Factors Contributing to Irregular Attendance in Prevention of Mother to Child Transmission of HIV services

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FACULTY DISCLOSURE

Faculty	Marie Claire Uwamahoro RN,BSN,MSN, PhD©
Conflict of interest	None
Employer	University of Rwanda, College of Medicine and Health Sciences
Sponsorship	University of Rwanda trough Swedish International Development Cooperation Agency (SIDA)

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Conflict of interest	None
Employer	University of Rwanda, College of Medicine and Health Sciences
Sponsorship	None

SESSION GOAL

- The presentation aims to share the key findings of the study done on the “Factors Contributing to Irregular Attendance in Prevention of Mother to Child Transmission of HIV services”

SESSION OBJECTIVES

- At the end of this session, participants will be able to:
- To identify the prevalence rate of women with irregular attendance in PMTCT services
- To identify factors (personal, interpersonal, institutional) contributing to irregular attendance in PMTCT services

BACKGROUND

- Mother-to-child transmission (MTCT) of HIV remains a major public health problem
- MTCT 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-Sahara African countries
    - (WHO, 2015).

BACKGROUND

- In 2016, mother to child HIV transmission rate at 18 months in Rwanda was 1.76%
    - (Rwanda Center for Disease Control and Prevention, 2017).
- Prevention of Mother to Child Transmission (PMTCT) services has been put in place worldwide
    - (Balira et al., 2015; WHO, 2015).
- The PMTCT services in Rwanda are free of charge

BACKGROUND

- 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 labor wards
  - Provision of antiretroviral drugs
    - prophylaxis or lifelong antiretroviral therapy to HIV positive women and their infants
      - (MOH, 2012).

THE PROBLEM STATEMENT

- The main challenge that PMTCT services face at Kinyinya health center, is the irregular attendance of women in the program.
- The anecdotal observation of four consecutive months (September-December 2015) showed that an estimate of 20% of women were irregular in PMTCT services at Kinyinya Health Center.

OBJECTIVES

- **Main objective**
  - To assess the factors contributing to irregular attendance in prevention of mother-to-child HIV transmission services by PMTCT users.
- **Specific Objectives**
  - To assess the prevalence rate of women with irregular attendance in PMTCT services
  - To identify factors (personal, interpersonal, institutional) contributing to irregular attendance in PMTCT services

RESEARCH QUESTIONS

- What is the prevalence rate of attendance in PMTCT services at health center ?
- What are the personal, interpersonal and factors contributing to irregular attendance in PMTCT services by mothers?

METHODOLOGY

- The study was conducted at Kinyinya Health Center, a primary public health care center located in Kigali city, Rwanda, from April 2016 to May 2016.
- A quantitative cross-sectional descriptive design was used.
- Using simple random sampling strategy and prevalence formula to calculate the sample, 62 women out of 110 were recruited.
- Data were collected using a validated self-administered questionnaire.

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METHODOLOGY

- Ethical approval was granted by the Institutional Review Board of University of Rwanda; College of Medicine and Health Sciences.
- The dependent variable was regularity in PMTC services.
  - (yes or no)
- Using SPSS (version 21) a cross-tabulation and a chi-square test (p value of <0.05) were used to describe factors related to irregular attendance.

Results:

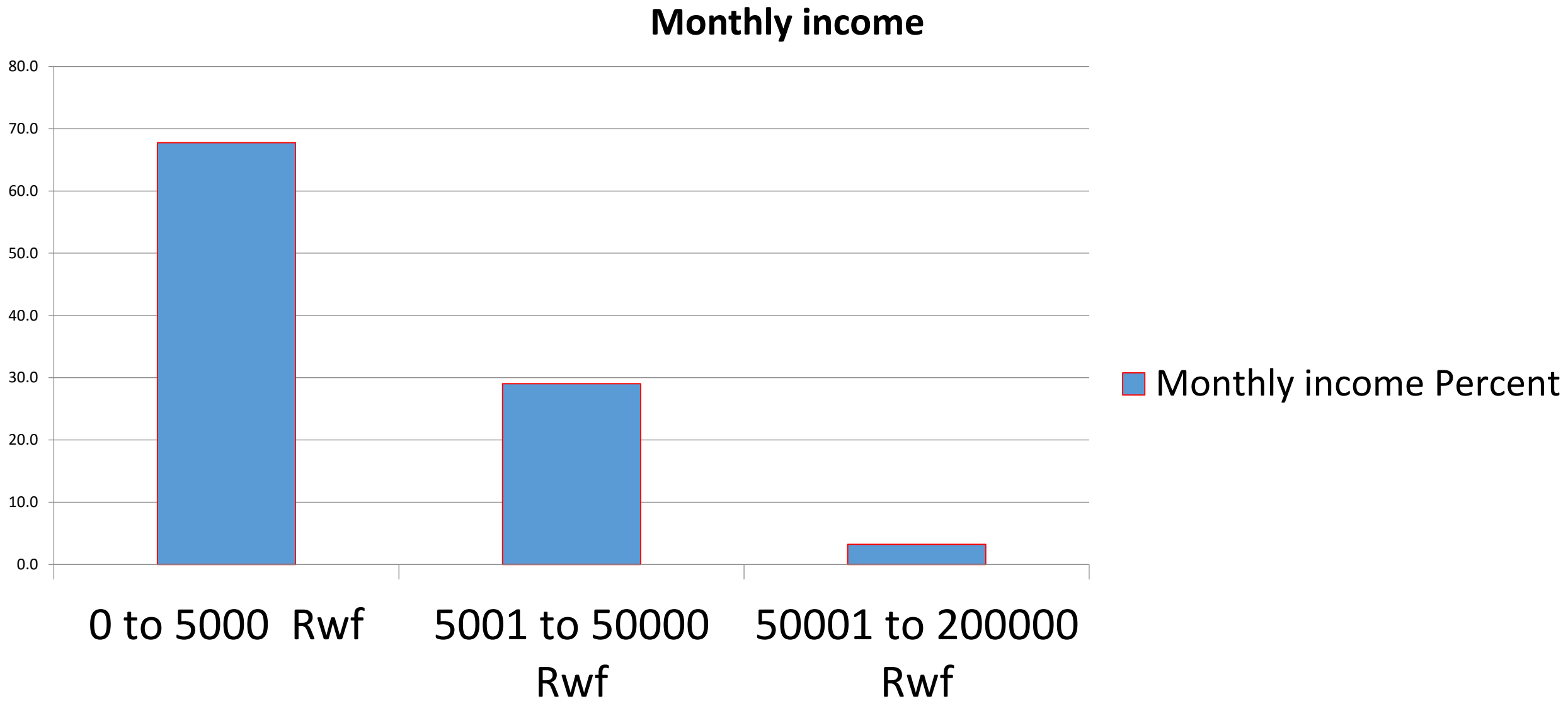
Socio-demographic characteristics

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Variable	Category	Frequency	Percent
Age	15-25 years	20	32.3
	26-35 years	29	46.8
	36-45 years	13	21.0
	>45 years	0	0
Marital status	Married	53	85.5
	Single	4	6.5
	Divorced	2	3.2
	Widow	3	4.8

Variable	Category	Frequency	Percent
Education level	None	17	27.4
	Primary	33	53.2
	Secondary	12	19.4
	Tertiary	0	0
Religion	Catholic	18	29
	Protestant	42	67.8
	Islam	2	3.2
Employment status	Student	1	1.6
	Small trade	28	45.2

Figure 1: Income of participants



Sociodemographic Characteristics

- Almost a half (46.8%) of the participants' ages ranged between 26-35 years.
- The majority of participants 53 (85%) were married and more than a half (53.2%) of the participants completed primary education.
- In reference to the participants religious preference the largest majority (67.8%) were protestants,
- More than half (53%) were female lead households.
- Most of participants had low monthly income with 68% (Figure1)

Figure 2: Attendance rate of participants in PMTCT services (n=62).

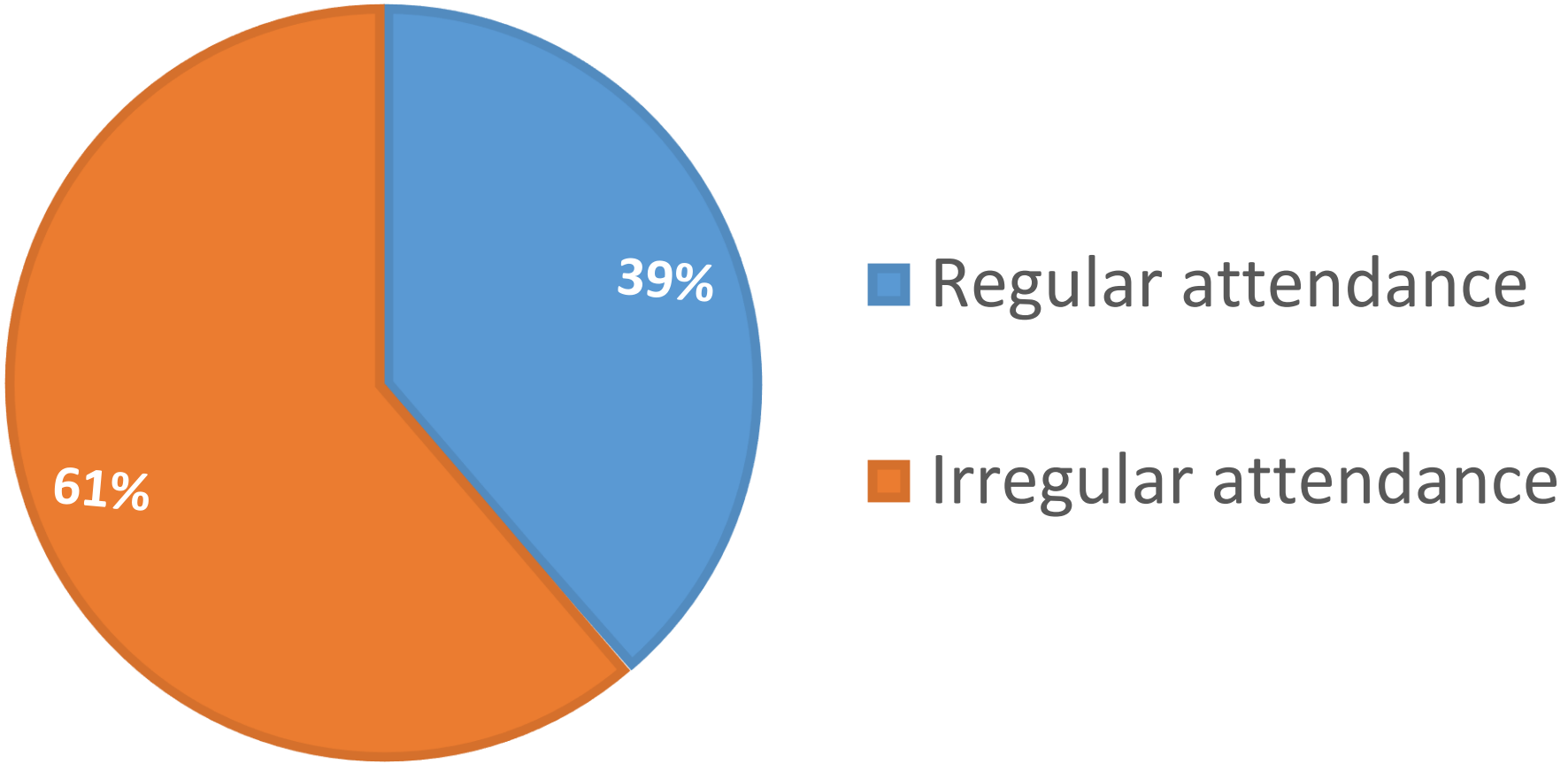


Figure 2,indicates that more than half of the participants (61.3%) irregularly attended PMTCT services.

Individual factors with attendance in PMTCT services

Table 2. Individual factors with attendance in PMTCT services

	ATTENDANCE IN PMTCT SERVICES		P-VALUE
	Regular attendance	Irregular attendance	
	N (%)	N (%)	
Age category			
15-25 years	8 (33.3%)	12 (31.6%)	0.800
26-35 years	12(50.0%)	17(44.7%)	
36-45 years	4(16.7%)	9(23.7%)	
Marital status			
Married	(85.5%)	11(28.9%)	0.287
Single	1(4.2%)	3(7.9%)	
Divorced	1(4.2%)	1(2.6%)	
Widowed	2(8.3%)	1(2.6%)	
Level of Education			
None	4(16.7%)	13(34.2%)	<0.001*
Primary	9(37.5%)	23(60.4%)	
Secondary	11(45.8%)	2(5.3%)	
Tertiary	0(0.0%)	0(0.0%)	
Monthly income			
0 to 5000 Rwf	10(41.7%)	32(84.2%)	<0.001*
5001 to 50000 Rwf	12(50.0%)	6(15.8%)	
50001 to 200000 Rwf	2(8.3%)	0(0.0%)	

- Table 2 indicates that the level of education and monthly income were associated with irregular attendance in PMTCT services (P-value < 0.001).
- By age, most of the women (44.7%) who attended irregularly were in the age range of 26-35 years. However, the age of the participant was not found significantly associated with attendance irregularity in PMTCT (p-value = 0.800).
- Regarding the marital status women who were married illegally were highly scored with 57.9% of irregular attendance but there was no association between marital status of the participants and irregular attendance in PMTCT (P-value = 0.287).

Interpersonal factors associated with irregular attendance in PMTCT services.

Figure 3:Husband attitude towards PMTCT

P value: 0.021

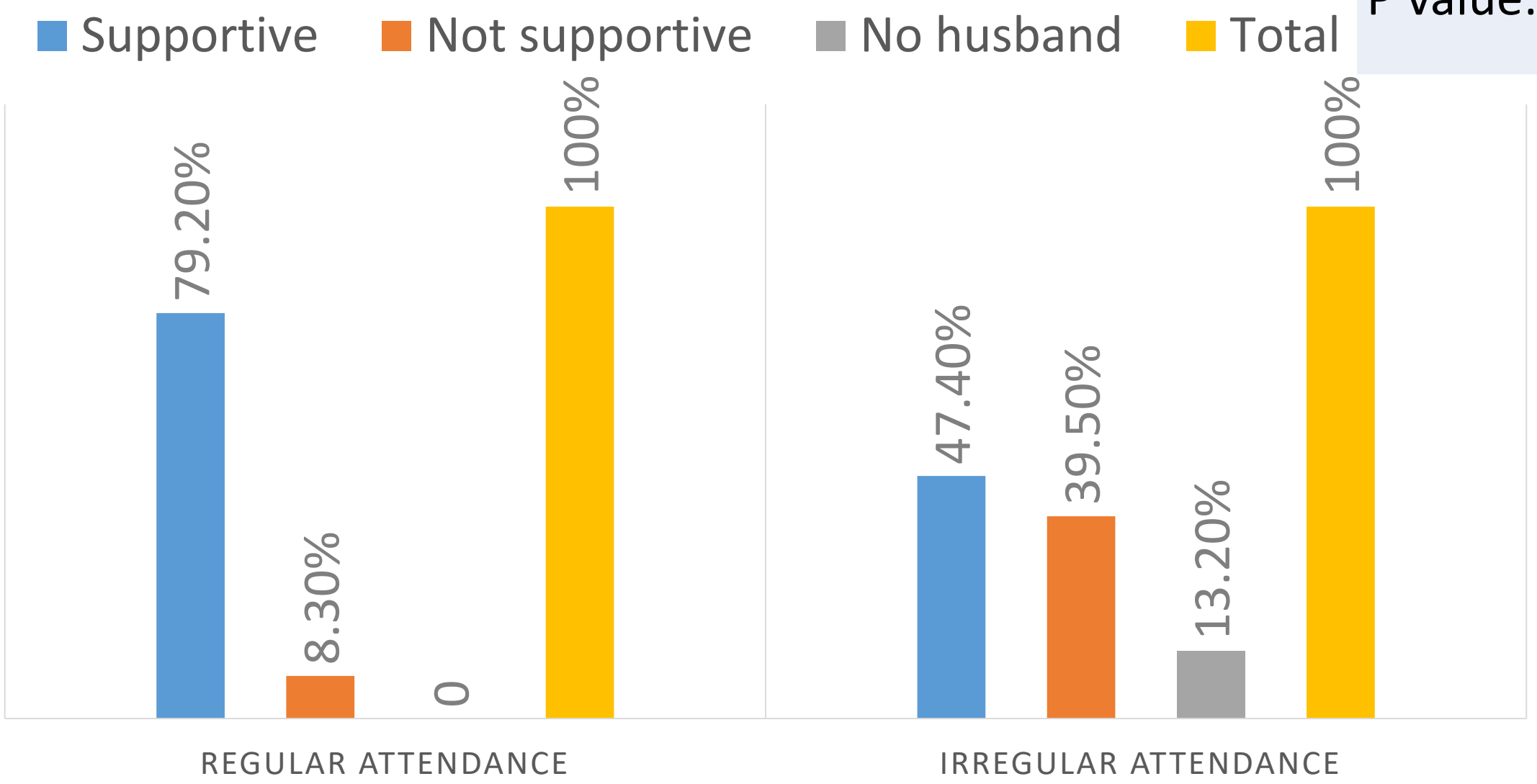
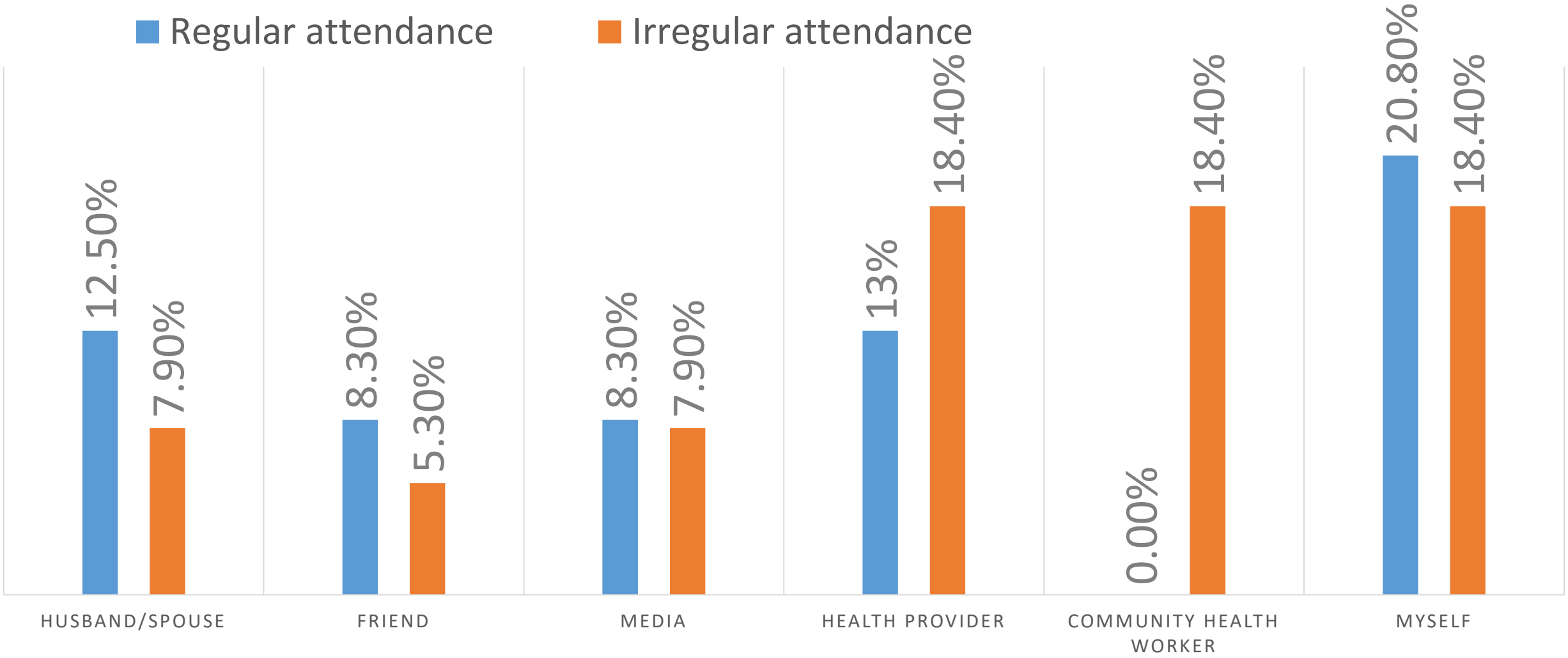


Figure 4: Who motivates your attendance in PMTC services

P value 0.391



- Figure 3 and 4 indicate that husband attitude was the only interpersonal factor associated with irregularity in PMTCT services (*P*-value = 0.021).
- A big number of participants were motivated by heath care providers to attend PMTCT services but it was not statistically significant

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PMTCT attendance and Institutional factors

Table 3: PMTCT ATTENDANCE AND INSTITUTIONAL FACTORS

	Attendance		
INSTITUTIONAL FACTORS	Regular	Irregular	P value
Waiting time before getting service.			
<30min	3(12.5%)	0(0.0%)	0.034*
30min-60min	5(20.8%)	4(10.5%)	
More than 60 min	16(66.7%)	34(89.5%)	
Availability of health care provider on each day of visit.			
Yes	23(95.8%)	38(100%)	0.205
No	1(4.2%)	0(0.0%)	
Relationship between clients and health care provider			
Bad	0(0.0%)	1(2.6%)	0.711
Good	13(54.2%)	21(55.3%)	
Very good	11(45.8%)	16(42.1%)	

- Table 3 indicates that 89.5% of respondents with irregular attendance waited more than 60 minutes before getting PMTCT services. There was the significant relationship between waiting time and PMTCT attendance (*P*-Value = 0.034).
- According to the availability of health care provider on each day of the visit, both 95.8% of participants with regular attendance and 100% of those with irregular attendance responded that health care providers are available on each day of visit and there was no significant relationship, *P*-Value = 0.205.
- There was no association between rate of attendance and relationship between clients and health care providers, P-Value =0.711.

CONCLUSION

- This study establishes high prevalence rate of irregular attendance rate in PMTC services at Kinyinya Health Center.
- It was found that factors such as low level of education lack of husband support, income and long waiting time contribute to irregular attendance in PMTCT services by women at Kinyinya Health Center.

RECOMMENDATIONS

- **Ministry of health/HIV-AIDS division**
- Increase accessibility to PMTCT services, accelerating decentralization of services as well as increasing the number of trained healthcare providers at all levels of service delivery may be productive strategies to deal with irregular attendance in PMTCT services.
- **Health center level**
- Strengthening Health education about PMTCT together with increasing working days in PMTCT may result in reduced waiting time and greater coverage of PMTCT.
- Besides, home visits in PMTCT programs should be introduced to improve retention of vulnerable mother-child pairs

RECOMMENDATIONS

- **Interpersonal and Community level**
- Community engagement and encourage male involvement in PMTCT may improve husband/partner support.
- Utilizing trained and paid community health workers that conduct community outreach and home visits can also benefit continuity of care, follow-up care, and family involvement.
- It can as well help to combat some of the many barriers that women face in seeking care in PMTCT programs.
- Encourage women to attend schools. Other strategies include using parents' evening talk and PMTCT clubs.

ACKNOWLEDGEMENT

- University of Rwanda (UR), College of Medicine and Health sciences, School of Nursing and Midwifery.
- UR-Swedish International Development Cooperation Agency (SIDA)

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