

Improving the quality of sexual and reproductive health and rights (SRHR)  
through pre-service training, research, and evidence-based clinical care  
delivery in Sub-Saharan Africa



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## Determinants of pre-exposure prophylaxis (PrEP) uptake in antenatal and postnatal settings in Lusaka, Zambia

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### Introduction

Pregnant and breastfeeding women in sub-Saharan Africa are disproportionately affected by HIV/AIDS, with rates that are consistent with the World Health Organization's definition of populations at substantial risk. In a systematic review and meta-analysis, incidence rates were 3.8/100 person years during pregnancy and postpartum. About 7.6% of the pediatric burden of HIV in Zambia is attributable to maternal sero-conversion. Despite the Zambian guidelines on HIV treatment and prevention recommending PrEP for pregnant and breastfeeding women at risk for HIV infection, uptake remains low with paucity of information on factors likely to influence uptake in this population. We determined factors associated with PrEP uptake during pregnancy and breastfeeding in order to inform PrEP scale up in antenatal and postnatal settings in Zambia.

### Methodology

We conducted a cross-sectional study with pregnant and breastfeeding women not living with HIV and aged 18 years or older, between October and December 2024. Women were recruited from the maternal and child health (MCH) clinic at one of the first level hospitals in Lusaka using convenience sampling. We administered an electronic structured questionnaire to all consenting women. The outcome was PrEP uptake measured as a binary outcome, while independent variables included socio-demographic, obstetric, and sexual behavioural characteristics. Logistic regression analysis using STATA v18 was used to determine factors associated with PrEP uptake during pregnancy and breastfeeding. Odds ratios and 95% confidence intervals were used to report the magnitude and strength of association between PrEP uptake and the independent variables. Ethical approval was obtained from the University of Zambia Biomedical Research Ethics Committee (UNZABREC).

### Results

We recruited 279 pregnant (51.2%) and breastfeeding (48.8%) women into our study. The median age was 26 years (IQR=22 to 30 years). The majority were married (87.5%, n=244) and most had attained secondary education (64.5%, n=180). Majority of participants knew their partner's HIV status (81.7%, n=228), and 17.1% (n=39) were in sero-discordant relationships. About 23.3% (n=65) of participants were using PrEP and 84.6% (n=55) had disclosed PrEP use to their male partners. The most preferred PrEP product was injectable PrEP (60.2%, n=168). PrEP uptake was associated with being aged 35-44 years compared to 18-24 years (aOR=5.64; 95% CI: 1.10-28.98, p=0.038). Women who were widowed, separated or divorced had higher odds of using PrEP compared to their counterparts who had never been married before (aOR=41.43; 95% CI: 1.66-1039.90, p=0.023). Knowing or suspecting partner concurrency and being in a sero-discordant relationship were associated with increased odds of PrEP uptake (aOR=3.44; 95%CI: 1.08-10.96, p=0.037 and aOR=475.2; 95% CI: 45.46-4966.50, p<0.001), respectively.

### Conclusion

Our study found a relatively low proportion of women who were taking PrEP during pregnancy and breastfeeding. Although oral PrEP was the only PrEP product that was available at the study site, most women reported a preference for injectable PrEP. Ensuring availability of different PrEP products as well as targeting older women, those who are either widowed, separated or divorced and those in sero-discordant relationships could improve PrEP uptake in antenatal and postnatal settings.

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