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Factors Hindering Elimination of Mother to Child Transmission of HIV Service Uptake among HIV Positive Women at Comboni Hospital Kyamuhunga Bushenyi District

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Abstract

In the absence of preventive measures HIV infected mothers transmit the infection to their babies during pregnancy delivery and breastfeeding. However, improving eMTCT service uptake and continuum of care still remains a significant impediment in the western region of Uganda. The study was to explore factors hindering eMTCT service uptake among HIV positive women at Comboni Hospital Kyamuhunga. A descriptive cross-section design was used and majorly simple random sampling was employed with a number of 36 respondents and interviewed response were analysed using SPSS version to determine the association between the independent and dependent variable.

The findings of the study revealed that there are a range of factors that hinder HIV positive women on eMTCT service uptake, disclosure of HIV status with 77.7%, lack of partner and family support with 75%, dependence on partners with 80.6%, long waiting times at facility and no linkage to support groups with 33.3%and 47.2% respectively. In conclusion Strengthening community awareness on the importance of eMTCT service uptake, improving on time management by health workers, engaging male involvement in eMTCT care, improve youth friendly services, empowering women, putting emphasis on disclosure of status and supporting young mothers is so crucial.

Keywords: elimination, mother to child transmission, HIV service uptake, HIV positive women

INTRODUCTION

Globally 90% of HIV infection in children is as result of MTCT and this transmission occurs in 20-30% of HIV positive pregnant women during pregnancy, labour and breastfeeding [1]. Access to comprehensive HIV services reduces the risk of transmission to below 5% in communities that practice breastfeeding and to 2% in the communities that do not practice breastfeeding [2].

Poverty, lack of access to comprehensive HIV information and health care services, harmful cultural practices all contribute to new cases of MTCT economically stable mothers are able to afford infant milk formulas and supplements' in place of breast milk while poor mothers cannot, so poorer mothers are left with no option than to exclusively breastfeed their babies there by increasing the risk of HIV transmission through the breast milk and of which can lead to malnutrition if not breastfeed [3].

Sub-Saharan Africa the eMTCT service coverage remains <50% [1]. Increased vulnerability to HIV infection has been due to intimate partners violence, which is more common among young HIV positive mothers and those who are economically dependent on their male partners that is 10% in aged 15-20 years and 59% in older ones , women living with HIV experienced intimate partners violence were significantly less likely to start to adhere on ART therapy and they had worse clinical outcomes than other HIV positive women [4-11].

Uganda HIV prevalence was associated with age and inversely associated with the level of education, the need for specific personnel for counselling, male partners involvement and availability of access for those who need treatment [12], pregnant adolescents faced a challenge of stigma, discrimination in health care settings.

METHODOLOGY

Study design and rationale

The study adopted a descriptive cross-sectional design, it is descriptive because the researcher observed, described and documented aspect of situation, it is cross sectional because the study involved qualitative data collection at point of time. The rationale was to obtain detailed description of factors hindering eMTCT services.

Study area

The study was conducted at Comboni hospital found in western Uganda.

The study population

The study targeted all HIV positive mothers attending eMTCT clinic at Comboni Hospital Kyamuhunga during the month of data collection those willing to participate; mentally and physically capable.

Sample size determination

The sample size was determined using formula developed by Tora Yamane in 1967

. Which is stated as [n= N/(1+ Np2)].

Where n sample size

N study population

P level of significance (0.05)

[n= N/(1+ Np2)]

N=40/(1+40*(0.05)2=40/1+0.1=40/1.1

N= 36

Sampling procedure and rationale

The study was carried out using probability sampling method particularly simple random sampling so as to reduce bias, the number of women present at the ART clinic were enlisted, equal number of papers were assigned YES or NO and folded then mixed in a box and each woman was given a chance to pick one. Those who randomly picked yes were given papers to fill, one who picked no was not eligible to participate in the study and when sample size was not realised, another round of picking were assigned yes or no by those who were not seen selected in the first round.

Inclusion criteria

The study included HIV positive mothers attending eMTCT clinic who were found at Comboni Hospital Kyamuhunga during the study. Only people willing to participate and who consented were included in the study.

Exclusion criteria

All people who were unwilling to participate and those who did not consent, those that were mentally and physically incapable to stand the interview were excluded and those who withdrew after consenting.

Research instruments

Pre- tested structured questionnaires with close ended questions designed and distributed to the respondents who had consented to participate in the interview. The researcher conducted face to face interview with respondents who were requested to fill in their responses according to their understanding and will. In case the respondents did not understand English an interpreter helped in the translation of questions.

Data collection procedure

The researcher got an introductory letter from the school which she presented to the hospital administrator who endorsed me to the in charge eMTCT clinic to give permission for data collection. The researcher introduced herself to the participants and explained to them the purpose of the research. Questionnaires having serial number were given to respondents to fill and those who were not be able to read and write were guided by the research assistant. Then the researcher checked through the filled questionnaires before leaving the data collection area to ensure their completeness.

DATA ANALYSIS

The data collected was analyzed using SPSS version 20, tabulated and presented inform of pie charts and tables using Microsoft excel 2013.

Table 1: Showing demographic characteristics of respondents N= 36

variable	Factor	Frequency	Percentage (%)
Age (years)	15-19	2	5.6
	20-24	7	19.4
	25-29	16	44.4
	30 and above	12	33.3
Religion	Christian-protestant	12	33.3
	Christian-catholic	17	47.2
	Moslem	5	13.9
	Adventist	2	5.6
Marital status	Married	28	77.8
	Single	4	11.1
	Divorced	4	11.1
Level of education	Never attended school	2	5.6
	Primary	14	38.9
	Secondary	15	41.7
	Tertiary institution	5	13.9

Source: Field data, August, 2019

According to the study findings in the table 1 above, results revealed that majority 16(44.4%) respondents belonged to the age group of 25 – 29 years while only 2(5.6%) respondents belonged to the age group of 15-19 meaning that the age group of 25-29 was 1.2 times more likely to be involved in the study. This revealed that majority of the respondents were mature enough and therefore gave reliable information about factors hindering eMTCT service uptake among HIV positive women.

Respondents were also asked about their religion and the responses were as shows below; results revealed that majority of the respondents, 17 (47.2%) respondents revealed that they were Christian-catholic while the least number of the respondents were Adventists and were set as the reference category. The Adventist were set as reference category by a multinomial regression. More so, majority of the respondents, 28(77.8%) respondents were married while only 4 respondents were single and divorced as supported by 11.1%. It was therefore indicated that married respondents were 2 times more like to take part in the study than the single ones.

Respondents were also asked about their educational levels. Most of the respondents revealed that they studied only secondary education as supported by 15 (41.7%) respondents while the least number of respondents 5 (13.9%) had tertiary level of education. It was therefore revealed that primary and secondary levels of education had more chances of being involved in the study to give reliable information.

Table 2: Showing the socio-economic factors hindering eMTCT service uptake **N= 36**

Variable		Frequency	Percentage (%)
Occupation	Business woman	13	36.1
	House wife	8	22.2
	Civil servant	5	13.9
	Peasant farmer	10	27.8
Financial supporter	Husband	29	80.6
	Relatives	7	19.4
Family members	2	2	5.6
	3	4	11.1
	4	10	27.8
	5	6	16.7
	Others	14	38.9
No of children	1	3	8.3
	2	9	25.0
	3	7	19.4
	4	8	22.2
	5	2	5.6
	Others specify	2	5.6
	None	5	13.9
Social support group	Yes	19	52.8
	No	17	47.2

Source: Field data, August, 2019

According to the study findings in the table 2 above, results revealed that majority 13 (36.1%) respondents were business women while 5 (13.9%) were civil servants hence they have money for transport to access serves.

More so, the respondents were asked to tell their financial supporters. It was therefore revealed that most of them were getting the support from their husbands as supported by 29 (80.6%) respondents while other were receiving their financial support from their relatives 7(19.4/%) meaning that they depend on their husbands for support.

Furthermore, it was revealed that majority 34 (83.4%) respondents had more than 4 family members. A least number of respondents 6, (16.7%) were having less than 4 family members. Respondents were also asked about the number of children they had and majority of them had 2 children as supported by 9 (25.0%) respondents, 3 (8.3%) had only 1 child meaning those with large family spend much and are left out with less and therefore mis out appointments.

The response from social support was also presented in the figure below

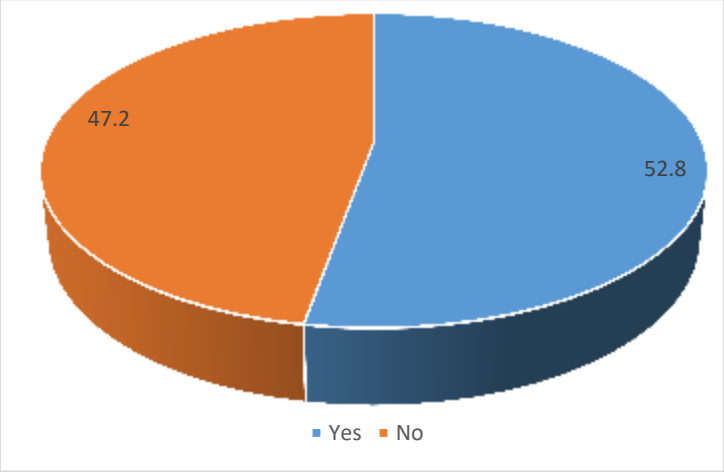

Figure 1: Showing response about social support N=36

Table 3: Mothers were asked whether they interacted with health workers during Health education services ANC N=36

Variable	Response	Frequency	Percentage (%)
Interact with Health workers during ANC?	Yes	32	88.9
	No	4	11.1
Health education services	Yes	33	91.7
	No	3	8.3
Total		36	100.0

Source: Field data, August, 2019

According to the study findings in the table 3 above, results revealed that majority 34, (88.9%) respondents agreed with the question while only 4 (11.1%) respondents said that they do not interact with health workers. This showed that women get enough advice from Health worker regarding ANC. The results are shown in figure 2 below.

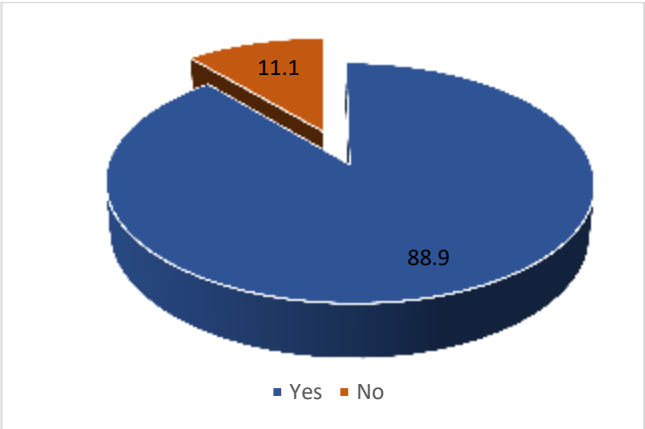

Figure 2: Showing interaction with health workers during ANC N=36

According to the study findings in the table 3 above, results revealed that majority 33 (91.7%) respondents agreed that they received health education services during ANC while only 3 (8.3%) respondents said no to the question meaning that the information given was reliable and supported the study under investigation. The results above were also presented in a figure as show below.

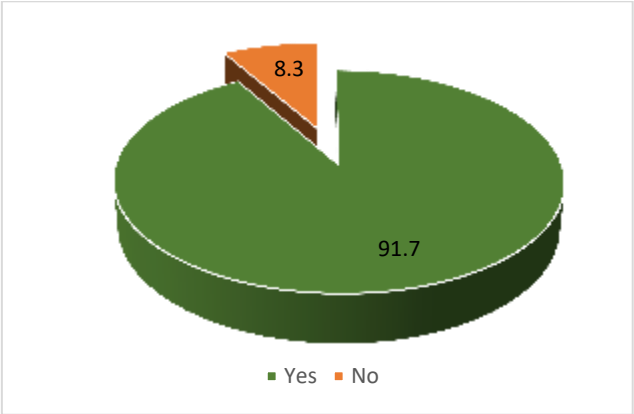

Figure 3: Showing Health Education services during ANC

N=36

Table 4: Showing whether mothers took long time waiting for services at the hospital N=36

Response	Frequency	Percent (%)
Yes	12	33.3
No	24	66.7
Total	36	100.0

Source: Field data, August, 2019

According to the study findings in the table 4 above, results revealed that majority 24 (66.7%) respondents said that they were not taking long time waiting for services at the hospital while 12 (33.3%) respondents agreed that they were taking long time waiting for services at the hospital. This means that the hospital was doing its part not to delay patients for services. Figure 4 below shows the response above.

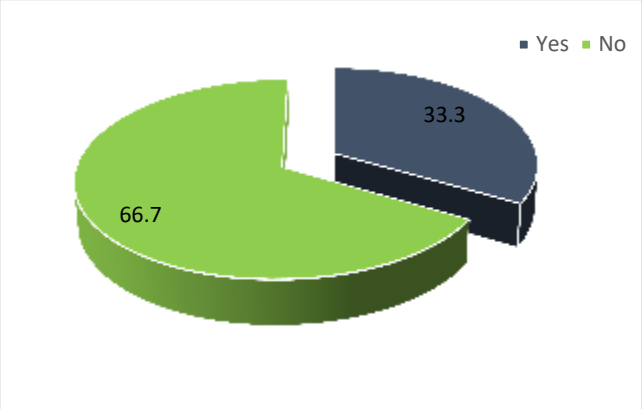

Figure 4: Showing whether they take Long time waiting for services at the hospital N=36

Table 5: Showing the overall quality of services N=36

Response	Frequency	Percent
Poor	1	2.8
Fair	10	27.8
Good	22	61.1
Very good	3	8.3
Total	36	100.0

Source: Field data, August, 2019

According to the study findings in the table 5 above, results revealed that majority 22 (61.1%) respondents revealed that the services were good as supported by while only 1 respondent revealed that the services are poor and this showed that the overall quality of services were relatively good.

Table 6: Showing whether mothers were satisfied with waiting time at the ANC N=36

Response	Frequency	Percent
Satisfied	11	30.6
Moderately satisfied	12	33.3
Unsatisfied	13	36..1
Total	36	100.0

Source: Field data, August, 2019

According to the study findings in the table 6 above, results revealed that majority 13 (36.1%) respondents were un satisfied while only 11 (30.6%) respondents revealed that they were satisfied with waiting time at the ANC. The results therefore revealed that most of the people at the ANC are not satisfied with waiting time meaning they spend there a lot of time.

Table 7: Showing whether mother attended ANC services N=36

Attend ANC services	Frequency	Percent
Yes	36	100.0
No	0	0.0
If yes to ANC, where		
This facility Comboni hospital	31	86.1
Other public health facility (Nyabubare Health Centre IV)	4	11.1
Others (Ishaka Adventist Hospital)	1	2.8

Source: Field data, August, 2019

According to the study findings in the table 7 above, results revealed that majority 31 (86.1%) respondents were receiving it from Comboni hospital; others were receiving it from other public health facilities. The results therefore supported that the highest number of respondents attended their ANC services at Comboni Hospital. The figure illustrates the results got from attendance of ANC services.

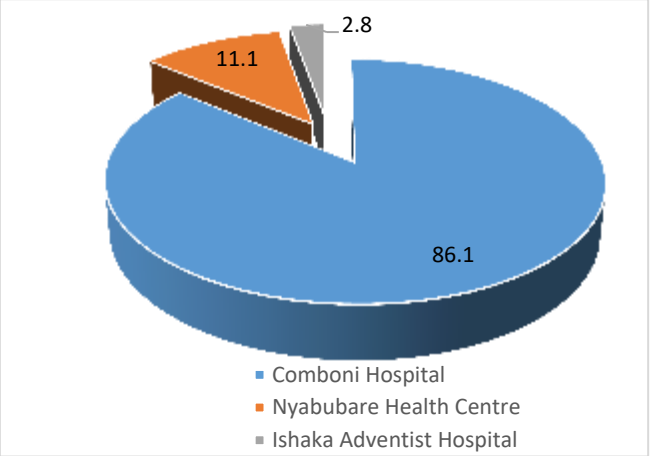

Figure 5: Showing attendance of ANC services N=36

Table 8: Showing the 1st ANC visit N=36

Response	Frequency	Percent
First trimester	5	13.9
Second trimester	21	58.3
Third trimester	10	27.8
Total	36	100.0

Source: Field data, August, 2019

According to the study findings in the table 8 above, results revealed that majority 21 (58.3%) respondents visited ANC in their second trimester while 5 (13.9%) respondents received their ANC services during their first trimester. This meant that most women do not attend ANC during their first trimester which very risky towards their lives and the lives of their babies. The results are presented in table9 below.

Table 9: Showing times mothers attended ANC for the last pregnancy N=36

Times	Frequency	Percent
Once	4	11.1
Twice	9	25.0
Three times	13	36.1
More than three times	10	27.8
Total	36	100.0

Source: Field data, August, 2019

According to the study findings in the table 9 above, results revealed that majority 13 (36.1%) respondents revealed that they attended ANC three times while only 4 (11.1%) respondents visited ANC once meaning they do not complete the recommended number for ANC Visits.

Table 10: Showing whether mothers received ARVS during ANC N=36

Response	Frequency	Percent (%)
Yes	33	91.7
No	3	8.3
Total	36	100.0

Source: Field data, August, 2019

According to the study findings in the table 10 above, results revealed that majority 33 (91.7%) respondents received ARVs while 3 (8.3%) respondents disagreed with the statement meaning drugs are accessed and given. The results were also presented in a pie as indicated in figure9 below.

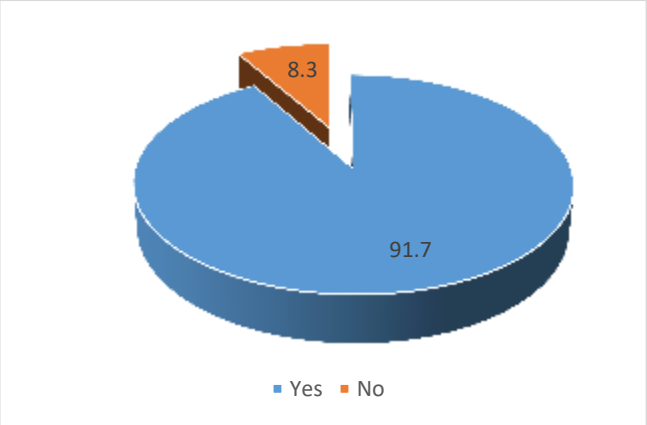

Figure 6: Showing whether mothers received ARVS during ANC N=36

Table 11: Showing whether mothers' partners attended ANC with them N= 36

Response	Frequency	Percent (%)
Yes	9	25.0
No	27	75.0
If yes, whether the partner knew HIV status		
Yes	08	22.2%
No	28	77.7%

Source: Field data, August, 2019

According to the study findings in the table 11 above, results revealed that majority 27 (75.0%) respondents said that their partners do not attend ANC with them while 9 (25.0%) respondents revealed that their partners attend ANC with them meaning male involvement is poor and disclosure is a problem.

Table 12: Showing whether mothers used family planning after delivery. N= 36

Response	Frequency	Percent
Yes	24	66.7
No	9	25.0
No response	3	8.3
If yes which type		
Injectaplan	14	38.9
Implanon	5	13.9
Jadalle	2	5.6
Combines oral contraceptives	2	5.6
Others (Lactation amenoria)	4	11.1
No response	9	25.0

Source: Field data, August, 2019

According to the study findings in the table 12 above, results revealed that majority 24 (66.7%) respondents agreed that they use family planning after delivering while 3 (8.3%) did not respondent to the question. It was revealed from descriptive statistics that the respondents who said yes to the statement had 2 times of chances to be involved in the study as compared to the respondents who said no.

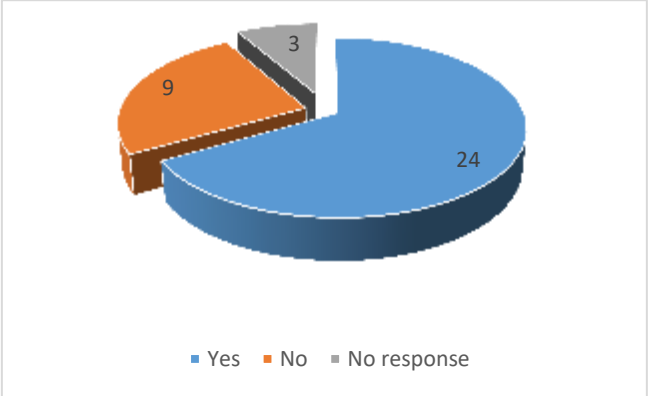

Figure 7: Showing use of family planning after delivering N=36

In addition to the above, respondents were also asked on which type of family planning they use after delivery and the following were the responses. 14 (38.9%) respondents revealed that they were using Injecta plan as their type of family planning giving a significance of 0.301 while only 4 respondents supported other types of family planning accounting for 11.1%. From the descriptive statistics, it was found out that Injecta plan had 1.4 times chances of being used as compared to other methods of family planning.

DISCUSSION

In response to age brackets of the respondents, majority of the respondents, 16 (44.4%) belonged to the age group of 25 – 29 years.

Results revealed that majority of the respondents said that they studied only secondary education as supported by 15 (41.7%) respondents. It was therefore revealed that primary and secondary levels of education had more chances of being involved in the study than other levels of education. This finding suggests that educated women may be more knowledgeable about MTCT of HIV and understand the benefits of testing for HIV during pregnancy. This finding reaffirms the results from other Sub-Saharan African countries showing that mothers with a secondary educational level or above are likely to be more knowledgeable about mother-to-child transmission [13].

According to the first objective, majority number of the respondents were business women as supported by 13 (36.1%). Type of business which is associated with household income is also significantly associated with a higher number of ANC visits, and hence contributes to improved eMTCT service uptake. Various studies support this finding. For instance, a systematic review of 28 studies in developing countries noted that household economic factors and women's employment are critical factors in determining the use of ANC services [14].

More so, the respondents were asked to tell their financial supporters. It was therefore revealed that most of them were getting the support from their husbands as supported by 29 (80.6%) respondents.

Furthermore, it was revealed that majority of the families had more than 4 family members as indicated by a total of 34 (83.4%) respondents.

Respondents were asked whether they interact with health workers during ANC and most of the respondents (34, (88.9%) agreed with the question.

A big number of respondents 33 (91.7%) agreed that they received health education services during ANC. The results showed that the information given was reliable and supported the study under investigation. The above results are in relation with the study conducted in Vietnam explored Comprehensive care and support programmes along with proper HIV/ Aids education information provision needs to be carefully developed [15].

It was revealed that majority of the respondents 24(66.7%) said that they were not taking long time waiting for services at the hospital This means that the hospital was doing its part not to delay patients for services.

Respondents were also asked how they rate the overall quality of services at the ANC by the healthy workers. Majority of the respondents revealed that the services were good as supported by 22 (61.1%) and this showed that the overall quality of services were relatively good.

Respondents were asked whether they satisfied with waiting time, 13 (36.1%) were unsatisfied therefore revealed that most of the people at the ANC are not satisfied with waiting time meaning they spend there a lot of time.

Respondents were further asked where they attended their ANC services. Majority of them revealed that they were receiving it from Comboni hospital as supported by 31 (86.1%). All the respondents revealed that they attended ANC services. The results therefore supported that the highest number of respondents attended their ANC services

It was revealed that majority of the respondents 21 representing (58.3%) visited ANC in their second trimester. This meant that most women do not attend ANC during their first trimester which is very risky towards their lives and the lives of their babies.

Majority number of the respondents agreed that they received ARVs during pregnancy as indicated by 33 respondents accounting for (91.7%). On the other hand, majority of the respondents revealed that their partners do not attend ANC with them as indicated by 27 (75.0%).

It was revealed that majority of the respondents 24 (66.7%) agreed that they use family planning after delivering. It was revealed from descriptive statistics that the respondents who said yes to the statement had 2 times of chances to be involved in the study as compared to the respondents who said No. Amongst all the respondents.

In addition to the above, respondents were also asked on which type of family planning they use after delivery and the following were the responses. 14 respondents accounting for (38.9% revealed that they were using Injectaplan as their type of family planning method. From the descriptive statistics, it was found out that Injectaplan had 1.4 times chances of being used as compared to other methods of family planning.

CONCLUSION

A woman's age was also factor to consider, women in age group 25-29 were significantly associated to eMTCT utilization and this could be because mothers in this age group have a high fertility rate and they are knowledgeable to the service provided to them. However, adolescent mothers were found not attending ANC who belonged to the age group of 15-19. This could be because of stigma and poor youths friendly services.

The study tested that women with secondary and tertiary level of education are more likely to utilize eMTCT. This was right because women who are educated know the importance of bearing a healthy baby who is not HIV infected.

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