

Strategies for the Prevention of Mother to Child Transmission of HIV (PMTCT) in Nigeria. (A Case Study of Gombe State)

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Abstract

This study examined the strategies of prevention of mother to child transmission (PMTCT) of HIV in Nigeria. However, little research attention is directed at assessing whether HIV can be transmitted from an infected mother to child. To investigate this, the study uses Focus Group Discussion (FGD) method to elicit information from HIV positive mothers. Convenient or accidental sampling was used to select 24 participants from four (4) LGAs in Gombe state, Nigeria. Data were analysed using simple percentages. From the findings, most of the participant opined that, the risk of transmission of HIV can be reduced if pregnant mothers would be tested for HIV during Ante- natal care and advised on the right method of delivery. The study concluded that extra precautions should be taken during delivery to reduce the chances of the baby becoming infected and avoidance of high rate of infant mortality in Nigeria. It was recommended among others that pregnant women should be encourage to attend Ante- natal clinics, as they receive further advice and support including information about medical and other treatment from the clinic.

Key notes: HIV, PMTCT, mother to Child Transmission, focus Group Discussion.

Introduction

HIV stands for human immune deficiency virus. It is a tiny germ that destroys the body defense (immune system) against infection. Useh (2001) stated that this immune system is weakened and less able to fight infection. HIV, according to Useh, can be acquired through the following:

- Unprotected sex: people one has sex with may have HIV, but look and feel healthy. They can pass it during unsafe sex.
- Through mother to child: a mother who has HIV can pass it to her child during pregnancy childbirth or breastfeeding.
- Through blood to blood transmission: HIV can be passed when people receive untested blood or share sharp instruments that may have infected blood on them. Theses includes, needle, razors, syringes and other sharp objects.

HIV is a worldwide problem and has claimed a lot of lives. According to UNAIDS(2005), there are about 50 million people living with the virus as at December 2004, three quarter of these live in sub- Saharan African. The official HIV prevalence by UNAIDS (2013) in Nigeria is 3.2% among the adult population, giving a total estimate of 3.4 million Nigerians

living with HIV. The most recent national prevalence survey for HIV carried out in Nigeria in 2013/14, undertaken by the national AIDS and STI control programme of the federal ministry of health put overall HIV prevalence among women attending ante natal clinics in Nigeria at 3.0% as in most countries with generalized epidemics. National HIV estimates are based on surveillance systems that focus on pregnant women who attend a selected number of sentinel antennal clinics. The major assumption here is that prevalence among pregnant women is a good approximation of prevalence among the adult population of men and women(15-49 years). According to UNAIDS, WHO and UNICEF (2015) since the first case of AIDs in Nigeria was reported in 1986, Nigeria adopted ante natal care (ANC) sentinel surveillance as the system for monitoring the epidemic in line with WHO guidelines.

According to UNICEF(2005) it is projected that Nigeria will record about 600,000 pediatric AIDs deaths by the end of the 21st century if the epidemic remains unchecked nine out of ten of these deaths would have resulted from mother to child transmission (MTCT). The population of people infected with HIV/AIDS is on the increase and presently, there is no proven vaccine or cure for the epidemic. This problem therefore requires appropriate intervention to curb the rate of spread of the diseases among infants and at the same time provide support and care for those babies who are yet to be infected by their positive mothers (unborn babies).

In the absence of cure, prevention is by far the best way to combat the disease amongst babies through proper preventive measures such as provision of PMTCT services. This will enhance a better consciousness of the infection and promote healthy children in the society. But if the stone is left unturned, what will be the effect on our generation of the problem. Million Nigerians are already infected with the virus, with the highest prevalence within the age group of 25-45 years which is the productive and reproductive segment of the society. Evidence has shown a rapid increase in the rate of HIV infection among sexually active young people aged 25-45 years and women of child bearing age (WCBA) of 25-45 years. An increase in the rate of transmission of the infection from mother to child (MTCT) if nothing is done, up to 40% of children born to HIV positive women will be infected. The main focus of this study is to identify the strategies for the prevention of mother to child transmission (PMTCT) of HIV in Nigeria.

PURPOSE OF THE STUDY

The major purpose of this study is to identify the strategies for the prevention of mother to child transmission (PMTCT) of HIV in Nigeria.

The specific objectives are to

1. Identify the meaning of PMTCT
2. Identify the importance of HIV testing among pregnant women during ante- natal clinic in the LG identified in Gombe state.
3. Identify the importance of prevention of mother to child transmission of HIV to the society.
4. Identify the problems of HIV voluntary counseling test (VCT) among married women in the selected local government state.
5. Determine ways through which HIV positive mothers transfer HIV to their babies.

RESEARCH QUESTIONS:

1. What is PMTCT of HIV?

2. What is the importance of HIV testing among pregnant women during Ante-natal clinic in the LG of Gombe state?
3. What is the importance of prevention of mother to child transmission (PMTCT) of HIV to the society?
4. What are the problems of HIV voluntary counseling test (VCT) among married women in the selected LG in Gombe state?
5. What are the ways through which HIV positive mothers transfers HIV to their babies.

METHODOLOGY

The study was conducted using Focus Group Discussion (FGD) method. This method was appropriate for providing valuable spontaneous information in a short period of time and at a relatively low cost.

POPULATION

The population for this study was made up of 6(six) married women aged 25-45 years who are HIV positive from each of the local government under study they are Bajoga, Billiri, Gombe and Kaltungo local government area of Gombe state. Given a total of 24 (twenty-four) married women as the population. The population was drawn during Ante-natal days in the maternity clinics from each of the general hospitals in the four (4) LGAs identified for the study in Gombe state.

SAMPLING

Convenience or accidental sampling method was used to select HIV positive married women who are unfamiliar with each other and willing to participate in the discussion/ study from each LGA of the study area. The design for the study was a Focus Group Discussion. According to Kivegar,(2009) and Alland, Mono & Wagel (2008) a small unbiased sample is used for FGD. The only instrument used for the study was a Focus Group Discussion using six (6) open ended questions designed for the discussion. Douglas (2005) suggested 5-6 questions for a successful FGD session. The participants were first informed about the purpose of the discussion. They were required to respond to questions within specified allotted time of 30-40 minutes. In all the LGA visited the data/ responses were recorded, analyzed and presented in percentages.

RESULT

Data/ responses obtained during the FGD session were presented according to the research questions discussed and analysed using simple percentages. Summary of responses were arranged under each question in tabular form with the percentages of the responses.

Table 1: Definition of PMTCT of HIV

S/N	Participants Opinion of PMTCT of HIV	Frequency	Percentage
1.	Provision of medical treatment of child human infection virus	3	12.5%
2.	Prevention of mother to child transmission of human immune deficiency virus.	12	50%
3.	No idea of PMTCT of HIV	5	20%

4.	Strategy to reduce mother to child from acquiring HIV.	4	16.6%
		24	100%

From table one above, 12(50%) participant were aware of the term PMTCT of HIV. 4(16.6%) of the respondent opined that PMTCT is a strategy to reduce mother to child from acquiring HIV, while 3(12.5%) of the respondent said PMTCT of HIV is provision of medical treatment. It can be deduced from the result in table one that majority of the result in table one that majority of the participants were aware of the meaning of PMTCT of HIV.

Table 2: Importance of HIV testing among pregnant women during Ant- natal?

S/N	Importance of HIV testing during Ante-natal clinic	Frequency	Percentage
1.	Ante-natal is care given to pregnant woman in health centers and hospitals	6	25%
2.	HIV testing is important for precautions to be taken if the test is positive	12	50%
3.	Prevent the child from acquiring the virus and drugs to be given to the pregnant woman before or at onset of labour and the body after delivery	3	12.5%
4.	Inform the mother about when and where to seek special attention when found positive.	3	12.5%
		24	100%

Table 2 above revealed that 12(50%) of the participants agree that HIV testing of pregnant woman is for precaution to be taken if the test is positive. 6(25%) of the participants were aware of what Ante-natal means, 3(12.5%) were of the opinion that HIV testing during pregnancy is to prevent the child from acquiring the virus during labour and the right drugs to be given to the child after delivery, while 3(12.5%) agree that mothers should be informed about when and where to get special attention when found positive from the result, majority agree that HIV testing of pregnant women is for precautions.

Table 3: Importance of PMTCT of HIV to the society?

S/N	Participant opinion about the importance of PMTCT of HIV to the society.	Frequency	Percentage
1.	To reduce the spread of HIV in the society.	6	25%
2.	To encourage patronage of voluntary counseling test services and to halt the spread of HI from mother to child transmission	4	17%

3.	To provide treatment to the mother and her unborn child.	6	25%
4.	To reduce infant mortality rate and to allow for a healthy society in the near future.	8	33%
		24	100%

Table 3 revealed that 8(33%) agree that PMTCT is to reduce infant mortality rate and to allow for a healthy society in the future. 6(25%) opined that PMTCT is to reduce the spread of HIV in the society and to provide treatment to the mother and her unborn child, while 4(17%) of the participant were of the opinion that, patronage of voluntary counseling test service should be encourage to halt the spread of HIV from mother to child transmission. From the responses, it can be deduced that majority 8(33%) of the participant agree that PMTCT is to reduce infant mortality rate and allow for a healthy society.

Table 4: Problem of HIV voluntary counseling test (VCT) among married women.

S/N	Participant opinion about the problems of HIV voluntary counseling test.	Frequency	Percentage
1.	Ignorant and fear of stigmatization	7	29%
2.	Economic factors such as proximity of centre to place of habitation.	4	17%
3.	Culture and religion beliefs that HIV does not exist.	6	25%
4.	It is an indictment on the husband status.	7	29%
		24	100%

Table 4 above revealed the opinion of participant about the problems of HIV voluntary counseling test. Item 1 and 4 with 7(29%) respectively are of the views that ignorant, fear of stigmatization and indictment and the husbands status are some of the problems of HIV voluntary counseling test. 6(25%) agree that culture and religious beliefs that HIV does not exist, while 4(17%) opined that economic factors such as proximity of Centre to place of habitation is another problem. Hence items 1 and 4 shows that ignorant, stigmatization and indictment on the husband status are the major problem with 7(29%) lead.

Table 5: Ways through which HIV positive mother can transfer HIV to their babies.

S/N	Participant opinion about the ways through which HIV positive mother transfer HIV to their babies.	Frequency	Percentage
1.	Through breast feeding, when the crack on the nipples.	6	25%
2.	During delivery if the birth water is raptured long before delivery	7	29%
3.	During pregnancy, through the placenta	7	29%
4.	When there is sore in the mouth of the baby	4	17%
		24	100%

Table 5 above revealed the ways through which HIV positive mothers can transfer HIV to their babies. Item 2 and 3 above agree that HIV can be transferred from mother to child through raptured birth water and the placenta with 7(29%) each. 6(25%) responded that HIV can be transferred from mother to child through breast feeding while 4(17%) indicated that HIV can be transferred when there is sore in the baby's mouth. From the participant responses, it can be deduced that item 2 and 3 have the height response of 7(29%) each. This implies that, HIV can be transferred from mother to child through raptured birth water before delivery and through the placenta during pregnancy.

DISCUSSION

From the opinion of the participants, it was clearly stated that the risk of transmission of HIV can be reduced if pregnant mothers would be tested for HIV during Ante-natal care. The positive mothers would be advised on the right method of delivery, which would reduce the chance of the baby getting infected with the virus. This finding is in agreement with the finding by UNICEF (2005) who identified ways through which the spread of HIV from mother to child would be controlled as such enhanced Ante-natal care. The wide spread of voluntary counseling and testing services enhanced the provision of anti-retroviral drugs. Others include elective caesarean section (C.S) or modification of delivery room. Another means of PMTCT is through the avoidance of breast feeding if the mother is known to be HIV positive. This is because according to the findings breast feeding also transmit the virus to the infant if there is sore in the mouth of the baby and the mothers nipple. This is in agreement with Useh (2001) and UNAIDS, WHO and UNICEF(2005) who opined that, when children born to woman living with HIV can be ensured uninterrupted access to nutritionally adequate breast milk substitutes (formular feeding) that are safely prepared and fed to them, they are at less risk of illness and death if they are not breast fed.

Some of the strategies for PMTCT identifies during the interactive session are

- Promotion of measures that reduce the risk of women being infected with the virus.
- Regular and proper Ante-natal care for all pregnant women.
- Voluntary counseling and testing for all pregnant women attending Ante-natal clinics.

- Safe labour room practices and counseling on breast milk substitutes.
- Treatment of opportunistic infections in mother and her infant.

Above all, the findings have enhanced a better consciousness of the disease and promotion of a healthy living in a healthy society.

CONCLUSION

It has become imperative to know the indication of the, dreaded disease that is spreading like wild fire, claiming the lives of millions of Nigerians including innocent infants.

A woman who is infected with HIV can still become pregnant and have a baby. She should be treated in exactly the same way as any pregnant woman. Extra precautions should be taken when the baby is being born to reduce the chances of the baby becoming infected and avoidance of high rate of infant mortality in Nigeria.

RECOMMENDATION

1. Pregnant woman should be encourage to attend ante- natal clinics, as they receive further advice and support, including information about medical and other treatment from the clinic.
2. Government should endeavor to train various categories of health workers on counseling skills for PMTCT, breast feeding and infant feeding options.
3. There should be a collaborative effort between government agencies, non-governmental organization cooperate and religious bodies and individual on the importance of HIV testing and finding solutions to HIV scourge.
4. There should be a review of the national policy on HIV/AIDS which could be centred on the prevention of mother to child transmission (PMTCT) to reduce the decrease in population in Nigeria.
5. The issue of stigmatization of people living with HIV/AIDS (PLWHA) should be advocated this is because if you are not infected you are affected in one way or the other by the deadly disease.

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