

Improving the operations of the prevention of mother to child HIV transmission program, Lilongwe district, Malawi: A qualitative analysis

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Background

In 2005, the UNC Project in Malawi transitioned from “opt-in” HIV testing to an “opt-out” program per governmental mandate. Under this testing protocol, the default is to be tested for HIV unless the test is explicitly declined. The percentage of women accepting HIV testing increased from 73% to 99% in Call to Action (CTA) clinics following this shift in testing protocol. Although the opt-out approach increases the identification of HIV-positive women, ethical issues remain. By conducting in-depth interviews, we can understand more about the decision-making process behind choosing to accept or to decline testing in this setting.

At this time, only about half of the women who receive antenatal care at the CTA clinics deliver their babies at the health centers. It is imperative to the success of the PMTCT program that babies delivered outside the clinics by TBAs receive niveripine (NVP) in order to prevent HIV transmission. Involving traditional birth attendants (TBAs) would allow routinization of NVP delivery and lay the groundwork for documentation so that CTA clinic workers can confirm all babies born to HIV-positive mothers have received this medication. These focus groups will allow for preliminary assessment of what future steps must be taken in order to have TBA involvement in this program.

Methods

Opt-out

Interviewers conducted one-on-one interviews with antenatal women that were identified and referred from the program sites at the antenatal clinics at Bottom Hospital, and Area 18 and Kawale Health Centers. We gathered data from women in three categories: 5-10 women who opted-out of testing, 10 HIV infected women who opted-in, and 10 HIV negative women who opted-in. All interviews were recorded and transcribed. The transcriptions were then analyzed in a standard qualitative manner. We also conducted interviews with 10 nurses involved with the PMTCT program.

TBA

We recruited TBA 's from the local TBA association. We conducted two focus groups with approximately 10 traditional birth attendants per group. The TBAs were guided in creating a story to discuss their occupation and their willingness to participate in the PMTCT program. The group discussions were tape-recorded, transcribed and analyzed.



Results & Conclusion

Interviews with 10 HIV negative, 10 HIV positive and 1 opt-out woman were completed. 10 interviews with nurses and 2 focus group discussions were also completed.

Many women know they will be tested for HIV prior to their arrival at the clinic and come to the clinic in order to be tested. Most women say that they want to know their status out of desire to protect their baby.

TBAs were very motivated to be trained in the delivery of NVP. Already, they dispense NVP that has been provided to women by hospitals but they are willing to learn how to store and dose NVP to further ensure all infants receive prophylaxis.

