compared to recommended standards

the weight gain was ~~classified~~ for the weeks of gestation according to the pre-pregnancy body mass index (BMI) using the criteria of the United States Institute of Medicine [21].

Through the review of the clinical file, we collected data of the woman's schooling, marital status, civil status of the current couple, gynecological antecedents, current ART, not defined time of use of ART, hemoglobin concentrations, CD4 cell count and viral load.

About the statistical analysis of these data, descriptive statistics were used, with the determination of measures of frequency and central tendency. To evaluate the association between variables, the chi-square test was used and odds ratio (OR) were calculated with a 95% confidence interval. The correlation of the variables was evaluated using the Spearman index and a logistic regression analysis was carried out to evaluate the association of socioeconomic, dietetic and clinical variables with insufficient weight gain.

Results

The socioeconomic and obstetric features by age in this study are shown in Table 1; the greater part of the women in the study were between 19 and 24 years of age (73.2%), living in consensual union (49.1%) with their current partner HIV negative (61.6%), approximately the 77.7% of these women were home-based, belonged to the lowest socioeconomic strata "E" (33.9%) and strata D (36.6%). Indeed, the 35.7% had junior high school studies. With regard to their reproductive antecedents, most of them were already in their second or third pregnancy (57.1%) and the 81.3% without the presence of gestational losses.