

**Title:**

Factors Contributing to Irregular Attendance in Prevention of Mother-to-Child Transmission (PMTCT) of HIV Services

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**Session Title:**

Global Perspectives on HIV Prevention

**Slot:**

I 07: Saturday, 29 July 2017: 9:30 AM-10:15 AM

**Scheduled Time:**

9:30 AM

**Keywords:**

Irregular attendance, Factors and Prevention of Mother to Child Transmission

**References:**

Balira, R., Mabey, D., Weiss, H., Ross, D. A., Changalucha, J., & Watson-Jones, D. (2015). The need for further integration of services to prevent mother-to-child transmission of HIV and syphilis in Mwanza City, Tanzania. *International Journal of Gynecology & Obstetrics*, 130, S51-S57.

Deressa, W., Seme, A., Asefa, A., Teshome, G., & Enqusellassie, F. (2014). Utilization of PMTCT services and associated factors among pregnant women attending antenatal clinics in Addis Ababa, Ethiopia. *BMC pregnancy and childbirth*, 14(1), 1.

Gourlay, Annabelle, et al. "Barriers and facilitating factors to the uptake of antiretroviral drugs for prevention of mother-to-child transmission of HIV in sub-Saharan Africa: a systematic review." *Journal of the International AIDS Society* 16.1 (2013).

Rwanda Ministry of Health (2012), National guidelines of HIV/PMTCT, Government of Rwanda

World Health Organisation (WHO,2015.), Women's experiences in services for preventing the mother-to-child transmission of HIV: a literature review. Who; 2015. Available at: <http://www.who.int/iris/handle/10665/90780>.

**Abstract Summary:**

The main challenge that PMTCT services faces is the irregular attendance of women. This study assessed the factors contributing to irregular attendance at PMTCT services.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the prevalence of irregular attendance in PMTCT	The prevalence of irregular women in the PMTCT services
The Learner will be able to identify factors contributing to irregular attendance in PMTCT	Different factors contributing to irregular attendance in PMTCT services were identified using statistical tests

**Abstract Text:****Purpose:**

Mother-to-child transmission (MTCT) of HIV remains a major public health problem and continues to account for a substantial proportion of new HIV infections among young children (Deressa et al., 2014; Gourlay et al., 2013). The global estimates showed that 150,000 children were newly infected with HIV in 2015; most of them were from developing countries with more than 90% found in sub-Saharan African countries (WHO, 2015).

To halt this problem, the Prevention of Mother to Child Transmission (PMTCT) services have been put in place worldwide (Balira et al., 2015; WHO, 2015). The PMTCT services in Rwanda are free of charge. The package is available at primary level of health care system and it involves provider-initiated HIV testing and counselling during antenatal care visits and labour wards, provision of antiretroviral drugs; prophylaxis or lifelong antiretroviral therapy to HIV positive women and their infants (MOH, 2012).

The main challenge that the services faces is the irregular attendance of women.

The anecdotal observation of four consecutive months (September-December 2015) showed that an estimate of 20% of women were irregular in PMTCT at Kinyinya Health Center.

The purpose of this study was to assess factors contributing to irregular attendance of women in PMTCT services.

**Methods:**

The study was conducted at Kinyinya health center/Kigali Rwanda. A quantitative cross-sectional design was used and 62 women were enrolled. A self administered questionnaire was used to collect data. The dependent variable was regularity (yes or no). Then the irregularity was subdivided into 2 categories (1 to 3 times, 4 and more times). The data was analyzed using SPSS version 21.0. Cross-tabulation and chi-square test (p value of <0.05) were used to determine factors associated with irregular attendance.

**Results:**

The mean age of participants was 26 years. The majority of participants 32(51.6.4%) only attended primary education, 42(67.7%) were in low income and 30(48.3%) illegally married. The results revealed that 38 (61%) were irregular in PMTCT. Among those with irregularities, 27 (70.6 %) missed 1 to 3 appointments and 8(30%) missed 4 and more appointments). Low level of education (P-value <0.001), low monthly income (P-value <0.001), lack of husband' support (P-value = 0.021) and long waiting time (P-value=0.034) were significantly associated with irregular attendance in PMTCT.

**Conclusion:**

The results of this study showed factors contributing to irregular attendance in PMTCT services. The most common were: the level of education, monthly income, lack of husband' support and long waiting time.