Barriers to the uptake of prevention of mother-to child transmission (PMTCT) of HIV interventions among women in Kibera slum, Kenya

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Abstract:

A significant proportion of mothers with HIV pass the virus to their children during pregnancy, labour, delivery or breast -feeding. Current estimates indicate that over 90% of the HN infection in children is. due to mother- to -child transmission of HN virus. During the last two decades of the national response to HIV /AIDS, focus of programme interventions shifted its attention to more specific health services such as PMTCT (prevention of Mother- to -Child Transmission). Although the government has current strategies geared towards improving the health of HIV -infected mothers and reducing the transmission to their children during pregnancy, labour, delivery and post- delivery through breast-feeding, there is little effort geared towards responses that tackle the. social, cultural and economic factors that put women at risk of transmitting HN to their newborns. Therefore the aim of the study was to identify the barriers that hinder women from the uptake of the PMTCT intervention. Random sampling was used and a sample size of 335 respondents was interviewed. The data collection technique used household based questionnaires in 5 selected villages namely Makina, Lindi, Laini Saba and Gatwikira. The results were presented in form of tables, bar charts, and pie charts. Analysis of the data found' out that 5% of the respondents would identify all the three ways the mother would pass HNto the child, 62% mentioned two ways, 29% mentioned one way, while 4% had no idea how HIV is passed from the mother to the child. Although 64% of the respondents said long distance to PMTCT delivery points was a barrier to PMTCT uptake this was not significant (p=0.3 72). Fifty seven percent of the respondents said married marital status influenced negatively the uptake of PMTCT but the relationship between marital status and uptake ofPMTCT was notsignificant(p=O.l). Respondents' high level of education was significant in influencing positively the PMTCT uptake (p= 0.045). The ones with a higher level of education had better PMTCT seeking behavior. Negative Cultural practices were found not to influence PMTCT uptake whereby 59% of respondents said it is a personal decision to either follow or ignore the negative cultural. practices and most mothers ignored the negative cultures . Negative Religious practices like praying for 'mothers and not advising them to seek medical attention, were identified as a barrier to uptake of PMTCT, justified by 52% of respondents, a P value of 0.04 was obtained. Finally most respondents (66 %) did not identify low financial status as a barrier to the uptake ofPMTCT, a P value of 0.823 was obtained. The health professionals at various PMTCT points also gave several contributions towards the health seeking behavior of the women in Kibera slum. The results will be very instrumental to the Government of Kenya, Non governmental organizations and community based organizations in coming up with program planning tools for PMTCT advocacy purposes which will increase the level of awareness of the barriers hindering the women from the uptake of PMTCT interventions