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SCHOOL OF PUBLIC HEALTH

RESEARCH THESIS

PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT) PROGRAM: A COMPARATIVE STUDY OF ACCEPTANCE AT MOI TEACHING AND REFERRAL HOSPITAL AND KITALE DISTRICT HOSPITAL.

A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES IN
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ABSTRACT

Prevention of Mother to Child Transmission of HIV (PMTCT) programs are currently being implemented globally, with the aim of protecting children from maternally acquired HIV infection. Despite low PMTCT program acceptance rates in most health facilities countrywide, the program at Moi Teaching and Referral Hospital (MTRH) has attained high rates of acceptance. The purpose of this study was to investigate why MTRH has attained high acceptance rates compared to Kitale District Hospital (KDH), which is one of the hospitals in Kenya with low rates of acceptance. The objectives were to assess the trend in PMTCT program acceptance at MTRH, to assess the trend of PMTCT program acceptance at KDH, and to assess the factors associated with the difference in the PMTCT program acceptance rates between MTRH and KDH. The study design was cross-sectional. The study population included mothers attending ANC, and health personnel working with the program. Data from ANC was reviewed. Systematic and purposive sampling methods were used. Data were collected using data review forms, interviewer administered questionnaires and key informant in-depth interviews. Quantitative data was coded and analyzed using frequencies, chi square test, and regression with the aid of SPSS version 12.0 computer package. Qualitative data analysis included transcribing of raw data, content analysis and categorizing and ordering data in relation to themes.

The results showed that MTRH had an overall acceptance rate that was 3 times higher than that at KDH. The main factors that influenced acceptance were external variables (demographic, socioeconomic and type of partner) and health care factors. At MTRH, mothers less likely to accept to join the program were those who were older, those residing in urban areas, and those with a higher educational level and socioeconomic status. At both centers, spouse involvement was evident to enhance acceptance, with those mothers who had discussed HIV testing with spouses being more likely to accept. Assurances of spouses' and relatives' support were also seen as boosters to acceptance.

Several factors were unique for the program at MTRH and seemed to improve uptake. MTRH offered parallel ANC and PMTCT services, which were "one stop", with blood being drawn once for both ELISA and ANC profile tests. Individual pre-test counseling was done, with same day post-test counseling. MTRH had a counselor client ratio of 1:5. There were 2 staff attached to the PMTCT laboratory, which was situated within the PMTCT room. Consultants were involved at all levels of the program. The program had adequate space, with separate ANC and PMTCT rooms. There was a good system of follow up of the children after delivery. Mothers who accepted to join the program benefited from free delivery services, free ARV therapy, free formulae milk and the PMTCT plus component.

In contrast, at KDH PMTCT and ANC services were integrated, with adoption of a "production line" approach of service delivery, and blood being drawn twice from the mothers. Group pre-test counseling was done with next visit post-test counseling. The program had a counselor client ratio of 1:36. The program used the hospital laboratory which had only one staff on duty at any one time. There were no consultants or medical officers who worked with the program. The program had inadequate space, with both ANC and PMTCT services being offered in one small room. There was no specific system of following up children after delivery, and the only benefits offered being free HIV testing and free antiretroviral drugs for PMTCT.

The results can be used by the ministry of health and other stakeholders to improve PMTCT program uptake and success in Kenya and other developing countries.