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FACTORS CONSTRAINING UTILIZATION OF PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV SERVICES IN TWO TEACHING HOSPITALS IN ENUGU STATE.

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ABSTRACT:

Prevention of mother to child transmission (PMTCT) of HIV has become a global interventional programme initiated by the United Nations Organization to protect the children of the world from the scourge of HIV pandemic. The purpose of the study is to determine the factors constraining the utilisation of prevention of mother to child transmission services in two Teaching Hospitals in Enugu State. Specific objectives were set for the study.

A cross-sectional descriptive survey was the design used for the study. Researcher constructed questionnaire was used to elicit information from one hundred and twenty-nine respondents (129). The descriptive statistics- frequency, percentage, mean and standard deviation were the methods of data analysis used. Items with mean>2.5 were considered as constraining factors.

The findings revealed that, socioeconomic factors that constrained the HIV positive pregnant women were the fear that attitude of family members and neighbours towards them would change (discrimination) if they notice that they were attending PMTCT services (3.27±0.86), fear of being labelled as an HIV positive mother (stigmatisation) (3.02±1.09), expensive cost of transportation (2.61±1.13) and fear of being tagged immoral because of being HIV positive (2.60±1.00). Limited support from husbands towards PMTCT services (2.53±1.10) was the cultural factor identified from the study while religious factors were not reported as a constraining factor to the prevention of mother to child transmission of HIV in the two Teaching Hospitals in Enugu State.

Therefore, it is imperative to strengthen patient support and community advocacy programmes aimed at eradicating stigma and discrimination attached to HIV positive pregnant women; nongovernmental organisations and community-based organisations should come up with programme planning interventions to reduce the influence of barriers hindering HIV positive pregnant women from uptake of prevention of mother to child transmission of HIV services.

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INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) is a fatal chronic condition caused by the human immunodeficiency virus (HIV). By weakening the immune system, HIV progressively destroys the body's ability to fight infections (Murithi, 2013). It can be spread by sexual intercourse, contact with infected blood, or from mother-to-child during pregnancy, childbirth or breastfeeding (Murithi, 2013). Mother to child transmission (MTCT) is the primary route of human immunodeficiency virus infection in infants and children (Okeke, 2010). It remains a major public health problem and continues to account for a substantial proportion of new HIV in young children (World Health Organization (WHO) 2010).

Statistically, it is estimated that 91% of the world's human immunodeficiency virus-positive children live in Africa with an estimated 2.3million living in sub-Saharan Africa. Nine percent of HIV positive children are said to live in Nigeria (UNAIDS, 2014). Furthermore, Nigeria accounts for an estimated 3.5million people with human immunodeficiency virus and about 400,000 are children (National Agency for the Control of AIDS (NACA), 2015). Thirty-two percent (32%) of all cases of mother to child transmission of human immunodeficiency virus in the world happen in Nigeria (Avert, 2011).

Nigeria currently has the highest burden of vertical transmission of HIV in the world due to poor coverage of the prevention of mother to child transmission (PMTCT) program (Oniyangi *et al*, 2014). This has led to a rise in the total number of children living with HIV (UNAIDS, 2012). Elimination of new HIV infection among children can be achieved through prevention of mother to child transmission (UNICEF, 2015). Prevention of mother to child transmission (PMTCT) has become a global interventional programme initiated by the United Nations Organizations to protect the children of the world from the scourge of human immunodeficiency virus pandemic (Avert, 2011). PMTCT is a key component of overall HIV prevention efforts and represents a critical opportunity for stemming the tide of the HIV epidemic (Williams & Nduati, 2010).

Much progress has been made globally in prevention of mother-to-child transmission (PMTCT) services (WHO, UNAIDS & UNICEF, 2011). However, recent data indicate that serious challenges remain, such as the low uptake and use of proven effective interventions for PMTCT in many settings (Sripipatana *et al*, 2007; Stringer *et al*, 2010). While the need to expand the supply of services continues, mounting evidence demonstrates an urgent need to examine and respond to demand-side constraints that affect women's initiation and retention in PMTCT programs. Key among these constraints are socioecomomic, cultural and religious factors (Turan *et al*, 2012).

Socioeconomic factors such as stigma, discrimination and cost of transport is still considered a major constraint in utilization of PMTCT services. Human immunodeficiency virus (HIV) related stigma and discrimination exist in all sources (UNAIDS, 2012). A body of research has highlighted how HIV-related stigma and discrimination affect pregnant women's decision to enroll on prevention of mother to child transmission programme and interrupt adherence to treatment and retention of care (Turan & Nyblade, 2013). In a study, Human immunodeficiency virus infected women were found to have a high level of stigmatization (Barbara *et al*, 2011).

Cultural and religious factors which include cultural belief, religious belief and male involvements have also been considered as factors constraining the utilization of PMTCT services. A woman's ability to seek healthcare and other services are shaped by her spouse, relatives, religious norms and cultural belief (Mahdi, 2008).

Generally, however, biological, operational, and local-contextual factors continue to impede the utilization of PMTCT services in many parts of sub-Saharan Africa even when services are available. To address the problem of low utilization of PMTCT interventions, it is important to highlight and understand unique contextual factors and how they affect the performance of PMTCT programs (Adebola *et al*, 2012). In order to allow for rich and detailed description of peculiar factors that inhibit the effectiveness of PMTCT interventions, there is need to research on the factors constraining

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utilization of prevention of mother to child transmission services. Understanding the factors that constrain PMTCT services in specific environment will contribute valuable information that will aid in developing new strategies and policies towards achieving an effective PMTCT intervention. Hence the aim of the study is to determine the socioeconomic, cultural and religious factors constraining utilization of prevention of mother to child transmission services in two Teaching Hospitals in Enugu State.

MATERIALS AND METHODS

Research design: Cross-sectional descriptive survey design was utilized in conducting this study on factors constraining utilization of prevention of mother to child transmission services in two Teaching Hospitals in Enugu State.
The population of the study: The participants of study were one hundred and twenty-nine (129) HIV positive pregnant women which constitute the whole target population of HIV positive pregnant women that enrolled for PMTCT services in the teaching hospitals.

Data collection and Analysis: Instrument for data collection was a researcher structured questionnaire. The questionnaire was drawn based on an extensive literature search on prevention of mother to child transmission services and constraints to its utilization according to the objectives of the study. The instrument has a Cronbach's alpha reliability coefficient of 0.87.

Ethical approval and administrative permit were obtained from the two Teaching Hospitals and verbal informed consent was obtained from each participant before the copies of the instrument, (questionnaire) for data collection were administered to each HIV positive pregnant woman that met the inclusion criteria in the two Teaching Hospitals understudy. The responses to each question were analyzed using the descriptive statistics of frequency, percentage, mean and standard deviation and these were used to summarize the items of the questionnaire. A cut-off point of 2.5 was used to make decisions and conclusions, which was obtained by taking the mean of the response scores. These statistics were done with the aid of SPSS/IBM statistical software (version 20).

RESULTS

Demographic characteristics of the participants

The mean age of the women was 30.56 (SD=4.31) with 26-30 years being the modal age group. Out of the one hundred and thirty-six women, 80.1% were married and they were (97.8%) predominantly Christians. While most (41.2%) of the women attained secondary education, more than half were urban dwellers (59.6%). 10.3% of the women lived close to the hospital, 33.8% lived a short distance away while 55.9% lived a long distance. (Ref. Table 1)

Table 1 Demographic characteristics of the women n=(136)

	Frequency	Percent	
Age			
≤ 25	19	14.0	
26-30	54	39.7	
31-35	41	30.1	
36-40	22	16.2	
Range			21-39
M±SD			30.56±4.31
Marital status			
Single	13	9.6	
Married	109	80.1	
Divorced/Separated	6	4.4	
Cohabitation	8	5.9	
Religion			
Christianity	133	97.8	
Islam	1	0.7	
Traditional	2	1.5	
Educational status			
No formal	12	8.8	
Primary	27	19.9	
Secondary	56	41.2	
Tertiary	41	30.1	
Place of residence			
Urban	81	59.6	
Rural	55	40.4	
Distance from place of residence to ESUTH			
Close to house	14	10.3	
Short distance	46	33.8	
Long distance	76	55.9	

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Table 2 Socioeconomic Factors Constraining the Utilization of PMTCT Services

	SD	D	A	SA	M±SD
Fear that attitude of family members and neighbours will change if they notice that PMTCT is being attended	5	20	39	65	3.27±0.86
Fear of being labeled as a HIV positive mother (stigmatized)	18	21	30	60	3.02±1.09
Cost to transport to clinic is expensive	28	32	31	38	2.61±1.13
Fear of being tagged immoral because of being HIV positive	24	29	51	25	2.60±1.00
Not having money for things needed for care e.g. running test	29	45	40	15	2.32±0.95
No means to transport to the clinic	37	75	12	5	1.88±0.72
Unsupportive family members and close relatives towards attending PMTCT services	51	66	6	6	1.74±0.75

presents the socioeconomic factors constraining the utilization of PMTCT services. The most constraining factor among these women was the fear that attitude of family members and neighbors would change if they noticed that they were attending PMTCT (3.27±0.86). Other contributing constraint factors were: the fear of being labeled as a HIV positive mother (3.02±1.09), the cost of transportation, which was expensive (2.61±1.13) and the fear of being tagged immoral because of being HIV positive (2.60±1.00). The other listed factors never constituted constraints to utilization of PMTCT services.

Cultural and Religious Factors Constraining Utilization of PMTCT

The cultural and religious factors constraining the utilization of PMTCT services. None of the listed factors constituted constraints to utilization of PMTCT services except the lack of support from husband towards PMTCT services (2.53±1.16). (Ref. Table 3).

	SD	D	A	SA	M±SD
Lack of support from husband towards PMTCT services	35	25	34	35	2.53±1.16
Perception of HIV as divine punishment	42	30	37	20	2.27±1.08
Culture against the breastfeeding method recommended by PMTCT prevention program	51	58	11	9	1.83±0.86
Husband/family head against participation in PMTCT program	53	61	11	4	1.74±0.74
Preference of traditional medication	58	61	9	1	1.64±0.65
Preference of TBA for childbirth	61	55	11	2	1.64±0.70
Religious belief against PMTCT services or hospital treatments	59	68	2	0	1.56±0.53
Culture against the PMTCT services	69	56	3	1	1.50±0.59

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DISCUSSION

The findings of this study revealed that the major socioeconomic factors constraining utilization of PMTCT services among positive pregnant women in two Teaching Hospitals in Enugu State were discrimination, stigmatization, expensive cost of transport and fear of being tagged HIV because of having lived immoral life. The finding is not surprising as stigmatization and discrimination are major public health challenge of people living with HIV. Human immunodeficiency virus positive pregnant mothers were therefore, afraid that going for PMTCT services would bring about stigmatization and discrimination by community members, family members, friends and relatives. There is a probability that these women may visit a health facility outside their location or far from their place of residence thereby making transportation cost to the facility expensive. Majority of them have the perception that people around them might feel that they were infected with HIV as a result of the immoral life they live; such assumption, especially for the married women is damaging to their image as it denotes infidelity irrespective of the fact that the woman may have gotten the infection through the husband. Consequently, the woman may avoid going for PMTCT services or access these services especially considering the high cost of transportation of visiting hospitals far from their place of residence. The findings are in line with the studies conducted by Putu *et al*, (2010), Adebola *et al*, (2012), Barbara *et al*, (2011) and a study conducted in Nigeria by Chukwuodinaka (2012) which reported that stigma, discrimination and expensive cost of transport are major barriers to non-utilization of prevention of mother to child transmission services. More than half of the participants live in rural areas distant from the PMTCT clinic and may find transportation cost to the clinic expensive due to long distance they must travel.

Further findings of this study indicated that cultural and religious factors do not constrain the utilization of PMTCT services. Religion was not identified as a constraining factor probably because most of the respondents are Christians; and Christianity is a religion that encourages understanding, acceptance and openness especially when the individual involved is either not guilty or is ready to make a change in life style. Most likely, the respondents felt less criticized by their pastors and were encouraged to access the services that will improve their health and that of the baby. However, lack of support from husband towards PMTCT services was noted as constraint to utilization of PMTCT services. Husband may probably not want his wife to be identified as HIV positive which may point to his own HIV status. This may have contributed to their lack of support or encouragement to their wives to access the PMTCT services. In line with the findings of this study, Taaka and Janepher (2012) reported that limited male involvement was one of the key hindrances to utilization of PMTCT services. Pclue (2011) also reported from a Teaching Hospital in Calabar that cultural and religious beliefs do not hinder utilization of PMTCT services as 40% indicated that members of their religions do not criticize them for utilizing PMTCT services and only ten (10) respondents agreed that cultural belief prohibits them from using PMTCT services.

Conclusion and Recommendation

The study was carried out on factors constraining utilization of prevention of mother to child transmission services in two Teaching Hospitals in Enugu State. Based on the findings of this study it was concluded that the socioeconomic factors that majorly constrained the women were the fear that attitude of family members and neighbors would change (discrimination) if they notice that they were attending PMTCT, fear of being labeled as a HIV positive mother (stigmatization), expensive cost of transportation and fear of being tagged immoral because of being HIV positive. Limited support from husbands towards PMTCT services was also identified under cultural and religious factors constraining utilization of PMTCT services. Local communities' involvement through enhanced counseling, partner support, male involvement and educational strategies have potential to improve uptake of PMTCT services

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