

Factors Influencing Prevention of Mother to Child HIV Transmission Program in Nakuru District, Kenya

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Abstract:

Each year, around 370,000 children aged 15 years and below become infected with HIV. Almost all of these infections occur in developing countries, and more than 90% are the result of mother-to-child HIV transmission. The infections can be averted through PMTCT activities. Without interventions, there is a 20-45% chance that an infant born to an HIV-infected mother will become infected. The study evaluated the management of PMTCT in Nakuru District with an aim of making a positive contribution in improving health services delivery in the district and especially child survival efforts for wider scale application. The program (PMTCT) provides the best chance to prevent HIV transmission to children. It was launched in Nakuru District in the year 2002. The study was conducted in Nakuru District in six health facilities namely: Nakuru Provincial General Hospital, Rongai Health Center, Bondeni Maternity, Langalanga Health center, PCEA Nakuru West Health Center and Marie Stopes Dispensary. The study methodology was comparative descriptive and analytical cross-sectional survey. It was conducted in three phases: phase one: secondary data collection from the six sampled health facilities; phase two: administration of questionnaires to 256 randomly selected ANC expectant mothers and phase three: conducted six interview schedules to key informants and six focus group discussions from health care workers from the six sampled sites aimed at injecting qualitative information not captured through observation or the questionnaires. Descriptive statistics was used to summarize the data while Statistical Package for Social Sciences (SPSS) was used to analyze it. Cross tabulation was done to establish the relationship between variables and Chi-square used to test the hypothesis which was accepted at p values <0.05 . The age of the respondents ranged from 15 years to 44 years, 81.9% of the respondents were married, 16.1% were not married, 1.6% separated and 0.4% divorce. About 40% had secondary, 36.5% primary, 19.6% tertiary, 2.7% university and 1.2% other levels of education. Respondents' monthly incomes showed that 19.5% earned $<KSh 2000$, 18% $>KSh 2001 >5000$, 9.8% $>KSh 5001 >10000$, 5.9% $>KSh 10001 >20000$ and 2% $<KSh 20,000$. The respondents' occupation showed that 45.2% were housewives, 23% had businesses, 22.6% were employed and 9.3% not employed. The percentage of mothers attending ANC clinic generally increased significantly ($p < 0.001$), while PMTCT awareness was 88.5%. However the awareness had no significant facility association ($p = 0.206$) but the source of PMTCT awareness a part from health care workers showed that media and friends gave significant input ($p = 0.003$). Enrolment to PMTCT increased significantly ($p = 0.018$) while the percentage of mothers tested increased from 55.3% in 2003 to 84.9% in 2007. The percentage of mothers and children put on ARV prophylaxis increased significantly ($P < 0.001$) and so was the mothers practicing exclusive breastfeeding ($p < 0.000$). Among the factors that influenced PMTCT services was human resource ($p = 0.000$),

accessibility of PMTCT services ($p=0.00$) and infrastructure. The study determined that there was an increase in health seeking behavior in the district demonstrated by consistent growth in the number of expectant mothers' visiting ANC clinic and their enrolment to PMTCT services. Services are influenced by level of education, income, human resource and infrastructure. A gap exists between enrolments and testing of the mothers in PMTCT. Lack of well coordinated linkage and referral protocols influence the program negatively. There is need for further research in the area. Frequent deliberate, robust and aggressive campaigns through rapid response community mobilization initiatives and media are recommended as they will assist in increasing PMTCT uptakes.