



ETHIOPIA NETWORK FOR HIV/AIDS TREATMENT, CARE, & SUPPORT



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

Photo by Genaye Eshetu

ABOUT ENHAT-CS

The Ethiopia Network for HIV/AIDS Treatment, Care, and Support (ENHAT-CS) program is a USAID initiative funded by PEPFAR and implemented by a Management Sciences for Health (MSH)-led consortium of national and international partners. The program works in the Amhara and Tigray regions and supports the Regional Health Bureaus, *woreda* (district) health offices, health centers, and communities to deliver quality, comprehensive HIV services that are integrated with and strengthen other services, including: maternal, newborn and child health; family planning; tuberculosis; sexually-transmitted diseases; malaria; neglected tropical diseases; nutrition; mental health; and laboratory services.

ENHAT-CS supports the Government of Ethiopia to scale-up the provision of comprehensive HIV services, including antiretroviral treatment, by training nurses and health officers at health centers to perform services previously provided only by physicians at hospitals. This practice of task shifting is endorsed by the World Health Organization and has been shown to be an effective way to address shortages of human resources without compromising the quality of care.¹ ENHAT-CS continued support to 152 health centers supported by its predecessor, the HIV Care and Support Program (HCSP), and expanded comprehensive HIV service delivery to an additional 124 health centers, for a total of 276 by 2014.

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.

In this study, clients' and providers' 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.



Photo by Warren Zelman

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. ■

- I. Mike Callaghan, Nathan Ford, and Helen Schneider. "A systematic review of task-shifting for HIV treatment and care in Africa" *Human Resources for Health*, 2010. <http://www.human-resources-health.com/content/8/1/8> (accessed 8/1/14).

ENHAT-CS PARTNERS

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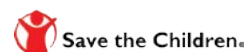


ETHIOPIA

NNPWE



National Network
of Positive Women
Ethiopians



For further information, contact MSH Ethiopia Representative Dr Negussu Mekonnen • nmekonnen@msh.org +251.911.226.909
In the USA, contact Mary K. Burket, MSH • mburket@msh.org +1.617.250.9500

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