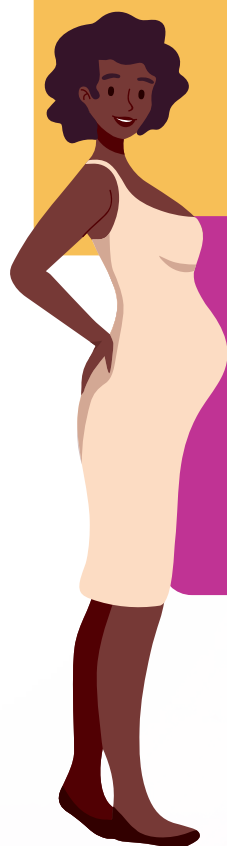
- About one-quarter of recently pregnant females aged 25 – 49 years had a high-risk perception of acquiring HIV and were HIV positive (25.1%, 95% CI 18.5 – 33.1).
- 11.2% (95% CI 8.2 – 15.1) of recently pregnant females aged 25 – 49 years had a low-risk perception and were HIV positive.

HIV testing

In total, the HIV prevalence was 60% (95% CI 43.3 – 74.6) among women aged 25 – 49 years whose most recent HIV test was \geq two years ago, 26.1% (95% CI 22.2 – 30.5) among those who tested less than one year ago, and 37.9% (95% CI 27.0 – 50.1) among those who tested between one to two years ago.

Place of most recent HIV test

Over one-third (33.3%, 95% CI 29.0 – 37.9) of recently pregnant females aged 25 – 49 years who were HIV positive had tested at a public health facility, and 14.5% (95% CI 7.2 – 27.1) tested at a private health facility.





Had a sexually transmitted infection during the past 12 months:

Among recently pregnant females aged 25 – 49 years, over two-fifths were HIV positive (42.4%, 95% CI 31.5 – 54.2) and self-reported having an STI.

HIV prevalence and associated factors among recently pregnant women aged 25-49 years

HIV prevalence was significantly lower among 25 – 49-year-old recently pregnant women of other population race groups (aOR 0.26, 95% CI 0.90 – 0.77) compared to their Black African counterparts. HIV prevalence was significantly higher among 25 – 49-year-old recently pregnant women as follows:

- Among residents of KwaZulu-Natal (aOR 2.30, 95% CI 1.33 – 3.95) and Mpumalanga (aOR 2.77, 95% CI 1.49 – 5.14) compared to the Western Cape.
- Among those who reported using a condom almost every time (aOR 3.44, 95% CI 1.39 – 8.52), every time (aOR 3.04, 95% CI 1.26 – 7.30), or sometimes (aOR 2.36, 95% CI 1.31 – 4.24).
- Among those with a high-risk perception (probably or definitely going to get infected with HIV) (aOR 1.85, 95% CI 1.15 – 2.95) than those with a low-risk perception.

Summary

The dominant themes emerging from our analyses of recently pregnant women are: social and structural issues; sexual risk behaviours pertaining to condom use; engaging in early sexual debut; having multiple partners; and having age-disparate sexual relationships – particularly for recently pregnant AGYW aged 15 – 24 years.

The lack of or inconsistent use of condoms, engaging in early sexual debut, and having multiple sexual partners are well-documented risk behaviours associated with HIV acquisition. In addition, STIs among recently pregnant HIV-positive older women warrant attention. The high proportion of recently pregnant women who had also recently tested for HIV suggests that the HIV testing strategies within the PMTCT programmes have been successful, but some gaps still exist.

Recommendations

Sexual and reproductive health (SRH) promotion strategies and interventions should include the following:

- Tailored messages highlighting the high risk of HIV acquisition associated with the lack of or inconsistent condom use, having age-disparate sexual relationships, early sexual debut, and multiple sexual partners.
- Exploring pathways to improve accurate risk perception among recently pregnant AGYW and improving risk counselling.
- Engaging and involving the sexual partners of AGYW and older women.
- Promoting discussions about STIs among pregnant women, their partners and service providers to gauge their understanding regarding barriers to consistent condom use (examples include not having condoms, negotiating condom use, understanding the need for condom use while pregnant, or on contraception and trusting their partner).
- Strengthening integration of STI- and HIV-services to support linkage to care and access to risk reduction counselling and condoms, and referral for pre-exposure prophylaxis for HIV (where eligible).
- Supporting efforts to address the gaps in the HIV care cascade, particularly for ART initiation, retention and adherence.
- Integrating gender-based violence (GBV) education into SRH programmes, involving communities and offering linkages to support victims of intimate partner violence (IPV) to youth of both sexes.
- Reaching out to recently pregnant AGYW to encourage them to test for HIV – some AGYW reported they had never tested for HIV.

Reference

Naidoo, I., Sewpaul, R., Mabaso, M., Magobo, R., Molopa, L.O., Moyo, S., Reddy, T., Manzini-Matebula, N., Zungu, N. (2023). *Sexual, Reproductive Health and HIV prevalence among Recently Pregnant Women aged 15 – 49 years in South Africa: A Focus on Adolescent Girls and Young women, and HIV-related risk behaviours*. Report. Cape Town: Human Sciences Research Council and UNFPA

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