

**SELF-REPORT OF ADHERENCE TO
PREVENTION OF MOTHER TO CHILD
TRANSMISSION OF HIV (PMTCT)
INTERVENTIONS AT KITALE DISTRICT
HOSPITAL**

BY

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A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF
PUBLIC HEALTH IN PARTIAL FULFILMENT FOR THE
REQUIREMENT OF MASTER OF PUBLIC HEALTH

SCHOOL OF PUBLIC HEALTH

MOI UNIVERSITY

2006



ABSTRACT

Problem Statement: The HIV prevalence in Kenya is estimated at 6.7% with significantly higher prevalence of 8.7% in women as compared to 4.6% in men (KDHS 2003). As such the risk of mother to child transmission of HIV is high due to the high HIV prevalence in women. HIV prevalence in Kitale is 11% which is significantly higher than the national average at. HIV can be transmitted from mother to baby in uterus, during labor and delivery and through breast milk. Interventions put in place by the ministry of health to prevent mother to child transmission include counseling and testing for HIV, safe delivery practices, provision of prophylactic antiretroviral drugs, safe infant feeding, family planning and safe sex. The uptake of counseling and testing services for PMTCT in Kenya is at 65% while 58% of HIV positive women and 48% of the babies are able to get nevirapine (NASCOP, 2005). Despite this, the success of this programme has been difficult to assess because data on actual compliance to these interventions is scanty.

Objectives: The objective of this study was to evaluate the adherence to PMTCT interventions among postnatal mothers who had gone through the PMTCT programme. The specific objectives were to assess the adherence to single dose Nevirapine, to evaluate the types and modes of infant feeding practices and to evaluate the usage of family planning services and safe sex practices by the HIV infected mothers.

Methodology: This was a cross-sectional survey which was done at the Kitale district hospital in Western Kenya within the maternal and child health and family planning (MCH -FP) clinics between April and July 2005. A questionnaire was administered to the study subjects. All HIV positive postnatal mothers attending MCH -FP clinics, and who had undergone the PMTCT programme and received at least the maternal dose of nevirapine were requested to participate in the study. Data analysis was done using the SPSS software.

Results: A total of 146 respondents were recruited for this study. 90% of them reported swallowing their nevirapine tablets, however only 55% swallowed their tablets within the recommended 4-12 hours before delivery. The most important factor affecting both maternal and infant nevirapine adherence was place of delivery ($p < 0.05$) with 71% of mothers who did not swallow their nevirapine delivering at home. Women attending ANC for 2 times or less, young women under 20 years of age and single women were less likely to swallow their nevirapine ($p < 0.05$). 91% of the babies received their nevirapine syrup with most of them (98.5%) getting it within 72 hours of delivery. 87.7% of babies who did not take their nevirapine were delivered at home. Babies whose mothers did not take their nevirapine were also more likely to miss it. About half (52%) of the mothers opted for replacement feeding for their babies while 34 % of them breastfed with abrupt weaning. Mothers who had revealed their HIV status to their partners were less likely to breastfeed than those who had not ($p < 0.05$). Only 44% of the respondents were using any form of family planning. The most popular method was the injectable contraceptive. Married women were more likely to report family planning use than single women. Although 73% of respondents were no longer planning to have more babies, only 45% of them were using a family planning method. Only 38% of respondents reported condom use with their partners for safe sex. Married women and those who had revealed their HIV status to their partners were more likely to use condoms ($p < 0.05$). 20% of respondents whose partners were HIV negative were not using any form of protection when having sex despite awareness of HIV status.