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FACTORS CONTRIBUTING TO LOW RETENTION AMONG HIV POSITIVE MOTHER BABY PAIRS IN THE MOTHER BABY CARE POINT AT RUGAZI HEALTHCENTRE IV, RUBIRIZI DISTRICT

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Abstract

Mother-to-child transmission of HIV remains the most common source of paediatric HIV infection, accounting for 95% of cases, of whom, 90% are in sub-Saharan Africa. The purpose of the study was to explore the factors contributing to low retention rates of mother – Baby pairs accessing mother-baby care services at Rugazi HC IV. This study was retrospective and quantitative in nature. Data was collected by interviewing the study units, using the prepared and pretested questionnaire with 38 mother baby pairs participating in the study. Data was analyzed using Microsoft Excel spread sheet, tables, pie charts and bar graphs. The results showed that the majority 81.6% had their spouses fail to escort them to the health facility and 57.9% self-transferred to other facilities. 84.2% respondents revealed that they were not followed up after missing appointments while 50% of mothers said that they were discriminated by community members. In conclusion, mothers in the study area were transferring themselves to other facilities, discrepancy in knowledge and fragmentation of service points within the health facility were the most leading factors that contributed to low retention of MBPs. Health service providers should be provided with knowledge on implications of retention of mother baby pairs, provision of support supervision to health units and improvement

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Introduction:-

Globally, an estimated 2.6 million children less than five years of age were living with HIV in 2014[1]. Mother-to-child transmission (MTCT) of HIV remains the most common source of pediatric HIV infection, accounting for 95% of cases, of whom, 90% are in sub-Saharan Africa [2]. However, If HIV infected women begin antiretroviral treatment (ART) during pregnancy and continue through breast feeding, MTCT of HIV can be reduced to less than 5% [3-4].

The literature shows that the success of PMTCT programmes, transition to care in the postpartum period is vulnerable for loss to follow up of mother baby pairs. Many countries are moving towards national coverage of services for PMTCT; however, most children born to women with HIV-1 are not being systematically monitored and followed up during the postpartum period and are thus missing out on life-saving services [5-12].

In 2013, the Ugandan government embraced the call by the World Health Organization to eliminate mother-to-child transmission (eMTCT) of HIV by 2015. To achieve the target of eMTCT, programs were to follow-up and treat HIV-positive mothers together with their children until the 18th month of the child's life when the final HIV status of the infant is determined (UNAIDS 2010, WHO 2011). Unfortunately, poor retention in HIV care has been reported in many countries in Africa [13].

Research Methodology:-

Study Design and Rational

This study was retrospective and quantitative in nature. It was retrospective because the researcher used the information that was 24 months old that was July 2016 to march 2019. It was quantitative because it described its analysis data in form of quantity or numbers.

The rationale obtained a detailed description of factors contributing to low retention of MBPs at RHCIV.

Study Area

The study population

The study population involved, mother-baby pairs who were enrolled into mother – baby care point at RugaziHC IV in three cohorts of financial years 2017/2018, who did not have a documented outcome in the mother - baby care point or are classified as lost to follow up at the end of 18 months (HIV transmission period).

Sampling procedure

The study was carried out using non random sampling method, particularly the purposive sampling whereby the researcher chose the participants from the register (EID register for three Cohorts financial 2017/2018) and followed their addresses until the focal area was reached. Introduction was made which explained the purpose of the visit and Questionnaires was issued after consent.

Research instruments

Pre-testing structural questionnaires with open and closed ended questions were given after consent. Translation was required, it was done to the participants. Research assistants helped to reach areas where other participants were, when the researcher was doing other area.

Inclusion criteria

HIV positive Women who were enrolled in the mother –baby care point during three cohorts 2017/2018 whose outcome was loss to follow-up at the end of 18 months were considered in the study population.

Exclusion criteria

HIV positive mothers who were enrolled in mother baby care point during three cohorts 2017/2018 and had completed 18 months in care.

Mother and baby pairs enrolled in the mother baby care point who died before the completion of 18 months.

Sample size

The sample size was determined by Yamanne, (1999) sampling method.

$$n = \frac{N}{1 + N(e^2)}$$

Whereby

n is the sample size

N is total number of population who did not complete 18 months in the mother baby care point.

e is the level of precision, 0.05 at 95% confidence interval

$$n = \frac{42}{1 + 42(0.05^2)}$$

$$n = \frac{42}{1.105}$$

$$n = 38$$

The study sample included 38MBPs who met the inclusion criteria for the study.

Data collection procedure

The researcher got an introductory letter from the school which she presented to the District Health Officer who gave permission for collecting data. The researcher introduced herself to the participants and explain to them the purpose of the research.

The researcher conducted a standard structured researcher administered questionnaire which was translated to Runyankore for those who did not understand English. The questionnaires were filled by respondents who participated in the study.

Data was collected by interviewing the study units, using the prepared and pretested questionnaire.

The researcher edited all the questionnaires before leaving the data collection area to ensure their completeness.

Data analysis

Data analysis was by Microsoft Excel spread sheet and was presented in forms of tables, pie charts and bar graphs.

Ethical considerations

The researcher complied with all the ethical standards of research. All the research participants were asked to consent to participate in the study. Participants who were chosen to opt out of the research were given the liberty to do so. Confidentiality was assured and information regarding the clients was kept with utmost confidentiality.

The researcher obtained a letter of introduction from Kampala International University to Rugazi HC IV, after which a letter of clearance for research was obtained from Rugazi HC IV.

Results:-

Table 1:- Showing demographic characteristics of respondents (n=38).

Characteristics	Frequency	Percentage (%)	
Age	20 – 25	7	18.4
	26 – 30	21	55.3
	31 – 35	8	21.1
	36 and above	2	5.3
Marital status	Married	31	81.6
	Single	2	5.3
	Divorced	2	5.3
	Widowed	2	5.3
	Cohabiting	1	2.6
Educational level	Never attended school	11	28.9
	Primary	19	50.0
	Secondary	4	10.5
	Tertiary institution	4	10.5
Occupation	Civil servant	3	7.9
	Self Employed	8	21.1
	Others (Casual workers)	27	71.1

Source: Field data, August, 2019

According to the study findings in the table above, results revealed that, majority 21 (55.3%) respondents belonged to the age group of 26 – 30 years while only 2 (5.3%) revealed that they belonged to the age group of 36 and above years.

Respondents were also asked about their marital status and majority 31 (81.6%) of the respondents were married while 2 (5.3%) revealed that they were single.

More so, respondents were asked to presents their levels of education and the results were as shown below. It was discovered that majority 19 (50.0%) respondents revealed that they had primary level of education while only 4 (10.5%) respondents had secondary and Tertiary levels of education. On the other hand, respondents were also asked

about their occupation and it was found out that majority 27 (71.1%) respondents belonged to other occupation (casual workers) while the least 3 (7.9%) respondents were Civil servant.

Table 2:- Showing socio-demographic factors contributing to low retention in mother - baby care programs (n=38).

Characteristics		Frequency	Percentage (%)
Receiving ARVs from other facilities	Yes	22	57.9
	No	16	42.1
Experience of violence from partners because of your HIV status	Yes	10	26.3
	No	28	73.7
Whether people in the village had beliefs that moving to the health facility always is bad	Yes	25	65.8
	No	13	34.2
Whether the spouses escorted mothers to the health facility	Yes	7	18.4
	No	31	81.6

Source: Field data, August, 2019

According to the study findings in the table above, results revealed that, majority 22 (57.9%) respondents said that they were receiving ARVs from other facilities while 16 (42.1%) said were getting ARVs from Rugazi Health facility. This was because most mothers had deliveries from Rugazi but were interested in getting ARVs services from other facilities.

The study findings revealed that most number 28 (73.7%) of respondents were facing violence from their partners because of their HIV status and because of repeated requests of funds and frequent movements to the health facility leaving the young children at home while 10 (26.3%) respondents said that they were not experiencing violence.

Additionally, majority 25 (65.8%) respondents agreed that people in the village had beliefs that moving to the health facility always is bad while 13 (34.2%) disagreed.

More so, majority 31 (81.6%) said that their spouses never escorted them to the health facility while 7 (18.4%) respondents said that their spouses do not escort them to the health facility. This was because their spouses fear double expenses.

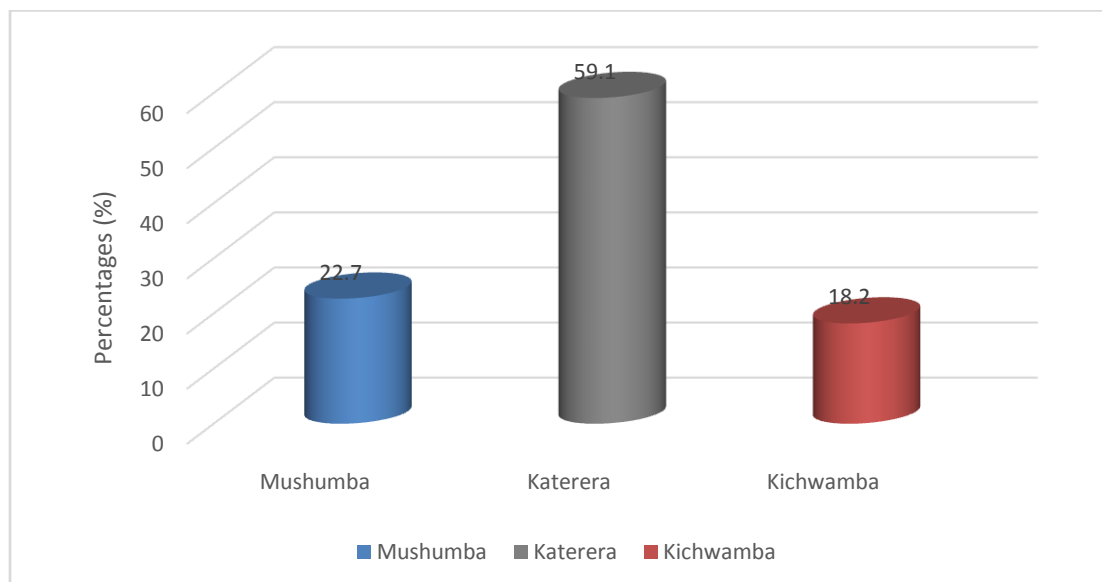


Figure 1:- Showing other health facilities attended (n=22).

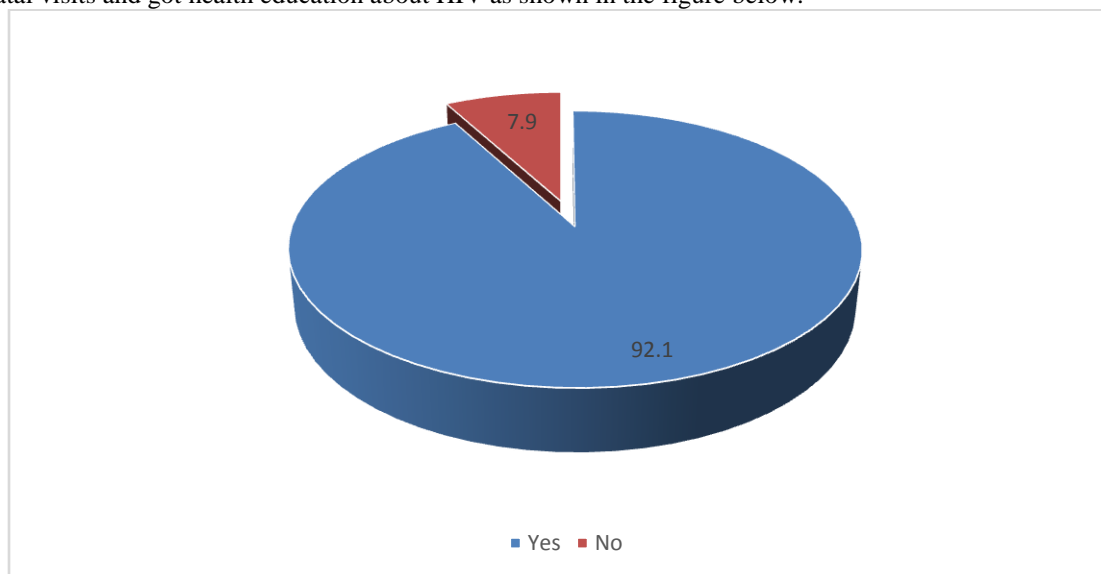
From figure 1 above, majority 13 (59.1%) said that attended their services from Katerera Health Centre III while 4 (18.2%) said that they were getting their services from Kichwamba Health Centre III because most mothers were referrals from Katerera during labour.

Table 3:- Showing health facility related factors contributing to low retention of mother-baby pairs in mother - baby point at Rugazi HC IV (n=38).

Characteristics		Frequency	Percentage (%)
Information about HIV infection and mother to child Transmission	Yes	35	92.1
	No	3	7.9
Number of times your child is supposed to be tested for HIV?	1	12	31.6
	2	10	26.3
	3	7	18.4
	4	9	23.7
Child's time of discharge from mother - baby care	Yes	10	26.3
	No	28	73.7
Waiting time at the facility	More than 8 hrs	18	47.4
	Up to 6 hrs	5	13.2
	1 hr	1	2.60
	< an hour	14	36.8
Transport costs to access services at Rugazi HC IV	1000 – 2000	10	26.3
	5000 – 8000	20	52.6
	10,000 and above	8	21.1
Missed appointments	Yes	30	78.9
	No	8	21.1
Reasons for missing appointments	Reoccurring illnesses	13	34.2
	Forgetfulness	7	18.4
	Lack of transport funds	18	47.4

Source: Field data, August, 2019

According to the study findings in the Table 3 above, results revealed that, majority 35 (92.1%) respondents had information about HIV infection and mother to child Transmission while only 3 (7.9%) respondents did not have information about HIV infection and mother to child Transmission. This was because most mothers attended antenatal visits and got health education about HIV as shown in the figure below.

**Figure 2:-** Showing information about HIV infection and mother to child Transmission (n=38).

More so, majority 12 (31.6%) respondents supported that they knew that they were supposed to test their children for HIV only once compared to 7 (18.4%) respondents who said they were supposed to test their children three times meaning that majority of mother could not recall what they were educated during antenatal.

Majority 28 (73.7%) respondents supported that they did not know when a child is discharged from mother - baby care while only 10 (26.3%) supported that they knew when a child is discharged from mother - baby care as presented in the figure below;

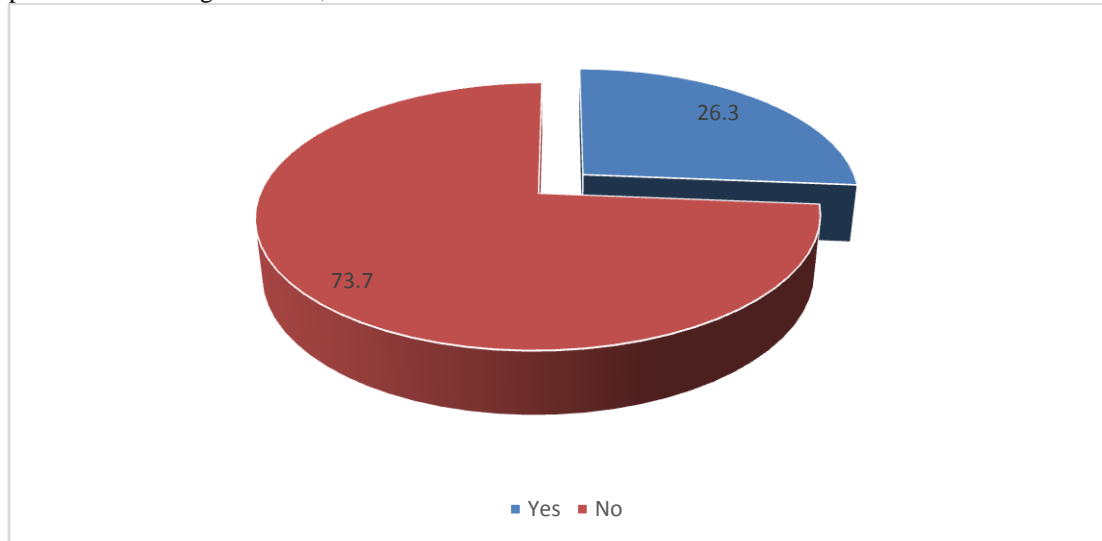


Figure 3:- Showing child's time of discharge from mother - baby care (n=38).

On the other hand, majority 18 (47.4%) said that they take more than 8 hours waiting at the facility as compared to only 1 (2.60%) respondent who said that she takes one hour waiting at the facility. This was due to fragmentation of service points with in the health facility.

About transport costs, a big number 20 (52.6%) respondents supported that they use 5000 – 8000 as transport to reach at the facility while 8 (21.1%) respondents said that they use 10,000 and above transport fee to reach at the facility. This is because the areas they come from are hard to reach hence expensive.

In addition, most number 30 (78.9%) of respondents said that they missed appointments while only 8 (21.2%) said that do not miss appointments. This was because 30 (78.9%) respondents did not have contact phones while 8 (21.2%) were followed up on phones calls as presented in the figure below;

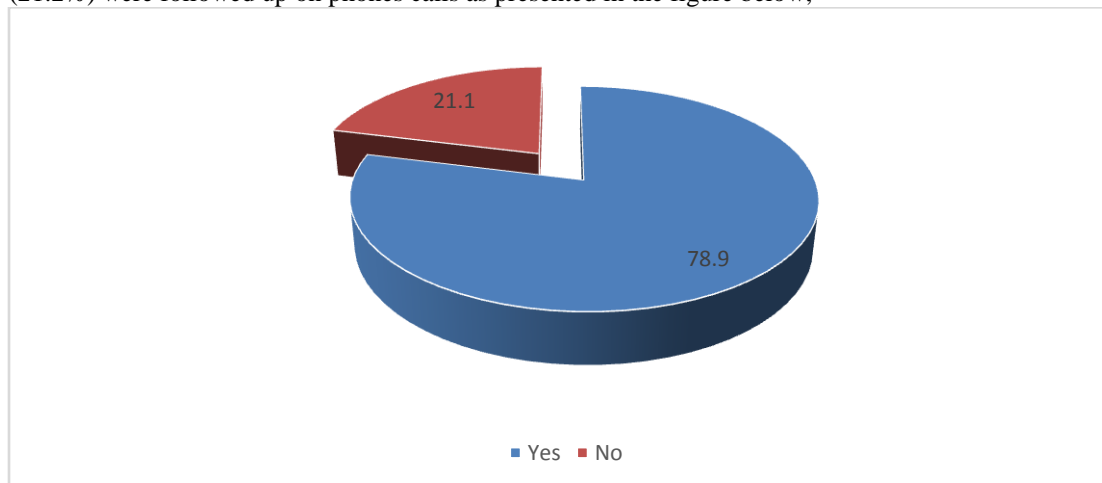


Figure 4:- Showing mothers who missed appointments (n=38).

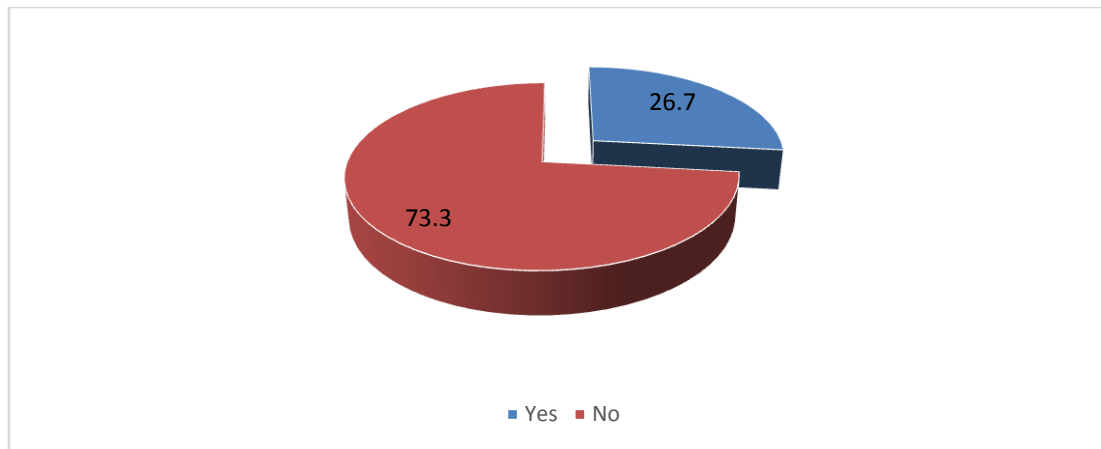


Figure 5:- Showing mother who were followed when missed appointments (n=30).

Finally, most 22 (73.3%) respondents supported that they were not followed up when they missed appointments while 8 (26.7%) respondents said that they are followed up when they missed appointments. This was because 22 (73.3%) respondents did not have contact phones while 8 (26.7%) were followed up on phones calls. According to the study findings in the Table 3 above, results revealed that, majority 18 (47.4%) respondents reported that their reason for missing appointments was lack of transport funds to access services at Rugazi Health Centre IV while only 7 (18.4%) missed appointment because of forgetfulness.

Table 4:- Showing mother related factors contributing to low retention of mother-baby pairs in mother - baby care point. (n=38)

Characteristics		Frequency	Percentage (%)
Permission seeking from your spouses	Yes	36	94.7
	No	2	5.3
Discrimination by others	Yes	19	50
	No	19	50

Source: Field data, August, 2019

More so, most mother 36 (94.7%) reported that they first seek for permission from their spouses before attending their health facility appointments while 2 (5.3%) respondents disagreed that they don't seek for permission to go the health facility. This was because of cultural beliefs which are common in the region that women should first seek for permission before they do anything as presented in the figure below;

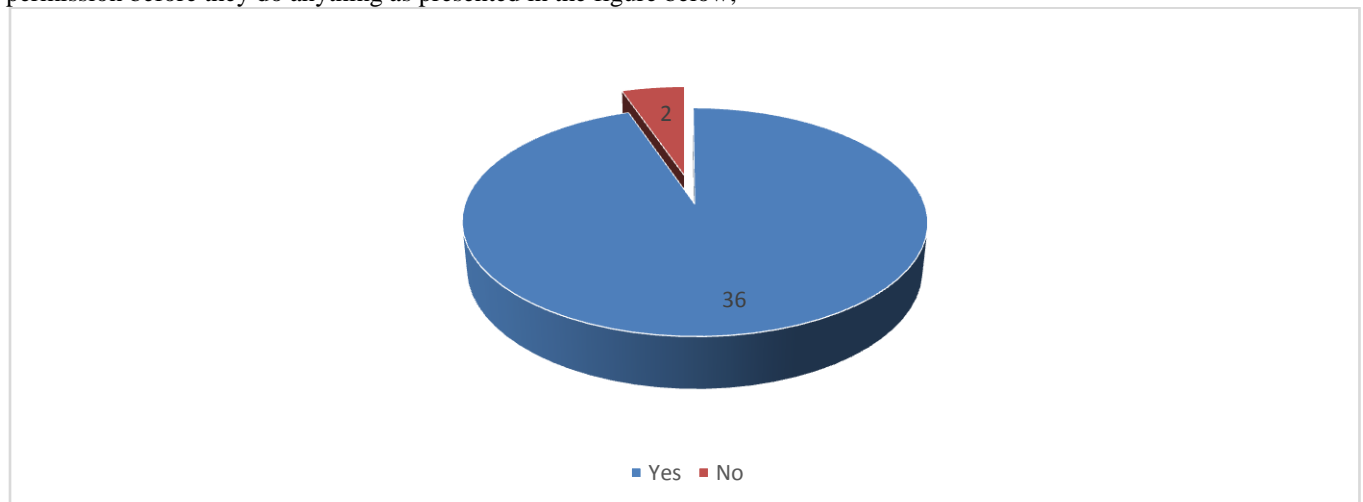


Figure 6:- Showing permission seeking from your spouses (n=38).

From table 6, the results about discrimination by other community members showed that 19 (50%) respondents were discriminated while another half was not discriminated at all. This was because people in the community still had stigma to people living with HIV.

Table 5:- Showing whether spouse stopped giving permission (n=36).

Characteristics		Frequency	Percentage (%)
If YES, whether spouse stopped giving permission	Yes	8	22.2
	No	28	77.8

Source: Field data, August, 2019

From table 7 above, majority 28 (77.8%) said that their spouses did not stop giving them permission while 8 (22.2%) respondents said that their spouses stopped giving them permission. This was because their spouses understood and appreciated the importance of adhering to clinic appointments as shown from the figure below;

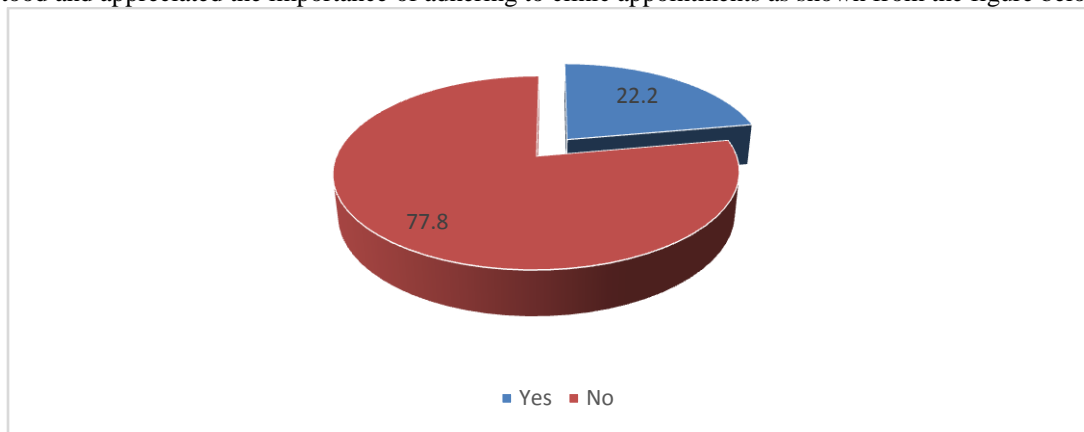


Figure 7:- Sho (n=36).

Discussion:-

In response to age brackets of the respondents, majority 21 (55.3%) respondents belonged to the age group of 26 – 30 years. This was because some knowledge as compared to other age groups as to why they needed to attend mother baby care clinic. The finding was contradicting with the findings of the study done in 145 health facilities in all the 24 districts of central Uganda which revealed that low retention rates of mother baby pairs were higher among women less than 25 years i.e. 59.3% compared to those aged 25 years and above, 40.7% [14].

The study findings revealed that most number 28 (73.7%) of respondents were facing violence from their partners because of their HIV status and because of repeated requests of funds and frequent movements to the health facility leaving the young children at home. The study findings are contradicting with the findings by Hatcher. et al.[15] which said that HIV diagnosis was not associated with IPV postpartum for women with a history of IPV victimization because the partner already had a sense of the woman's HIV status. That is, these women may have experienced IPV in the past that was sparked by her partner's behaviors [15].

According to the study findings, results revealed that, majority 35 (92.1%) respondents did not have adequate information about HIV infection and mother to child Transmission during antenatal period. This is similar to a study carried out in South Africa also showed that clients had inadequate knowledge about EID services given that they could not recall information given to them during counselling.

More so, 12 (31.6%) respondents supported that they knew that they were supposed to test their children for HIV only once meaning that majority of mother could not recall what they were educated during antenatal. Majority 28 (73.7%) respondents supported that they did not know when a child is discharged from mother - baby care.

In addition, most number 30 (78.9%) of respondents said that they missed appointments. This was because 30 (78.9%) respondents did not have contact phones to communicate to service providers even when the mother baby care clinic was closed.

Conclusion:-

Mothers in the study area were transferring themselves to other facilities because most mothers had deliveries from Rugazi but were interested in getting MBP services from other facilities. However, most respondents were facing violence from their partners because of their HIV status and because of repeated requests of funds and frequent movements to the farthest health facilities leaving the young children at home.

Discrepancy in knowledge about number of times a child is supposed to be tested for DNA-PCR was also an underlying factor towards low retention of mother baby pair which caused a high dropout rate of mother baby pairs since mothers were not sure of when the child is to be discharge from the MBP care point.

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