FACTORS AFFECTING LOW UTILISATION OF PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) SERVICES BY PREGNANT WOMEN IN ISHAKA – BUSHENYI MUNICIPALITY.

BY

DENNIS CHIVATSI KATAMA

BMS/0032/52/DF

This research dissertation is a requirement for the submission to the faculty of medicine and dentistry partial fulfillment for the award of Degree in medicine and surgery of Kampala international university.

July 2013

KAMPALA INTERNATIONAL UNIVERSITY

WESTERN CAMPUS

P.O BOX 71,

BUSHENYI - UGANDA

DECLARATION

I declare that this work is of my own efforts and incase of any consultation the references are quoted

STUDENTS NAME: DENNIS CHIVATSI KATAMA

SIGNATURE…… DATES……

SUPERVISORS NAME……..

SIGNATURE…… DATES …….

DEDICATION

I dedicate this document to my parents, brothers and sisters for their support especially financially.

Acknowledgement

I acknowledge the staff of KIUWC faculty of medicine and dentistry teaching staff, my classmates and all my friends.

My supervisor for tireless efforts of guiding me may almighty God blesses you.

I appreciate the cooperation of my classmate for the time we have been together may God bless you all.

LIST OF ABBREVATIONS

PMTCT – prevention of mother to child transmission of HIV/AIDS

ANC – Antenatal care.

WHO – World Health Organization

HIV – Human Immune Virus

AIDS – Acquired Immune Deficiency Syndrome

NGOs Non – Governmental Organization

VCT – Voluntary Counseling and Testing.

TABLE OF CONTENT

CHAPTER ONE

1.1 Introduction/Background information……..

1.2 Problem of the statement…….

1.3 Study objectives.....

1.3.0 Broad objectives.....

1.3.1 Specific objectives.....

1.4 Justification of the study…….

CHAPTER TWO

2.0 Literature Review.....

CHAPTER THREE

3.0.1 Study area.....

CHAPTER FOUR

3.1 Introduction……..

3.2 study design……....

3.3 study population……..

3.4 sample size……..

3.5 Sample technique……..….

3.6 data collection……

3.7 pretest ……..

3.8 Research Ethics……..

3.9 study analysis…….

3.10 limitation……

4.0 Chapter four study finding……..

5.0 Chapter five discussion of the study finding, conclusion and recommendation……
References……
Appendices……

Abstract:

Prevention of the mother to child transmission of human immunodeficiency virus (PMTCT) plays a major role in the reduction of both maternal and child mortality rate. GENERAL OBJECTIVE, To assess the factors affecting low utilization of PMTCT services program by pregnant women in Ishaka Town.

STUDY DESIGN:

Data was collected by Cross- sectional method where by the questionnaires were availed to the respondents to fill. The participants were women between 16 – 49 years of age. The women were all from different background, marital status, religion, level of education but all were residents of Ishaka Town Council. Hundred fifty women were chosen from all women of age between 16 – 49 years. The sample size was calculated by the use of M. fishers formula where the sample size was already calculated basing on the study population as indicated on the table which already exist. Groups of participants were chosen to represent the entire population under study.

Majority of respondents more than 70 percent have knowledge on what is PMTCT and the advantages of PMTCT programs to pregnant mothers.

They mention some of the advantages as; Prevention of transmission of HIV/AIDS to the child during delivery, Screening exercise to know mothers sero status. Starting on ARVs incase screened positive, regular medical check ups

CHAPTER ONE

1.0 INTRODUCTION / BACK GROUD INFORMATION

Prevention of the mother to child transmission of human immunodeficiency virus (PMTCT) plays a major role in the reduction of both maternal and child mortality rate. The discovery of HIV/AIDs in the early 1980s led scientist to study more various ways of transmitting virus. HIV infection is not only a problem in adult but also very young ones.

The discovery that maternal infection with deadly virus rampant, led researchers to focus, among other ways of prevention of spread of pandemic. Maternal to child prevention of HIV transmission. This led to the introduction of PMTCT program in mid 90s. At first, it was thought of success in prevention of spread of pandemic. Maternal to child transmition of HIV to completely eliminating phenomenon of child living with HIV consequently eradicating transmission became allusive as more cases increased as it was recorded in growing numbers of both outpatient and inpatient cases of children diagnosed with HIV arose. This problem was further highlighted when it was discovered that there was an increasing number of child mortality. Where by a growing number of orphans with HIV was incidentally pointed out by surveys done by different NGOs.

In constitution with relevant authorities this research aims at establishing where increasing mobility and mortality in children born with HIV infected mothers despite the increase awareness promotion of PMTCT services. (**East Africa Journal of medicine, 2008).**

1.2 STATEMENT OF THE PROBLEM

Globally, HIV/AIDS is still a problem today. Forty million people have lived with HIV/AIDS worldwide with a total of over 4 million people in 2008 In Swaziland, Zimbabwe and Botswana, over a quarter of expectant mothers attending a pre – natal clinic where infected with HIV/AIDS. HIV sentinel Surveillance data in Uganda shows that in early 2005 up to 30% of women attending ANC clinic at same centers were HIV positive with higher peak in 2007 and significant decline in prevalence in 2008 – 2009 as observed in Kampala ANC centers.In Uganda the age group of 15 – 29 years is the most affected while children are at least infected but the most affected by the epidemic through vertical transmission from their mothers.

The above could be attributed to;

- Poverty
- Illiteracy
- Ignorance for ANC
- Inaccessibility to PMTCT services.
- Lack of awareness on PMTCT programmes.
- Cultural values and practices.

Poor health care declining

1.3 GENERAL OBJECTIVE

To assess the factors affecting low utilization of PMTCT services program by pregnant women in Ishaka Town.

1.3.1 SPECIFIC Objectives

- To determine the level of awareness on HIV/AIDS among pregnant women.
- To determine the level of awareness on PMTCT programs, among pregnant mothers.
- To determine mothers knowledge about the benefits of the PMTCT programmes.
- To identify barriers to low utilization of PMTCT among the pregnant women.
- To establish the mothers attitude towards the PMTCT programmes.

1.4 JUSTIFICATION OF THE STUDY

According to the survey conducted by world global AIDS funds project it was revealed that introduction of PMTCT programmes recorded minimal success rate than prior anticipated.

In the view of the recently established presidential commission for eradication of poverty, it appears that this intervention does little to empower women who are of reproductive age at the region.

With regard to the fact that increased morbidity and mortality due to maternal child vertical transmission of HIV, research is necessary to establish why it is important despite the introduction of PMTCT programmes.

.

CHAPTER TWO

2.0 LITERATURE REVIEW.

2.1 Level of awareness about HIV/AIDS

HIV/AIDS global is predominantly caused by HIV type one virus. HIV was first detected in slurred serum of patients who died of unknown illness in 1959 and AIDS described as the syndrome on 1981.

Two independent health workers in United States and France named it Human T-Lymphopathy as a shooted virus (Luv) respectively – international committee in taxonomy of virus proposed it as.

AIDS rated condition was first separated in Kenya in 1982 and by 1986 more patients were seen in provinces of Coast and Nyanza in Kenya.

HIV is chiefly transmitted through sexual contacts with an infected person both as heterosexual (75 – 80%), homosexual intercourse vertical transmission from mother to child (18 – 22%).

other modes of transmission include the use of infected blood or blood products through transmission (less than 2%) and sharing of non sterile skin piercing instruments (less than 1%) in particular (0.3 – 0.4%), for health care workers from HIV/AIDS patient. The rate and the mode of transmission has been highly associates with social behaviors.

The ever increasing number of people infected with HIV in Uganda has been attributed to;

- Cultural practices e.g. female genital mutilation (WHO 1996)
- Unavailability of condoms
- Lack of health education especially sex education among adolescents.
- Low female negotiating power over sexual issues and condom use.
- Low knowledge of HIV/AIDS infection about its mode of spread.

Uncertainly about babied well being hangs over the women constantly and the slightest illness, re-kindles her senses of guilt that she will responsible for having infected her baby**.**

The presence of HIV in breast milk predisposes the mother – child transmission rate. It was estimated that breast feeding may be responsible for infection of additional 14% infants, more than 1/3 of all cases of infected infants.

In Uganda the source of information about HIV/AIDS is got from age mates, friends, media, health workers, parents are major sources of information.

2.2 ATTITUDE TOWARDS PMTCT/VCT.

Evidence indicate that where HIV counseling and testing is made worldly available, many refuse to be tested even when they have engaged in risky behaviors and even mothers who after testing may not come back to collect their result.

This has been attributed to the following. Misconception about risks of HIV testing. Privacy concerning confidentiality and anonmity Perceived in ability to cope with results if found sero negative .Fear of stigmatization and infection if found sero – negative

Studies carried out in Makerere University show that there is an eased interest on PMTCT compared to other sexual reproductive services*.*

2.3 Barriers to low Utilization of PMTCT services.

Lack of knowledge regarding the difficulties that can arise and the concept of sexually and diversity behaviors and major hurls*.*

Women are limited to access to education, limiting exposure and access to information and ideas. Relating to violence abuse and exploitation have been noted as hindering factors in health seeking behaviors among women in a paper presented at the safe motherhood technical consultation.

CHAPTER THREE

3.0 STUDY AREA/MEHODOLOGY

3.0.1STUDY AREA

The study area is Ishaka Town Council which is found in Bushenyi District Western Uganda.

3.1 STUDY DESIGN

Data was collected by Cross- sectional method where by the questionnaires were availed to the respondents to fill.

3.2 STUDY POPULATION

The participants were women between 16 – 49 years of age. The women were all from different background, marital status, religion, level of education but all were residents of Ishaka Town Council.

3.3 SAMPLE SIZE.

Hundred fifty women were chosen from all women of age between 16 – 49 years. The sample size was calculated by the use of M. fishers formula where the sample size was already calculated basing on the study population as indicated on the table which already exist.

3.4 SAMPLING TECHNIQUES

Groups of participants were chosen to represent the entire population under study.

The participants were achieved through Random selection whereby the researcher visited their homes and whoever was present at time of visit was interviewed and requested to fill the questionnaires.

3.5 DATA COLLECTION

Data was collected concerning assessing factors affecting low utilization of prevention of mothers to child transmission (PMTCT) services by pregnant women in Ishaka Town.

3.6 PRE-TEST

The test questions was first given to KIU students to assess the acceptability of data collection tool, (questionnaire) to the participants and necessary adjustments was made to ensure adequate data quality.

3.7 RESEARCH ETHICS

To ensure acceptability of the student researcher to the community, a letter was given by the University addressed to the administrative authority of the area under study.

3.8 STUDY ANALYSIS

The data was analyzed and presented in form of tables, Bar Graphs and Pie charts. The data was analyzed by use of scientific calculator.

3.9 LIMITATIONS

Though the research was conducted and a hundred respondents achieved, the target participants was 100 whom was not achieved due o various limitations which included;

- Man power was limited, since the populations under study live in rented houses
- Time was limited
- Language barrier
- Insufficient funds

CHAPTER FOUR

4.0 STUDY FINDING

This chapter deals with the study finding in form of tables, bar graphs and pie charts.

Table 1 Respondent by Age.

Age	Frequency	Percentage
20 – 30 30 – 40 40 Above	20 16 14	40 32 28
Total	0	100

According to the table above the respondent by age indicates that the majority of the respondent 20 (40 percent) were between the ages of 20 – 30 years of age. Then followed by 30 – 40 (16 = 32 percent) years of age and lastly age above 40 (14 representing 28 percent)

TABLE 2. Respondent by Sex

SEX	**FREQUENCY**	**PERCENTAGE**
FEMALE **MALES**	**50** **0**	**100** **0**
TOTAL	**50**	**100**

According to the table above all the respondents 50 (100 percent) were females.

Table 3 Showing Respondents by Tribe.

Tribe	Frequency	Percentage
Banyankole Baganda Other tribes	30 14 6	60 28 12
Total	50	100

The table above shows that majority of the respondents 30(60 percent) were Banyankole followed by Baganda 14 (28 percent) and the least were other tribe 6 (12 percent)

Table 4. Respondent by education level.

Education level	Frequency	Percentage
Primary	8	16
Secondary	30	60
Tertiary	12	24
total	50	100

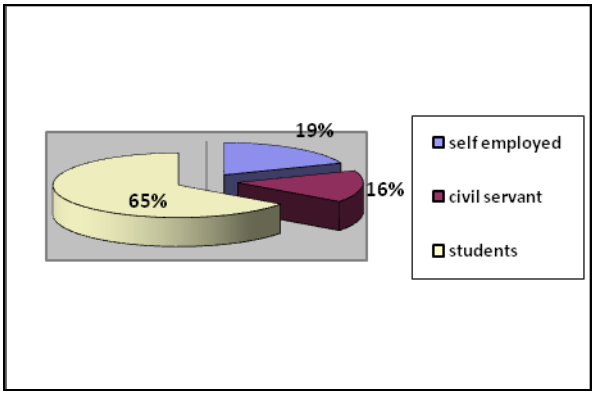
According to the table above majority of respondent 20 (60 percent) had secondary education, while others 20 (40 percent) had primary and tertiary education respectively.

Table five. Respondent by occupation.

Occupation	Frequency	Percentage
employed	10	20
peasants	20	40
business	14	28
Others	6	12
total	50	100

From the table above most of respondents 20(40 percent) were peasants, followed by 14(28 percent) of respondents were business woman, them 10(20 percent) of respondent were employed and other respondents had 6(12 percent) of the respondents had unspecified occupation

Fig. 3: respondent's occupation



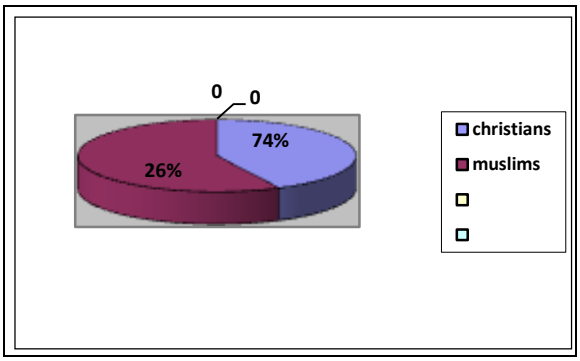
Most of respondents 65(65%) were students followed by the 19(19%), self employed and finally 16(16%) we had civil servants who were interviewed.

Table 6. Respondents by Religion

Religion	**Frequency**	**Percentage**
Catholics	**20**	**40**
Protestants	**10**	**30**
Muslims	**16**	**32**
Others	**4**	**8**
Total	**50**	**100**

According to the table above most of respondents 20(40 percent) were Catholics, 10(20 percent) protestants, 16(32 percent) of respondents were Muslims and the others 4(8 percent) were other religions.

Pie Chart 2. Respondents by Religion



The majority of respondent by religion 74(74%) were Christians while the minority 26(26%) were Muslims.

Table 7. Showing the knowledge of respondent.

Heard about HIV/AIDS among pregnant mothers	**Frequency**	**Percentage**
Yes	**4o**	**80**
No	**10**	**20**
Total	**50**	**100**

Majority of the respondents 40(80 percent) have ever heard of HIV/AIDS in pregnant mothers while 10(20 percent) had no idea on HIV/AIDS among pregnant mothers.

Table 7. Knowledge on the PMTCT programs among pregnant mothers.

Known about PMTCT program among pregnant mothers	frequency	Percentage
Yes No	40 10	80 20
Total	50	100

Majority of respondents 40(80 percent) said that they know about PMTCT program among pregnant mothers while minority 10(20 percent) had no idea on the PMTCT program availability.

Table 8. shows respondents/mothers knowledge on the benefits of the PMTCT

Mothers benefits of PMTCT	Frequency	Percentage
benefit No benefit.	30 20	60 40
Total	50	100

Majority of the respondents 30(60 percent) there was benefits of PMTCT to pregnant mothers, while minority 20(40 percent) there said there was no benefit of PMTCT to pregnant mothers.

Table 9. Mothers' attitude towards PMTCT.

Attitude	frequency	percentage
Positive attitude, that is beneficial to pregnant mothers	**40**	**80**
Negative attitude that PMTCT is not beneficial to pregnant mothers.	**10**	**20**
Total	**50**	**100**

Majority of the respondents 40 (80 percent) are aware of the benefits of PMTCT program to pregnant mothers and they have positive attitude towards PMTCT, others 10(20 percent) are not aware about the benefits of PMTCT and have negative attitude towards PMTCT.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSION AND RECOMMENDATION.

This chapter discusses the study finding. According to the study findings in chapter four, respondents by age indicates that majority of respondents 20(40%) were between the ages of 20 to 30 years of age because this is the age which knows the advantage of PMTCT to pregnant mothers since its within the age we expect to have been educated while 16(32 percent) where between 30 – 40 years of age which we also expect them to be aware of the advantages and benefits of PMTCT among pregnant mothers, then finally respondents age above 40 were only 12(24 %). The respondents by sex indicated that all respondents were females, 50 (100%) who are the beneficiaries of PMTCT programs.

Most of respondents in terms of tribe were Banyankole 30 (60%) because they are the habitants of the area of study, followed by Baganda 14(28%) and lastly other tribes 6(12%). The Banyankole mostly are beneficiaries of PMTCT programs compared to other tribes.

Respondents by education level shows that most of respondents 20(40%) had secondary education, which shows that they had some knowledge on PMTCT programs as well as the advantages to pregnant mothers, 10(20%) had primary education, were we don't expect much from them on the knowing the advantages of PMTCT programs, and 10 (20%) had tertiary education which shows that they know what is PMTCT programs and advantages to pregnant mothers. Respondents by occupation shows that majority of respondents 20(40%) were peasants who have no knowledge on advantages of

PMTCT among pregnant mothers. Followed by business women 14(28%), who knows the about PMTCT and their program among pregnant mothers, 10(20%) were employed, therefore it means they are aware of the PMTCT program among pregnant mothers. Respondents by religion shows that most of respondents 20(40%) were Catholics, followed by 10(20%) of the respondent were protestants then 16(32%) were Muslims, this shows that most of the residents are Christians who benefits more on PMTCT programs among pregnant mothers. Majority of respondents 40(80%) had awareness and knowledge on the PMTCT programs, giving some advantages which included; prevention of HIV/AIDS to the child and screening to know your sero status among other advantages. While 10(20%) of the respondent had had no idea on the advantages of PMTCT programs.

CONCLUSION

Majority of respondents more than 70 percent have knowledge on what is PMTCT and the advantages of PMTCT programs to pregnant mothers.

They mention some of the advantages as;

- ✓ Prevention of transmission of HIV/AIDS to the child during delivery,
- ✓ Screening exercise to know mothers sero status.
- ✓ Starting on ARVs incase screened positive,
- ✓ regular medical check ups

RECOMMENDATION

- Government should discourage health education on PMTCT
- People should be medically checked regularly.
- People should encourage regular Screening.
- People should change their lifestyle to medically positive style.

References:

1. Prevention of mother to child transmission in Resource limited settings

www.medscape.com/viewarticle/589935

2. Gender issues in HIV/AIDS Epidemiology in sub-Saharan Africa

Ben E. wodi, PhD, m.s.e.h, State university of Newyork, College at Cortland

appweb.cortland.edu/ojs/index.php/Wagadu/article/viewarticle/245/454

3. Preventing mother to child transmission of HIV

De Bruyn

www.avert.org/motherchild.htm

4. Journal of antimicrobial chemotherapy

Effectiveness of a project to prevent HIV vertical transmission in the republic of Congo

m.jac.oxfordjournals.org/content/early/2013/05/15/jac.dkt.102.abstract

5. ITALIAN JOURNAL OF PAEDIATRICS 2011

HTTP://WWW.IJPONLINE.NET/CONTENT/37/1/29

PREVALENCE AND CLINICAL PATTERN OF PAEDIATRC HIV INFECTION

RELIGIOUS BELIEFS AND HIV/AIDS/STD HEALTH PROMOTION

SOLOMON S.

www.ncbi.nlm.nih.gov/m/pubmed/12291633/

6. SOCIO-ECONOMIC AND SOCIO-CULTURAL PREDISPOSING RISK FACTORS TO HIV/AIDS: CASE STUDY OF Some locations in Eastern Nigeria

rn-nigeria.html#sthash.IoYuvsi.dpbs

7. Technical and policy documents

www.unicef.org/aids/index_documents.html

8. [Pdf] British HIV Association guidelines for the management of HIV infection in pregnant women 2012

Dr.GP Taylor, Ms P clayden, Dr J Dhar, Mrs. K Gandhi, Dr. Y. Gilleece, Dr. K. Harding

9.HIV/AIDS

e.m.wikipedia.orgwiki/HIV/AIDS

10. Understanding the modes of transmission model of new HIV infection and its use in prevention planning

www.inf/bulletin/volumes/90/11/12-102574/en/index.html

11. New guidance on prevention of mother to child transmission of HIV and infant feeding in the context of HIV

www.aidsmap.com/resources/treatmentdirectory/Prevention_of_mother_to_child_transmission/page/1280666

12. Prevention of mother to child transmission of HIV National guidelines [pdf] by ministry of health and social welfare. National Treatment Guideline, Tanzania.

www.aidstar-one.com/prevention_to_child_transmission_national_g

13. [pdf] Study of the Integration of Family Planning and VCT/PMTCT/ART Programs in Uganda
Delius Asiimwe
Richard Kibombo
Johnson Matsiko
Makerere Institute of Social Research
Karen Hardee
Futures Group, POLICY Project©2005
14. **Fear, stigma and discrimination**
Org.elon.edu/summite/ssay6.pdf
15.[pdf] clinical guidelines: PMTCT(prevention of mother to child transmission)

Mehangios 1993

16. East Africa Journal of medicine, 2008).

A QUESTIONAIRE SCHEDULE ON FACTORS AFFECTING LOW UTILIZATION OF PMTCT SERVICES BY PREGNANT MOTHERS IN ISHAKA TOWN COUNCIL

CONFIDENTIALITY

ALL INFORMATION RECEIVED OR COLLECTED WILL NOT BE DIVULGED AT ALL. THE RESEARCHER ASSURES OF TOTAL CONFIDENTIALITY.

A) Demographic characteristics.

Age …….
Sex……..
Marital status……..
Tribe…….
Occupation……
Educational level…….

B) Level of awareness about HIV/AIDS

1) Have you ever heard of disease or condition called AIDS?

Yes [ ] No [ ]

2] If yes from where……
……...3] how does a person of HIV look like?
……
……
……
……..

4] How can HIV be passed from infected person to uninfected person?
……
……
……
……
……
……..

5] How do people of HIV/AIDS go for treatment?

A] Hospital [ ]
b] Traditional healers [ ]
c] Pastor for prayers [ ]

6] Can pregnant mothers pass HIV/AIDS to their in-born babies?

Yes [ ] No [ ]

If yes explain how?
……
……

……
……..

7] What is PMTCT (Prevention of mother to child transmission?)
……
……
……
……
……
8] What is the importance of PMTCT?
……
……
……
……
……..
9] Where did you get information about PMTCT?
I] Health workers [ ]
ii) Friends [ ]
iii] Husbands [ ]
10] What takes place during PMTCT?
……
……
……
11] What factors hinder/affects utilization of PMTCT?
……
……
……
12] What advice will you give to mothers about PMTCT?
……
……
……

Thanks

Appendix II
WORK PLAN AND BUDGET

WORK PLAN

	Activity	Period in weeks
1.	Drafting a research proposal	2
2.	Correction of the proposal	1
3.	Data collection and analysis	1
4.	Submission of final work for correction	1
5.	Correction, printing and Binding	1
6.	Submission of research work	1

BUDGET FOR THE RESEARCH PROGRAMME

	Activity	Amount
1.	Proposal work / stationary/internet	50,000/=
4.	Data collection (10 days) Food per day 5000 x 10 Air time 1000 x 10	 50,000/= 10,000/=
5.	Data analysis	10,000/=
6.	Printing and binding 2 books 30000 x 2	60,000/=
	TOTAL	**180,000/=**

Appendix III

MAP OF BUSHENYI DISTRICT