

Poster presentation

PP-009 **SOCIO-DEMOGRAPHIC DETERMINANTS OF FAMILIAL AND PARTNER PRESSURES TO CONCEIVE IN HIV-POSITIVE WOMEN IN ONTARIO, CANADA**

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Introduction Access to antiretroviral therapy has improved quality of life, minimized vertical transmission, and reduced mortality and morbidity in HIV-infected women. With these advances, many HIV-infected women and their partners are deciding to have children or carry unplanned pregnancies to term.

Objective To examine the relationship between socio-demographic factors and family and partner pressures to conceive in HIV-positive women in Ontario, Canada.

Methods Cross-sectional design examined data from the HIV Pregnancy Planning Questionnaire conducted in Ontario, Canada between 2007 and 2009. HIV-positive women aged 18-52 years were included in the analysis. A total of 486 women and 336 women provided information on family and partner pressures to conceive, respectively. Step-wise logistic regression was used to examine the relationship between socio-demographic variables and family and partner pressures to conceive. Socio-demographic variables included age, ethnicity, religion, country of birth, marital status, annual household income, education, years lived in Canada, number of lifetime births, HIV medication, hepatitis C co-infection, CD4 cell count, and viral load.

Results There is 0.95 (95% CI: 0.91-0.99; p-value: 0.0253) and 0.95 (95% CI: 0.93-0.98; p-value: <.0001) lower odds of family pressures to conceive with increased age and years lived in Canada, respectively. Women married or in common-law relationship have 3.08 (95% CI: 1.39-6.80; p-value: 0.0055) and women having 2 lifetime births have 1.98 (95% CI: 1.02-3.84; p-value: 0.0428) higher odds of family pressures to conceive. There is 0.96 (95% CI: 0.93-0.98; p-value: 0.0013) lower odds of partner pressure with increased years lived in Canada. Women married or in common-law relationship have 4.20 (95% CI: 1.58-11.17; p-value: 0.0040) and those living with partner (but are not married or in common-law relationship) have 4.47 (95% CI: 1.27-15.67; p-value: 0.0195) higher odds of partner pressures to conceive.

Conclusion Results suggest that age, number of years lived in Canada, marital status, and number of lifetime births are associated with family and partner pressures to conceive. Identification of these factors will allow health care providers to assist HIV-positive women and their partners make informed reproductive decisions.