SOCIAL BARRIERS TO ANTENATAL CARE AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

BACKGROUND

In Ethiopia, male-dominated gender dynamics and health care provider attitudes lead many women to avoid or not fully utilize antenatal care (ANC) and prevention of mother-to-child transmission (PMTCT) services, creating barriers to women’s access to care and to interrupting vertical transmission of HIV. To identify the issues that hinder HIV-infected women’s acceptance of and access to HIV care and treatment, ENHAT-CS examined the needs and perceptions of health providers and HIV-infected clients at ENHAT-CS-supported health centers.

METHODS

ENHAT-CS conducted 36 focus group discussions with a convenience sample of 668 clients (60 percent female) enrolled at nine high-patient-load health centers. To assess the health centers’ views, the program asked 36 members of these health centers’ management teams to rate the importance of each item in a list of ANC and PMTCT best practices on a scale of one to three. To analyze the data, ENHAT-CS identified relevant and representative statements from transcripts of the focus groups and grouped them into categories. The analysis further classified the statements according to their meaning and relevance to the study’s objectives.
Results

Focus group discussions identified three main reasons that Ethiopian women choose to avoid or not fully utilize ANC and PMTCT services.

- First, because they had been counseled not to get pregnant without consulting their HIV provider, HIV-infected women felt stigmatized by health care workers when they got pregnant, resulting in self-reported guilt and depression.
- Secondly, participants reported that men were not allowed to witness the birth of their children, despite health centers sending invitation letters to men to accompany their spouses. Men thus pressure their partners to give birth at home so that they can be present.
- Finally, participants preferred to link their appointments to market days, religious holidays, or other convenient times, which did not always coincide with health centers’ hours of operation.

The survey showed that all health center management teams ranked these issues as the lowest priorities for making changes and identified other areas such as working more with mother mentors and mother support groups (peer support groups for HIV-infected mothers) as important.

Implications

In this study, HIV-infected women’s and health center management team’s perceptions of gender-related issues were directly opposed, underscoring the importance of educating providers about their clients’ needs and equipping them with tools to improve services. Closer collaboration between health center management teams and mother support groups should be explored.