

**AWARENESS OF PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV  
AMONG S.4 ADOLESCENTS IN BISHOP SECONDARY SCHOOL IN MUKONO**

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**UGANDA CHRISTIAN  
UNIVERSITY**

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**Declaration**

I **Nansikombi Pevin Maria** declares that the information presented in this dissertation is my own work; it has never been submitted to any University for the award of Bachelors Degree in social work and social administration.

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### Approval

This dissertation has been supervised with my guidance and therefore ready for submission to the school of social sciences in Uganda Christian University.

Signature..... *Sulbo* .....

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**MRS. IMELDA WABULEMBO**

Academic Supervisor

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Academic Supervisor

### **Dedication**

I am dedicating this piece of work to my mother who has made all what is possible as far as finances are concerned, prayers, encouragement always she has given me and my sister Nabagesera Jacinta who has also helped financially to see me.

I also dedicate it to my lecturers who have been there for me for all this time. Like Madam Imelda Wabulembo who has been guiding me through research.

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## **Abbreviations**

HIV:	Human Immune Virus
PMTCT:	Prevent of Mother to Child Transmission.
ART:	Anti Retroviral Therapy
MTCT:	Mother to Child Transmission.
EID:	Early Infant Diagnosis.
PCR:	Polymerase Chain Reaction.
S.4:	Senior four.
AIDS:	Acquired Immune Deficiency Syndrome.
HEI:	Higher education institution.

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## **Abstract**

The study dwelled to the awareness of the prevention of mother to child transmission of HIV among adolescent girls. The study established to be guided by the following objectives: to identify the preventive measure in the avoidance of mother to child transmission of, to find out the challenges faced in the awareness of the prevention of mother to child transmission of HIV, to find out the relationship between the awareness programs and the prevention of mother to child transmission. The study was guided by the ecological system theory in undertaking the literature review. The study used a mixed method research design. The study had a study population of 70 respondents, from which it got the sample size which was 40 respondents. The study used a questionnaire and an interview guide in collecting data while embracing the research ethics of respect, confidentiality and consent. The study had limitations that were resolved. The study had a response rate of 100%. Where the majority of the respondents had secondary level academic qualification with a representation of 53.3%. The study drew findings in the precedent chapter and interpreted the findings in the tabular form. Further the study discussed the findings of the study with interpretation and relation to the literature review. Finally, the study gave feasible recommendation, conclusion while aligning the areas of further research

## **CHAPTER ONE**

### **1.0 Introduction**

This chapter provided a general introduction to the topic under research with the background of the Study, a problem statement, general objective relating them to specific objectives. The chapter also entailed the scope of the study, showing justification and significance and showing the conceptual framework as well. The study topic was the Awareness of Prevention of Mother to Child Transmission of HIV among S.4 Adolescents in Bishop Secondary School Mukono in Mukono.

### **1.1 Background of the study**

Mother-to-child transmission (MTCT) of HIV-1 results in approximately 370,000 infant infections worldwide each year. HIV infections remain high among women of childbearing age. In Sub-Saharan Africa, young women, in particular, are at the epicenter of the HIV epidemic as they contribute approximately 30% of all new HIV infections in the region. Young women face multiple legal, economic, and social vulnerabilities that interact to affect their sexual behaviors, decisions, and circumstances, making them more susceptible to acquiring new HIV infections. A number of studies have found that young people are less likely to take an HIV test and that those who are HIV infected have poorer HIV treatment uptake, retention, and outcomes than adults. Less is known about adolescent uptake of prevention of mother-to-child transmission (PMTCT) of HIV services, where new HIV infections, low HIV testing uptake, and poor initiation of and retention on treatment are significant barriers to elimination of HIV infection in children. Zimbabwe is one of the 21 sub-Saharan Africa countries that continue to experience a high HIV burden in the adult population and high HIV transmission risk in adolescent women. HIV prevalence among the adult population aged 15–49 years was estimated through the Spectrum model to be 14.7% in 2015 and prevalence among women attending antenatal care (ANC) to be 16.1% while the mother-to-child transmission rate was estimated at 6.7% in 2014. The Zimbabwe Demographic and Health Survey of 2010-2011 showed that adolescent women faced high HIV acquisition risks as HIV prevalence among women 15-19 years was 4.2% but increased to 10.6% in the 20- 24 years age group and to 20.0% in the 25-30 years age group.

Higher HIV risk factors among adolescent women have important implications for the goal of eliminating new pediatric infection of HIV.

Prevention of mother to child transmission programs seek to inform the caregivers of HIV-exposed infants of infant HIV infection status, and to link HIV infected infants to care and treatment (A. Johnson 1995). PMTCT of HIV confers substantial benefits to infants and families, both for HIV-infected and uninfected infants, as well as to programs providing prevention of mother-to-child transmission (PMTCT) services. The World Health Organization (WHO) estimates that only 6% to 15% of HIV-exposed infants under 1 year of age accessed EID programs in 2008-2009, highlighting that the implementation of effective EID programs has been challenging in resource-limited settings and demands careful attention.

A frequently cited barrier to expansion of PMCT programs is the availability and cost of the required laboratory assays, which are usually PCR based and therefore more expensive than the antibody-based testing used for older children and adults. However, cost is not the only barrier to implementing EID in prevention of transmission programs. Opportunities to optimize infant outcomes may be lost at each step in a 'cascade' of EID and pediatric HIV.

In Uganda, in 2019, 85% of women and girls globally had access to antiretroviral therapy (ART) to prevent mother-to-child transmission (MTCT). However, high ART coverage levels do not reflect the continued transmission that occurs after women are initially counted as receiving treatment. Achieving retention in care and prevention of incident HIV infections in uninfected populations remain high priorities to reach global elimination targets. Since the global shift to, and accelerated rollout of, highly effective, simplified interventions based on lifelong ART for pregnant women living with HIV, virtual elimination of MTCT also known as vertical transmission has been shown to be feasible.

In 2018 the prevalence of HIV among children aged 0-14 was 0.5% which corresponds to approximately 95,000 children living with HIV. In 2012, Uganda's Ministry of Health adopted Option-B plus, a strategy of starting all HIV-positive pregnant and lactating mothers on ART (anti retro viral therapy), irrespective of their clinical and immunological stage in order to eliminate mother to child transmission of HIV (EMTCT). By 2018, Ninety-three per cent of pregnant women living with HIV accessed antiretroviral medicine to prevent MTCT, resulting in

the prevention of 17 000 new HIV infections among newborns. The percentage of early infants tested for HIV before eight weeks of age (an indicator of EID) stood at 45% by 2019.

## **1.2 PROBLEM STATEMENT**

Globally, an estimated 1.3 million women and girls living with HIV become pregnant each year (Peckham 1995). In the absence of intervention, the rate of transmission of HIV from a mother living with HIV to her child during pregnancy, labor, delivery or breastfeeding ranges from 15% to 45%. As such, identification of HIV infection should be immediately followed by an offer of linkage to lifelong treatment and care, including support to remain in care and virally suppressed and an offer of partner services.

In Uganda, Infants born to younger mothers had higher rates of HIV infection, with 3.7 percent of infants of mothers aged 15-24 having HIV compared to 1.4 percent among those born to mothers 25 years and older. There are 14 districts in the western sub- region with an HIV/AIDS prevalence of 8.2% which is higher than the national prevalence of 7.3% while the mother to Child Transmission prevalence is at 8%.

According to the ministry of health report (2022), Mukono is one of the most affected areas within the central, with a high HIV prevalence infection especially amongst the youth and adolescents, of these 70% being female as part of the accelerated global plan to eliminate new pediatric HIV infections and keeping mothers alive by 2015, Uganda adopted Option B+ in 2012, which is the provision of antiretroviral therapy (ART) to HIV infected pregnant and breast feeding adolescents. This is done for the rest of their lives regardless of the severity of the HIV infection in order to eliminate mother to child transmission of HIV, based on the WHO 2010 consolidated guidelines on use of ARV.

Whereas there has been acceleration programs in intensifying the awareness of the early infant diagnosis in line with prevention of mother to child transmission through country wide sensitization and the need for ante natal inclusion in the pregnancy life of mother, communities seem to be reluctant in embracing the changes hence the purpose of the study which is the awareness of prevention of mother to child transmission of HIV among S.4 adolescents at Bishop secondary school.

### **1.3 Main Objective of the Study**

To establish the awareness of prevention of mother to child transmission of HIV among S.4 adolescents at Bishop secondary school Mukono.

### **1.4 Specific objectives**

- To examine the preventive measures in avoidance of mother to child transmission among adolescents
- To find out the challenges faced in the awareness of prevention of mother to child transmission of HIV among adolescents
- To find out the relationship between awareness programs and prevention of mother to child transmission

### **1.5 Research questions**

1. What are the preventive measures used in the prevention of mother to child transmission among adolescents?
2. What are the challenges faced in the awareness programs in the prevention of mother to child transmission?
3. What is the relationship between awareness programs and the prevention of mother to child HIV transmission?

### **1.6 Justification of the study**

The issues around the awareness of the prevention of mother to child transmission has been an area of major concern for quite a long time both globally and nationally. Many of the studies conducted, especially at national level have been largely on HIV treatment areas forgetting the local communities of the country, despite these various studies that have been done, HIV prevalence, has gradually increased. This study, on the other hand, intended to offer an in-depth qualitative analysis on the awareness of prevention of mother to child transmission of HIV and the data acquired will be of significant value.

The findings from this study were expected to have educational value- in a way that they would enable the participants/ target population to acquire extra knowledge on the topic under

investigation, the findings can as well be used by other researchers to conduct their own research at Uganda Christian university Mukono and in different learning institutions to broaden their knowledge on the issue at hand. The findings will also be expected to have practical and developmental value- where they are benefit policy makers and concerned organizations to inform decision making in forming/ implementing awareness programs.

### **1.7 Significances of the study**

As a researcher this study aimed at widening my scope about HIV transmission, for instance causes of mother to child, methods of prevention and the relationship amidst pregnant mothers given that the transmission of HIV/AIDS can have adverse effects on the wellbeing of children, physically, socially and psychologically.

To the community of Bishop Secondary School Mukono and its nearby places, this study aimed at creating awareness about HIV/AIDS programs and its consequences on the wellbeing of children, and describes how these programs can be coerced especially by women living with HIV.

To the faculty of social sciences in particular the department of social work and social administration Uganda Christian University, this study aimed at contributing to the existing literature of potential effective interventions in addressing mother to child transmission and its effects on the wellbeing of children as well as guide research students or lectures that may be interested in this field of study.

To the government of the republic of Uganda, in particular the ministry of health, there was a need to formulate or implement and strengthen existing social medical policies to protect infants against all forms of HIV transmission that may have adverse effects on their physical social and psychological wellbeing. Hence through this study the government was in position to be aware and enhance practices in the communities in order to save children because they are the future generation.

## **1.8 Scope of the Study**

### **1.8.1 Content**

The study was limited to establish awareness of prevention of mother to child transmission of HIV among adolescents.

### **1.8.2 Study population**

Study population was primarily to focus on students, pregnant adolescent especially those that have been diagnosed with HIV/AIDS and the key informants were parents/guardians' local community leaders, health personals and social workers.

### **1.8.3 Geographical location**

The scope of the study was primarily cover Bishop Secondary Mukono School. The area of study was selected because of the number of pregnant adolescents and the high prevalence of HIV /AIDS in the region.

### **1.8.4 Time frame**

I aimed at compiling the data and information on the awareness of prevention of mother to child transmission of HIV from JUNE – AUGUST 2023 which is a period of three month.

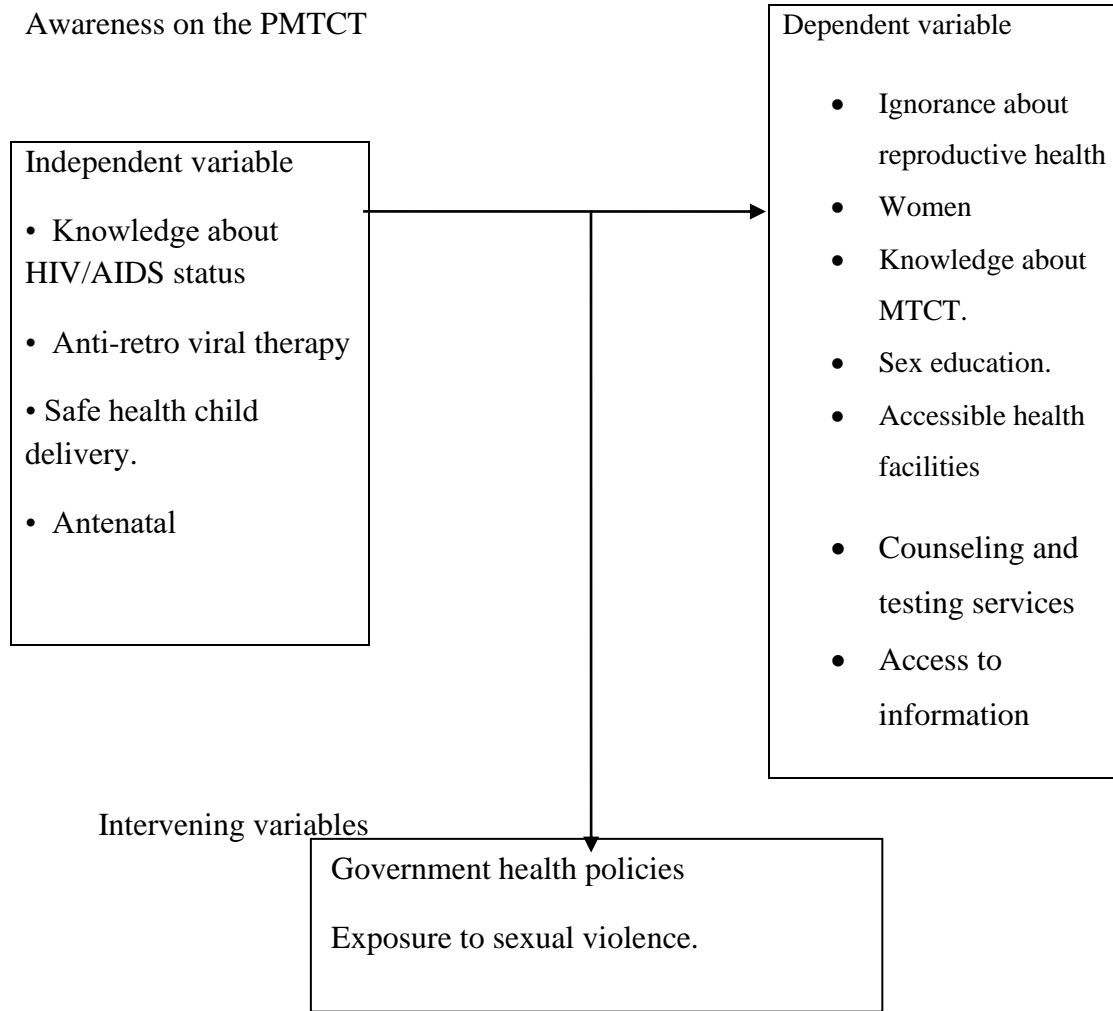
## **1.9 Definition of key terms**

**Adolescents.** is a of phase between childhood and adulthood from ages 10-19.it is a stage characterized with physical human development and import time for laying foundation of good health.

**Mother to child transmission.** Prenatal transmission of HIV is when HIV is passed from a woman with HIV to her child during pregnancy, childbirth (also called labor and delivery), or breastfeeding (through breast milk).

## 1.10 CONCEPTUAL FRAMEWORK

Adolescent's girls' awareness



*Fig. 1: Conceptual framework developed by the researcher*

This conceptual framework indicates the independent variable which is the awareness of prevention of mother to child transmission and the dependent variable which is adolescent girls

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter presents the literature review on “AWARENESS OF PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV AMONG S.4 ADOLESCENTS IN BISHOP SECONDARY SCHOOL.” The literature in this study has been reviewed from books, internet scholarly journals and articles and websites, government publications and documents, several research reports from the World Health Organization report on PMTCT, 2002, Formative Research to Inform Adolescent Programming in Uganda Final Report, 2019, Uganda Police Annual Crime Report, 2020 UBOS and ICF, 2017, UNHCR, 2011, individual researchers and other non-governmental organizations (NGOs).

#### 2.1 Theoretical framework

The Ecological systems theory was developed by psychologist Urie Bronfenbrenner (Ettetal& Mahoney 2017). Ecological systems theory explains how human development is influenced by different types of environmental systems. Bronfenbrenner further suggested that, development occurs over time as part of a complex process involving a system of interactions within the individual and between the individual and the environmental contexts of which he or she is a part (Ettetal& Mahoney 2017). These systems are four and are interrelated namely micro, meso, exo and macro systems and they influence an individual’s way of life.

The theory continues to suggest that development is hypothesized to be the joint product of four defining properties: person involving; age, gender and competency, that is the four levels mentioned above, process; the people an individual comes in contact with, and time; this involves regular interaction with people over extended periods (Ettetal & Mahoney 2017). It is for this reason that I choose this theory to explore awareness of mother to child transmission of HIV among adolescent girls because social and environmental setting of the adolescent girls in there line of physical development.

## **2.2. Preventive measures taken in the avoidance of mother to child transmission among S. 4 adolescents girl.**

Prevention of mother-to-child transmission (PMTCT) programs offer a range of services for women of reproductive age living with HIV to maintain their health and prevent the transmission of HIV from the mother to the infant in-uterus, during delivery and during breastfeeding.

PMTCT services should therefore be offered from before conception. Some of the key services in PMTCT are to facilitate access to regular attendance to antenatal care, HIV testing during pregnancy, provision of anti-retro viral therapy (ART) to woman during pregnancy and to the mother and her new-born baby during the breastfeeding period, safe delivery, safe infant feeding practices, other post-natal healthcare services, home-based and community based PMTCT counseling and outreaches (Chadambuka et al. (2017). Mother-to-child transmission (MTCT) of HIV is the most common route of infection in pediatric HIV acquisition, contributing to more than 90% of the infections. Achievements in PMTCT of HIV in some countries have provided hope for ending the HIV epidemic in adolescents across the world and within countries like Cuba, Thailand and Malaysia having reached the elimination thresholds for MTCT of HIV and syphilis (Musarandega, R.2020).

However, HIV MTCT rates are still well above the Joint United Nations Program on AIDS (UNAIDS 2022) elimination target of less than 5% in most sub-Saharan African countries including Uganda.

Uganda has made tremendous progress in increasing coverage of PMTCT services from 0 at its inception in 1999 to 87.2% in 2020 and reducing MTCT from 35.9% in 2001 to 8.7% in 2020. Innovative strategies are therefore required to scale up and optimize PMTCT services to achieve the elimination of mother-to-child transmission of HIV and end pediatric HIV by 2030 (presidential fast track initiative 2017).

The vast majority of maternal deaths are preventable when women have access to quality antenatal and postnatal care, safe delivery attended by skilled personnel that is supported by emergency obstetric care. While the death of a mother is a tragedy in itself, it also has devastating effects on the survival of her children, the economic stability of the family, and the productivity of the community.

Among the measure for the prevention of mother to child transmission of HIV include the following.

### **2.3 .Repeating HIV testing to verify positives and retesting HIV negative girls.**

Key component of quality PMTCT intervention towards elimination of mother-to-child transmission. Dual testing HIV/Syphilis should be prioritized in the first trimester of pregnancy. Countries must have clear policies and standards of operation for repeating testing before initiation of anti-retro viral therapy and retesting negatives in the third trimester of pregnancy, at delivery, and at specific points, at least twice or thrice during breastfeeding since incident HIV infections have been noted and associated with a higher mother to child transmission risk.(WHO 2013).Providing care and support for women living with HIV during pregnancy, delivery, and the postpartum period presents unique challenges not only for the prevention of mother to child transmission (PMTCT), also known as vertical transmission, but also for the woman's own health and survival.

#### **2.3.1 Ensuring readiness to initiate Anti retro viral therapy in prevention of mother to child transmission.**

Treatment preparedness packages should be defined in advance and implemented for higher retention and better mother and infant outcomes. The challenge of striking a balance between the convenience, simplicity and rapidity of same-day initiation and the importance of giving enough time for patients to be ready to initiate treatment was noted.(drake AL 2014) The issue is therefore not so much about 'when to start' but rather 'how to start' and how to prepare the adolescent girls appropriately. In light of the relative urgency of starting ART during pregnancy, especially where adolescent girls present weaker immunity due to HIV, an elaborate protocol should be developed by each country that includes intensified pre-treatment education as required. Given the importance of starting ART without delay to minimize the risk of mother-to-child transmission, a treatment preparedness package should be defined in advance and should be implemented for each case in a rapid and timely manner.

### **2.3.2 Retention and transition between services to address loss to follow of girls who default treatment**

The focus should shift from tracking adolescent girl's already defaulting medication. Best strategies include decentralization, integration, reduction of stigma within health facilities, improvement of client preparation prior to ART initiation and transition from antenatal care as well as use of appointment booking diaries and improving and strengthening community engagement. (TASO report 2014). According to recent global estimates by UNAIDS, 81% of pregnant women living with HIV were receiving antiretroviral therapy (ART) to prevent vertical transmission of HIV through PMTCT programs, preventing up to 220,000 new infant infections. Despite these successes, an estimated 160,000 children were newly infected with HIV and ART coverage has not meaningfully increased since 2014, indicating the importance of renewed focus on ensuring mothers and infant's prevention of vertical transmission of HIV.

### **2.3.3 Community literacy.**

To increase demand for male-partner testing, community leaders and male champions should be encouraged and used to promote messages. Whatever the strategy implemented to improve male-partner testing, it is important to guarantee the safety of the woman and to avoid coercion. Several countries offer incentives to girls who attend antenatal clinics with their partners (mostly by letting health workers see them first. (J.Lienas 2019). However, this may have unintended negative consequences, such as delaying services for girls who do not have partners. These girls may also lack access to resources and support because they do not have regular partners. Seeing such women last may, in fact, make it less likely that they will return for care. Management of commodities is often a challenge in the implementation of all these testing strategies. Forecasting for test kits should include additional requirements for partner testing, verification of positives and retesting of HIV-negative women during pregnancy and breastfeeding. Countries should also use commodity registers regularly for stock control in all health facilities.

In a nutshell, engagement by the ministry of health in Uganda with communities and health facilities has provided patient-centered services that span the continuum of HIV care for mothers and infants, and adolescents'(Global HIV and AIDS statistics 2020) .Structural challenges to

centering adolescent girls and young women in the HIV response include poverty, gender inequality, unavailability of safe centres for health care (including mental health) and safe spaces for recreational time, parental consent requirements that restrict adolescents' access to health care, social constructs of masculinity (patriarchy) and gender norms, laws that punish young women's sexuality, poor access to menstrual products limiting school attendance, and school systems that prevent access to or continuation of education for adolescents who are pregnant or mothers.

#### **2.4 The challenges faced in the awareness of prevention of mother to child transmission of HIV among adolescents.**

Challenges in running the PMTCT program among adolescent girls can arise from patients or from officers who carry out the program (Rahmadhani& Asti, 2020). Challenges that can occur in patients include lack of information about HIV transmission prevention programs from mother to child ranging from goals, benefits, side effects and in-depth information about ARVs

In addition, the involvement of couples and families also affects the running of the PMTCT program, these involvement includes participation in the treatment process such as activeness in checking the amount of viral load and accompanying commitment during treatment (Widyasari, 2016). The commitment of sufferers in carrying out ARV therapy is also a challenge because the therapy lasts a lifetime (Indriani, 2017).

##### **2.4.1. Reluctance to disclose HIV status of adolescent girls**

The patient's reluctance to disclose his HIV status also poses a challenge in the implementation of PMTCT (Susanti&Suhartanti, 2016). This increase the prevalence of HIV viral load in the patient's body and sometime leads to infection through transmission without knowledge. The challenges in running the PMTCT program that occurs in health workers (health workers, health cadres) include the imbalance of workload with wages that can be obtained, in addition to difficulties in ensuring the right PMTCT services for their patients, another challenge is ensuring patients are committed to carrying out therapy by removing the stigma attached to the community, the availability of drugs and HIV test kits is also a challenge in the implementation of the program (Maria, 2019). With the unavailability of drugs or test kits the patient becomes a

loss of confidence in the program carried out (Ingne, 2019), this means that in any case where the patients are found positive, and there is no preliminary induction into treatment. In the implementation of the PMTCT program experienced by mothers with HIV status, including the lack of information related to the PMTCT program, lack of commitment in carrying out ARVs so that treatment is not optimal and there is still a lot of stigma in the community so that mothers are reluctant to disclose their HIV status (Rahmadhani, 2021a).the challenge accruing because of stigma occurs where adolescent girl fear to publically attain health facilitation.

#### **2.4.2 Insufficient role of health workers.**

Insufficient services and expertise by health workers is a strong challenge in the prevention of PTMCT. The role of health workers in handling HIV / AIDS cases needs to be improved such as improving counseling at the time of HIV diagnosis and at the time of starting ARVs (Badriah, 2018). The ability of health workers to carry out counseling also affects the success of the PMTCT program. In addition to counseling skills, according to Asmaurah (2005) the sensitivity and role of health workers is very influential in the implementation of the PMTCT program, frequent interactions between health workers and patients will also bring an understanding of physical and psychological conditions will be better, but it will also affect the sense of self-esteem and acceptance of the presence of health workers. Education and counseling are also very influential on the success of the program (Wahyuni, 2014).

Karmila (2017) stated that HIV who had met health workers had a positive perception of ARV therapy. The positive perception was obtained after health workers provided counseling and motivation to implement the HIV program (Carmone, 2014). In addition, according to Sanders in his research said pregnant women with HIV, who do not have support from family or health workers will experience various situations such as anxiety about her condition and the baby, transmission to the baby, the delivery process that will be lived. The anxiety will continue until there is certainty that the baby is not infected with the HIV virus. The availability of HIV testing kits and ARV drugs is also important in the implementation of PMTCT, if the lack of availability of test kits and drugs will cause people to be reluctant to check their HIV status. This will worsen the condition of HIV spread and will be very easy to increase HIV cases because there is no treatment of people with HIV status

### **2.4.3. Lack of commitment by patient to undertake Anti retro viral in the prevention of MTCT**

Commitment is very important in the implementation of PMTCT, the commitment includes. The regularity of taking ARVs for the rest of his life. The commitment is not only from patients who run therapy but also from those around him (Suryavanshi, N, Mave, V, 2018). According to wennywahu research, the role of family shows a positive influence on the participation of patients running the PMTCT program. This is in accordance with the theory put forward by Green (2000) where the role of husband and family includes reinforcing factors that will form new behavior, namely the strengthening factors of a person affecting HIV positive pregnant women running the PMTCT program (Schuster, R, 2016).

In conclusion the challenges faced by the implementing officers of the PMTCT program include too much workload and unbalanced wages, these workloads include monitoring, recording and reporting cases and the running of the program and ensuring patient commitment in ARVs. Too much workload can be caused by a lack of health workers or an uneven distribution of health workers. This will reduce the morale and performance of health workers in implementing the PMTCT program.

### **2.5. Relationship between awareness programs and the prevention of mother to child HIV transmission**

Factors that have been associated in the utilization of PMTCT services include knowledge, perception, and accessibility of PMTCT services amongst others. Several studies identified that knowledge and perception about health services are basic factors and determinants of the acceptability of such services. There is a positive relationship between awareness programs and the prevention of mother to child transmission of HIV. Studies have shown that the adolescents' knowledge on PMTCT services, ART and MTCT varied between good and poor. Adolescent girls with adequate knowledge of MTCT and PMTCT have been reported to be significant in PMTCT services uptake while women with inadequate knowledge of MTCT and PMTCT services were more likely to be ART defaulters. Hence, knowledge of pregnant girls on MTCT of HIV has implications for child HIV acquisition.

According to the WHO report (2020), the overall HIV positivity rate of 2.5% found in the study is comparable with the national average of 2.4%. In Uganda the estimated trend in the percentage of HEI testing positive for HIV over time was statistically non-significant, even though a tendency to reduction was observed in the last three quarters of the study. Observational studies have previously alluded to facility and individual level factors as barriers to PMTCT in adolescent uptake. With these factors not fully addressed by the interventions, a poor prognosis, reflected among others in an increasing number of positive tests, would be expected for HEI. The combination of interventions in the program consisting of pre-booking of HIV positive mothers during last ante natal care visit, activities designed to strengthen retention of mother-HEI pairs in PMTCT program through active follow up mothers who had given birth in the study facilities and integration of ART in expanded programs for immunization, were envisioned to at the very minimum break this trend or even reverse it.

There is some support for this argument in data for the last three quarters as the percentage HIV exposed infants testing positive fell to below 1%. Additional data from beyond the study endpoint would however be required for statistical analysis to support this observation. Another explanation for the insignificant reduction HEI positivity rates could be that most of the positive babies were identified during the postnatal period among women who had not been on ART. Community level interventions to ensure such women are identified early are needed in reducing HIV infection.

Finally, delays and losses to follow-up between receipt of positive HIV test results and the initiation of HIV care and ART are additional missed opportunities to improve pediatric health. Pre-ART losses to program have been less well described in children than in adults. Where available, program reports have demonstrated that up to 35% of infants diagnosed through early infant diagnosis (EID) programs may fail to link to HIV treatment clinics. A large proportion of adolescents enrolling in HIV care may also experience delays in ART initiation (in some cases leading to pre-ART mortality) or lack of appropriate ART initiation. These studies must be interpreted in view of changing ART (Anti retro viral therapy), initiation guidelines during the study periods; because ART was only recently recommended for all HIV-infected infants, programs operating before 2008 would not have sought to place 100% of HIV-infected infants on ART.

## **2.6 Emerging gaps**

Different research has been carried out on the awareness of mother to child transmission but most studies have largely concentrated on HIV prevention, , despite the fact that infants are also important because it is in this stage of human growth that they experience physical, biological, psychological changes in their bodies and it is also a time of risk because health problems that occur during this period might have severe immediate consequences and behaviors that begin during childhood that could also have serious adverse effects on health of the newly born babies in future. This is of huge significance consideration given that there are 200 million infants in the world today with HIV in the sub Saharan region and the number of adolescent girls that are exposed to such a problem of mother to child transmission of HIV. It is for these reasons that the researcher finds a gap and hence the need to identify the awareness of prevention of mother to child transmission of HIV among adolescents.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter entailed the data collection methodology of the study which is “the awareness of the prevention of mother to child transmission of HIV among adolescent girls in s.4”. This chapter entailed the research study, the area of the study, target population and the sample size. The chapter further explained the data collection techniques, and data analysis form with elaborated research tools under professional ethical consideration.

#### **3.1 Research design**

The purpose of this study was to examine the awareness of the prevention of mother to child transmission of HIV among adolescent girls in S.4 in Bishop secondary school Mukono. The study used a mixed-method research design. Primarily this design was required describing statistics with both quantitative and qualitative approaches. The quantitative approach involved data that could be transformed into numerical by close ended questions and qualitative approach that involve open ended questions that enable respondents to express their opinions, suggestions and recommendations regarding the purpose of the study. Further, the study employed inferential quantitative design that accesses the association between awareness programs and the prevention of mother to child transmission of HIV.

#### **3.2 Study area**

This study was conducted in Bishop Senior Secondary School Mukono located in Mukono District. This was selected because it's of the existing numbers of adolescents. According to UBOS (2014) Mukono district had a population of approximately 596,894, with an elevation of 1,200 (3,900FT), with a population density of 333.4/km (866/sq mi)

### 3.3 Target population

Mugenda (1999) defined a target group as a group of persons or events upon which study findings are generalized. The population of the study focused on adolescent girls aged 12-19 years, teachers, social workers, local council officials and health workers among others.

### 3.4 Sample size

A sample is part of the target or accessible population that has been procedurally selected to represent it a whole. (Oso and Onen 2009) defines a sample as a part of the population which is studied to make inferences about the full population. The sample of the study will be gotten from several departments of the population.

Data was collected from a sizeable population at a single point in time in detailed form and for a short period of two weeks. The size of the sample was 40 respondents; this was because the study needed time to do in-depth interviews with especially key informants so as to understand the situation contextually. The Sample size was selected using the Morgan table technique;

<b>Departments</b>	<b>Access Population</b>	<b>Sample Population</b>	<b>Sampling Technique</b>
Adolescent girls	10	7	Purposive
Social workers	10	7	Purposive
Health workers	20	10	Simple random
teachers	20	10	Simple random
Local council members	10	6	Snow ball
<b>total</b>	70	40	

*Source; Krejcie Morgan 1977*

### **3.5 Sampling procedure**

Purposive-Purposive sampling is a type of non-probability sampling technique that relies on the researcher's judgment to select the most suitable units for the study. The main idea of using this technique was to choose units that have specific characteristics or qualities that are relevant to the research question or objective in this case the adolescent girls.

Simple random sampling- is a type of probability sampling for selecting a random sample from a population, in which each member of the population has an equal chance of being selected. This was used to ensure that every member of the population has the same probability of being chosen as any other member, and each possible sample of a given size has an equal probability of being selected.

Snowball sampling technique-is whereby key informants (respondents) helped in referring the researcher to their fellows. Snowball technique is the method used in research where the researcher is referred to his next respondent. Key informants will help the researcher in referring her to other respondents.

### **3.6 Data collection instruments**

#### **3.6.1 Interview guide.**

The interview guide on the other hand was used to obtain data from the key informants comprising members of the adolescent girls since they are affected immediately. The interview guide comprised of semi structured questions which are meant to get an in-depth analysis from the respondents about the study. The use of the interview guide provided room for in-depth analysis of the actual situation prevailing in the settlement. The information obtained from this source was used for validation of that obtained from other primary sources. The key informants comprising members of the community leaders and health official filled the interview guide. This was because they are greatly responsible to take care of the immediate measure to tackle the problem of mother to child transmission.

### **3.6.2 Questionnaires**

Researcher-administered questionnaires were used to collect quantitative data from the selected respondents to the study. Researcher-administered questionnaires were used for respondents to save on time because their number was slightly high to interview. The standard questionnaire contains a list of possible alternatives from which respondents selected the answer that best suits the situation. The questionnaire collected numerical data on the topic under study to generalize the findings of the sample to the population. The researcher used close-ended questionnaires, which enabled coding data during analysis. The questionnaires were measured using a Likert scale where 5 (Strongly Agree), 4 (Agree), 3 (Not sure), 2 (Disagree) and 1 (Strongly Disagree)

### **3.7 Data analysis**

The data was analyzed using qualitative and quantitative analysis based on the relevant thematic areas and the findings of the study. In cases where local language, that is to say, ‘Luganda’ was used, translation was done carefully not to alter meaning. All the responses for each respondent was typed in the computer software, for example Excel, Microsoft word processor, and saved as an individual word document.

The typed transcripts were then read carefully after which the data be properly coded, reviewed and narrated. Presentation of the findings and their discussion were done simultaneously, and some of the responses were quoted in order to illustrate meaning of some of the data. Nevertheless, confidentiality will be maintained where by identities of all respondents were kept private.

### **3.8 Ethical considerations**

All forms of study must adhere to the well-established principles and notions of research ethics. To undertake ethical studies, investigators need to uphold the rights of their participants and deliver high-quality publications of their findings (Fouka and Mantzorou, 2011)

Informed consent of the respondents were ensured and explanations of the intention of the study to the respondents were ensured.

Privacy during interview process was maintained as the interviewers were to ensure that the interviews were done in a calm environment in the respondents' homes especially for the in-depth interviews.

Confidentiality of the respondents especially the adolescent girls was ensured as the researcher used pseudonyms in her final research dissertation.

Participants were free to turn down invitations to participate in the study and to withdraw at any time

### **3.9 Limitations and Delimitations of the Study**

Time constraints: The time allocated to the researcher was limited to beat deadlines while working with the community to collect the desired data however, this was overcome by the researcher communicating to the university supervisor to extend a little more time for such shortcomings to put her in a position of completing her research and successfully achieving its purpose.

The research also encountered lack of enough data and information from the respondent for the study as some respondents be reluctant and fear to give out information about the study case. This, however, was solved by assuring such respondent that the information collected would be for academic purposes only and that it will be treated with utmost confidentiality.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND DISCUSSION OF RESULTS

#### 4.0 Introduction

This chapter presents and discusses the results of analysis that has been done to look at the specific objectives of the study and in relation to the reviewed literature. The study was carried out using questionnaires and interview guides with selected respondents that have been part of the study totaling to 30 respondents to questionnaire and interviews guide filled by 10 key informants who were social workers, health workers, and teachers the findings are presented with the help of tables for purposes of clarity and interpretation.

#### 4.1 Response rate

The study had a response rate of 100 percent, whereby 30 of the respondents filled the questionnaires and 10 of the respondents were interviewed with the guide and thus the turn up is indicated in table 4.1 below.

**Table 4.1 Showing the Response Rate**

<b>Category</b>	<b>Target sample</b>	<b>Percent</b>
<b>MALE</b>	<b>10</b>	<b>33.3</b>
<b>FEMALE</b>	<b>20</b>	<b>66.7</b>
<b>TOTAL</b>	<b>30</b>	<b>100</b>

*Source: primary data 2023*

According to the table above, the findings indicated a response rate of 100%. The findings also gathered that there were more female respondents with a representation of 62.5% and male respondents with a representation of 37.5%.

#### **4.2 Findings on demographic characteristics of respondents**

This section presents the general background information about the respondents in relation to their age, gender and academic qualification as shown in the table below;

**Table 1: Background Information about the respondents**

<b>Item</b>	<b>Description</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Gender</b>	<b>Male</b>	<b>12</b>	<b>40.0</b>
	<b>Female</b>	<b>18</b>	<b>60.0</b>
	<b>Total</b>	<b>30</b>	<b>100.0</b>
<b>Age</b>	<b>12-25years</b>	<b>15</b>	<b>50</b>
	<b>26-35years</b>	<b>5</b>	<b>16.6</b>
	<b>36-45years</b>	<b>7</b>	<b>23.3</b>
	<b>45 and above</b>	<b>3</b>	<b>10.1</b>
	<b>Total</b>	<b>30</b>	<b>100.0</b>
<b>Level of education</b>	<b>Primary</b>	<b>8</b>	<b>26.7</b>
	<b>Secondary</b>	<b>16</b>	<b>53.3</b>
	<b>Tertiary</b>	<b>6</b>	<b>20.0</b>
	<b>Total</b>	<b>30</b>	<b>100.0</b>

<b>Marital status</b>	<b>Single</b>	<b>20</b>	<b>66.6</b>
	<b>Married</b>	<b>10</b>	<b>33.3</b>
	<b>Divorced</b>	<b>0</b>	<b>0</b>
	<b>Total</b>	<b>30</b>	<b>100.0</b>

**Source:** *Primary data*

Findings in table 2 above indicate that majority of respondents represented by 60% are female, whereas the male constituted the minority, 40% of the total respondents. Therefore, there were more female respondents involved in the study compared to their male counterparts. The high number of females compared to males was because the study dwelled to examine female affairs especially giving birth to infants and prevention of mother to child transmission of HIV. However, the inclusion of both male and female helped the researcher to get different views on the topic understudy.

The findings in the table above also show that the vast majority of the respondent that took part in the study were between the age group of 12-25 years represented by 50%, followed by those who fall in the age group of 26-35 years represented by 16.6%, whereas those who fall between the age group of 36-45 years were represented by 23.3%. And those above 45 were represented by 10.1% this therefore implies that information was gotten from the right category of respondents that the researcher intended to carry out the survey on. This was so in that the study captured ideas of adolescent girls who were core of the study.

The table above further revealed that majority of respondents represented by 53.3% have attained secondary level of education, followed by 26.7% who have attained primary level of education, whereas 20% have at least attained tertiary level of education. This therefore implied that the researcher acquired information from literate people who with an educated view of the awareness of the prevention of mother to child transmission of HIV.

Finally, the table above also indicated that the majority of respondents were single with a percentage representation of 66.6% and those that were married included 33.4% of the respondents.

#### 4.2 The preventive measure in the avoidance of mother to child transmission among adolescents

Table 3 summarizes respondents' response on the preventive measures in the avoidance of mother to child transmission among adolescents in Mukono bishop school Mukono by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

**Table 2: Preventive measures in the avoidance of mother to child transmission o HIV among adolescents**

Statements	Extent of agreement & disagreement				
	SA	A	NS	D	SD
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
HAVING HIV TESTING DURING PREGNANCY	12 40.0%	14 46.7%	1 3.3%	1 3.3%	2 6.7%
PROVISION OF ANTI RETRO VIRAL THERAPY	13 43.3%	10 33.3%	3 10.0%	4 13.3%	00
SAFE DELIVERY WITHIN HEALTH CARE FACILITIES	11 36.7%	14 46.7%	3 10.0%	2 6.7%	00
SAFE INFANT FEEDING	14 46.7%	11 36.7%	4 13.3%	1 3.3%	00
HOME BASED AND COMMUNITY SENSITISATION	20 57%	5 22.5%	5 21.5%	00	00

**Source:** *Primary data.2023*

The findings from the study showed that having HIV testing during pregnancy was a strong preventive measure in avoiding mother to child transmission of HIV. This was represented whereby 40% of the respondents strongly agreed to the statement while 46.7 % of the respondents agreed to the same statement.

The study secondly found out that provision of anti-retro viral therapy was a fundamental precaution measure in the prevention of mother to child transmission of HIV. This was portrayed where the majority of the respondents strongly agreed to the statement representing 43.3% of the respondents while 33.3 % of the respondent agreed to the same statement. Anti-retro viral therapy reduced the HIV viral load count within the blood of the carrier mother reducing the possibility of transmitting the disease to the baby. One of the key informants revealed from the health center that.

*“the initiation of anti-retro viral therapy to adolescent HIV patients has been a key measure in the reduction of HIV transmission from mother to child, ART has improved the health of these HIV patients through enhancing their bodies ability to resist HIV and reduce levels of transmission to the baby, It is therefore compulsory for any adolescent pregnant girl who has been diagnosed with HIV to start the therapy immediately”*

The study further indicated that safe delivery within health facilities also helped to prevent the transmission of HIV from mother to child. The findings showed that 36.7% of the respondents strongly agreed to the statement while 46.7% of the respondents agreed to the same statement.

The findings of the study showed that safe infant feeding played a profound role in the prevention of mother to child transmission of HIV. This was evident were by 46.7% of the respondents strongly agreed to the statement and 36.7% of the respondents agreed to the same. HIV can be spread from mother to child through breast feeding, therefore safe breast-feeding measures had to be taken serious with the advice of a health personnel. One community member revealed that

*“Since through breast feeding HIV is easily transmitted from the mother to child, HIV adolescent lactating mother are guided on how to breast feed and when to stop. What food to complement breast milk with in order to reduce the chances of infecting the baby with HIV through breast feeding”*

Lastly the findings from the study established home based and community sensitization of adolescent girls help to prevent the transmission of HIV from mother to child .57% of the respondents agreed that strongly while 22.5 % of the respondents agreed to the statement. However, the study also found out that 21.5% of the respondents where not sure of the relevance

of the statement. Sensitization helped adolescent girls understand how acquisition of HIV can be prevented and what to do in case the adolescent girls are contact HIV, how they can prevent the transmission to their newly born babies.

#### **4.3The challenges faced in the awareness of prevention of mother to child transmission of HIV among adolescents.**

Table 4 summarizes respondents' responses on the challenges faced in the awareness of the prevention of mother to child transmission of HIV among adolescent girls by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

**Table 3: challenges faced in the awareness of the prevention of mother to child transmission of HIV among adolescents**

Statement	Extent of agreement & disagreement				
	SA	A	NS	D	SD
	Freq.	Freq.	Freq.	Freq.	Freq.
	(%)	(%)	(%)	(%)	(%)
Reluctance of the HIV positive adolescents to reveal their status	12 40.0%	12 40.0%	1 3.3%	4 13.3%	1 3.3%
Negligence of health workers	12 40.0%	11 36.7%	6 20.0%	1 3.3%	00
Lack of commitment by patients to undertake anti retro viral therapy	6 20.0%	11 36.7%	4 13.3%	8 26.7%	1 3.3%
Lack of information about HIV transmission prevention towards adolescent girls	1 3.3%	1 3.3%	7 23.3%	10 33.3%	11 36.6%
Stigma of those with HIV	14 46.7%	11 36.7%	4 13.3%	1 3.3%	00 3.3%

**Source:** *Primary data*

The findings of the study revealed that reluctance of the HIV positive adolescents to reveal their statuses was a major challenge towards preventing mother to child transmission of HIV.40% of

the respondents strongly agreed to the statement, whereby also 40% of the respondents agreed to the same. This posed a challenge in the manner that HIV positive pregnant girls did not know the dangers of transmission to their baby and were reluctant to reveal their status so as to seek help

The findings of the study further revealed that negligence of health worker was a major impediment in the prevention channel of mother to child transmission of HIV. The majority of the respondents strongly agreed to the statement where by 40% strongly agreed to the statement and 36.7% agreed to the same.

The finding of the study further portrayed that lack of commitment of HIV adolescent patients to undertake their anti-retroviral therapy, 20% of the respondents strongly agreed, while 36.7% of the respondents agreed to the same statement, however the findings also indicated that 26.7% disagreed to the statement that lack of commitment to undertake ART was a challenge. Lack of commitment was revealed where HIV patients stopped taking their medication or took them once in awhile

Lack of information about HIV transmission prevention was not a challenge at all towards adolescent girls, from the findings 33.3% of the respondents disagreed to the statement while 36.7% of the respondents strongly disagreed to the statement. The study indicated that information about the transmission of HIV was readily available from all channels of the society; information was widely disseminated about HIV, its causes and prevention in schools

Lastly stigma of those with HIV was a major challenge towards the prevention of mother to child transmission of HIV. This was revealed whereby 46.7% of the respondents strongly agreed to the statement while 36.7% of the respondents agreed to the same statement. Stigmatization of the adolescent girls with HIV lowers their esteem, causes psychological instability and damages the adolescent's patient's adaptability to undertake medication with rejection from the society.

In summary the challenges to the prevention of HIV transmission of HIV from mother to child has been a marriage between the target group and the stakeholders for example governments' involvement and effecting the execution of the preventive measure as revealed by a key informant from the local council:

*“Much as government has put in place preliminary measures in the prevention of mother to child transmission of HIV for example setting up health centers in the rural communities, there has been a challenge inexperience especially absence of the necessary drug and associated equipment for the prevention of mother to child transmission of HIV. There is also a low ratio of doctor to patient, whereby one doctor has to work on hundreds of patients at a specific time”*

#### **4.4 The relationship between awareness programs and the prevention of mother to child transmission of HIV.**

Table 5 summarizes respondents’ responses on the relationship between awareness programs and the prevention of mother to child transmission of HIV in bishop secondary school Mukono by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

**Table 4: Relationship between awareness programs and the prevention of mother to child transmission of HIV**

Statements	Extent of agreement & disagreement				
	SA	A	NS	D	SD
	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)	Freq. (%)
HIV testing and counselling reduces the rate of transmission of mother to child	9 30.0%	12 40.0%	7 23.3%	00 0.0%	2 6.7%
Initiation of anti retro viral therapy complements the reduction of HIV transmission from mother to child	14 46.7%	11 36.7%	4 13.3%	1 3.3%	00 0.0%
Education of preventive measures to adolescent girls provide knowledge about HIV transmission to the child hence its reduction	13 43.3%	13 43.3%	2 6.7%	2 6.7%	00 0.0%
Child birth does require health expertise in the reduction of mother to child transmission of HIV	7 23.3%	14 46.7%	5 16.7%	3 10.0%	1 3.3%

**Source: Primary data 2023**

Firstly, the findings of the study showed that HIV testing and counseling as an awareness program reduced the rate of transmission of mother to child. The positive relationship was portrayed whereby 30% of the respondents strongly agreed to the statement while 40% of the respondents agreed as well. The finding of the study also showed that 23.3 of the respondents where not sure if HIV testing and counseling as an awareness program reduced the rate of transmission. HIV testing revealed the adolescent pregnant girls that where positive and prone to transmit HIV to the babies. Counseling drew guidance to these HIV positive adolescent on how to prevent the transmission of a strong positive correlation

The findings of the study revealed that there was a great correlation between initiation of anti-retro viral therapy and the reduction of HIV transmission from mother to child. The findings of the study indicated that 46.7% of the respondents strongly agreed to the statement while 36.7% agreed to the same statement.

The study further found out that education of preventive measures to adolescent girls provided knowledge about HIV transmission to the child hence its reduction. This was revealed whereby 43.3% strongly agreed and agreed respectively, 6.7% where not sure, while 6.7% disagreed to the statement. Education according to the study was key in the mother to child transmission of HIV prevention in that it provided information necessary to sexual reproduction to adolescent girls as on key informant had this to say.

*“Education has provided me with necessary understanding of sexual reproductive health that will guide in firstly, preventing catching HIV and secondary from preventing of the transmissions of HIV to my unborn child if I ever have one, it is through education that I have learned about the causes of HIV and hoe to protect my unborn child from getting the disease. I have been taught to carry out HIV testing regularly, seek medical counseling and only deliver from a health center at the time of giving birth”.*

The findings of the study lastly indicated that child birth does require health expertise in the reduction of mother to child transmission of HIV. This was showed whereby 23.3 % of the respondents strongly agreed to the statement while 46.7% of the respondents agreed as well, the study further found out that 16.7 % of the respondents were not sure of the workability of the statement. Child birth indeed required health expertise especially in the prevention of mother to

child transmission of HIV, Health expertise was in position to carry out safe and calculated procedures in the prevention of HIV mother to child transmission because of the availability of skilled man power and equipment during delivery. Another key informant had this to say about expertise.

*“My sister delivered from a traditional helper but was not able to prevent the transmission of HIV from mother to child due to the absence of skilled man power and unavailability of equipment to carry out the right procedures. When she got pregnant again, we were advised to undertake pre-natal and antenatal visit to the hospital, so the hospital kept her health record up to giving birth where she delivers her second baby without infecting her with HIV this time”*

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter presents the summary and description of findings derived from the study. The chapter also provides summary of the findings, conclusions and recommendations for policy as well as recommendations for further research.

#### 5.1 Summary of the findings

##### 5.1.1 Preventive measures in the avoidance of mother to child transmission of HIV among adolescents.

According to the findings of the study programs to stop mother-to-child transmission offer a variety of services to HIV-positive adolescent girls as revealed by the study, reproductive age in order to preserve their health and stop the spread of the virus from the mother to the unborn child throughout pregnancy, birth, and nursing. HIV testing during pregnancy helped the mother and health officials to know the HIV status of the carrier mother and take preventive action upon delivery according to the study, so that the child would not contract HIV, this was in consistence with the finding of.(WHO 2013).

Anti-retro viral therapy reduced the HIV viral load count within the blood of the carrier mother reducing the possibility of transmitting the disease to the baby according to the findings of the study. This was in line with the findings of (Musarandega, R.2020).

Safe delivery in expertise facilities with health personnel reduced the possibility of HIV transmission from the mother to the child. This was workable where this health facility kept the medical history of pregnant mothers during the course of pregnancy and even advised lactating mothers accordingly. This was evident where the majority of the respondents strongly agreed and agreed respectively

In conclusion, according to the findings of the study, PMTCT services should therefore be offered from conception. The key programs in PMTCT of mother to child transmission are to facilitate access to regular attendance to antenatal care, HIV testing during pregnancy, provision of anti-retro viral therapy (ART) to adolescent girls during pregnancy to delivering is very vital. This was portrayed where the majority of the respondents agreed to the statement with a representation of 43.3% and 33.3% strongly agreeing and agreeing respectively. during the breastfeeding period, measure to reduce the transmission of HIV through breast feeding is as well fundamental safe delivery, safe infant feeding practices, other post-natal healthcare services, home-based and community based PMTCT counseling and outreaches are workable programs in the prevention of mother to child prevention of HIV and are in consistence with the findings of (Chadambuka et al. (2017).

### **5.1.2. The challenges faced in the awareness of prevention of mother to child transmission**

Negligence of health worker resulted into ignoring of the medical history of pregnant adolescent upon delivery. It also entailed not providing of the necessary information during pre-natal and ante natal visit to the adolescent girls, the study revealed this where the majority of the respondents 57.7% strongly agreed to the findings

As revealed from the findings of the study, the patient's reluctance to disclose his HIV status also poses a challenge in the implementation of PMTCT, this was in line with the research finding of (Susanti &Suhartanti, 2016).40% of the respondents strongly agreed to this statement, while 40% agreed. This increases the prevalence of HIV viral load in the patient's body and sometime leads to infection through transmission without knowledge as shown by the study. The findings also showed that patient's commitment is very important in the implementation of preventive measures, the commitment includes. Regularity of taking ARVs for the rest of their life. The commitment is not only from patients who run therapy but also from those around him the society they stay, this was in line with the research of (Suryavanshi, N, Mave, V, 2018). Negligence of health worker resulted into ignoring of the medical history of pregnant adolescent upon delivery was an impediment in the awareness programs. This was showed where 40% of the respondents strongly agreed to the statement. It also entailed not providing of the necessary information during pre-natal and ante natal visit to the adolescent girls.

In conclusion the study found out the effectiveness of the prevention of the mother to child transmission was hindered by the support of government as a stakeholder. Government did not offer enough support to health center through the provision of medical supply to help in the prevention of mother to child transmission of HIV.

### **5.1.3 The relationship between awareness programs and the prevention of mother to child transmission of HIV.**

HIV testing revealed the adolescent pregnant girls that were positive and prone to transmit HIV to the babies. Counseling drew guidance to these HIV positive adolescent on how to prevent the transmission of HIV from mother to child. According to the study this was in line with the findings of (WHO 2016)

Anti-retro viral therapy helped reduced the chances of mother to child transmission of HIV through maintaining the health of the mother in wellbeing and reducing HIV viral loads in the mother's blood hence low chance of transmission.

According to the findings of the study, there was a strong positive correlation between awareness programs and the prevention of mother to child transmission of HIV; programs attached in the utilization of PMTCT services include knowledge, perception, and accessibility of PMTCT services amongst others. The study found out that knowledge and perception about health services are basic factors and determinants of the acceptability of such services. 43.3% of the respondents strongly agreed to this statement. There is a positive relationship between awareness programs and the prevention of mother to child transmission of HIV. The findings further showed that the adolescents' knowledge on mother to child transmission services, anti-retro viral therapy and mother to child transmission of HIV varied between good and fair. Adolescent girls with adequate knowledge of mother to child transmission have been reported to be significant in prevention channel of HIV to children services uptake while adolescent girls with inadequate knowledge of MTCT and PMTCT services were more likely to be ART defaulters. Hence, knowledge of pregnant girls on MTCT of HIV has implications for child HIV acquisition this was in consistent with the study according to WHO report (2020).

## **5.2 Conclusion**

In this study, the level of knowledge, attitude, and practice towards PMTCT of HIV among adolescent girls was found to be enough. This finding also revealed that health care providers should take into account the potential risk of mother-to-child transmission of HIV while giving clinical health assessments during antenatal care visits. Besides, for healthcare planners this is vital. These findings can be used to build relevant programs, channeling scarce resources to teaching what is needed as opposed to imparting messages that are already known. Thus, improvement of counseling sessions for pregnant adolescent girls attending bishop secondary school. Community health center needed to increase their acceptance and use of PMTCT programs in the next few years, the concerted efforts to prevent infant HIV infection will continue and perhaps accelerate (IATT 2014). This intensive focus on HIV provides an opportune time to leverage program improvements to similarly target elimination of HIV or its reduction in adolescent girls. Programs that monitor HIV outcomes can also track HIV testing, treatment, and transmission and motivate prompt, efficient management of newly diagnosed cases in pregnancy in adolescents, low-cost strategy that would yield enormous benefits to mothers and infants are to be considered.

## **5.3 Recommendations**

From the above discussions of findings and conclusion, the following measures are recommended in response to the awareness of prevention of mother to child transmission of HIV in Bishop secondary school Mukono.

The researcher recommended that of antiretroviral (ARV) prophylaxis to prevent mother to child transmission of HIV, including during breastfeeding, on the optimal time to initiate antiretroviral therapy (ART) these should be easily availed to adolescent girls who need treatment, and on safe feeding practices for HIV-exposed infants.

Secondly, the researcher recommends that the adolescent girls practically be initiated in the prevention of mother to child transmission, this will involve taking them for workshops to be guided by skilled personnel's even before they conceive.

Finally, the researcher recommends that the management bishop secondary school of should invest heavily in monitoring and evaluation of awareness program. This will help in checking any loopholes and risks that are likely to hinder the success of awareness program.

### **5.3 Areas for further research**

The study makes several suggestions for further researcher on areas which emerged during the study and require further research. To begin with, the scope of the study was limited entirely to bishop secondary school Mukono. This may not be an actual representation of all other awareness setting in the prevention of mother to child transmission. The study thus recommends further studies to be conducted in other organizations outside bishop secondary school for example prisons and local communities so as to enable comparison of the findings of the study.

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## APPENDIX ONE

### QUESTIONNAIRE.

Dear respondent,

I am Nansikombi Pevin Maria a student of Uganda Christian University Mukono pursuing a bachelor's degree in social works and social administration carrying out research on **the awareness of the prevention of mothers to child transmission of HIV among S.4 adolescents**. My humble appeal is that you kindly and honestly fill in this questionnaire without hesitations to enable me to acquire vital information for the study. That information will be considered purely academic and will be treated as confidential as possible. Please feel free to withdraw whenever you do not feel comfortable with answering the question. Your assistance and cooperation are highly appreciated. Thank you.

### BIODATA

#### A: Background of respondents

*Please tick where it is necessary*

##### 1. Gender

a) Female ( )

b) Male ( )

##### 2. Age

a) 12 – 25 ( )

b) 26 – 35 ( )

c) 36 – 45 ( )

d) 45 and above

### 3. Marital status

- a) Single ( )
- b) Married ( )
- c) Divorced ( )

### 4. Educational level:

- a) Primary (...)
- b) Secondary (...)
- c) Tertiary (...)
- d) Others specify

**Note:** *In these subsequent sections, use the scale provided to tick in the box of the relevant answer that describes your opinion. NB: Strongly Agree, 4=Agree, 3= Not Sure, 2= Disagree and 1=strongly disagree.*

### Section B: The preventive measures in avoidance of mother to child transmission among adolescents.

	Questions	Responses				
NO.	Statements	5	4	3	2	1
1	Having HIV testing during pregnancy					
2	Provision of anti retro viral therapy					
3	Safe delivery within health care facilities					
4	Safe infant feeding					
5	Home based and community sensitization of adolescent girls					

**Section C. The challenges faced in the awareness of prevention of mother to child transmission of HIV among adolescents**

	<b>Questions</b>	<b>Responses</b>				
<b>NO.</b>	<b>Statements</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1	Reluctance of the HIV positive adolescents to reveal their status					
2	Negligence of health workers					
3	Lack of commitment by patients to undertake anti retro viral therapy.					
4	Lack of information about HIV transmission prevention towards adolescent girls					
5	Stigma of those with HIV.					

**Section D: Relationship between awareness programs and the prevention of mother to child HIV transmission**

	Questions	Responses				
NO.	Statements	5	4	3	2	1
1	HIV testing and counseling reduces the rate of transmission of mother to child					
2	Initiation of anti retro viral therapy complements the reduction of HIV transmission from mother to child.					
3	Education of preventive measures to adolescent girls provide knowledge about HIV transmission to the child hence its reduction					
4	Child birth does not necessary require health expertise in the reduction of mother to child transmission of HIV.					

**Thank you for your response.**

**APPENDIX TWO:**

**INTERVIEW**

I Nansikombi Pevin Maria a third-year student pursuing a degree in social works and social administration at Uganda Christian University. This guide is designed to investigate **the awareness of the prevention of mother to child transmission of HIV among adolescents**. I very much appreciate your participation in this study, be assured that your responses will be completely anonymous and therefore any information you provide in here will be treated with strict confidentiality.

Good afternoon, sir/madam,

1-Do you know any of the preventive measures of mother to child transmission of HIV?

.....  
.....

2-What challenges have you or do you think are faced in the awareness of the prevention of mother to child transmission of HIV?

.....  
.....

3-Which of the programs have you used before to prevent the transmission of mother to child of HIV?

.....  
.....

4- Have the programs put in place to prevent the transmission of mother to child of HIV been effective?

.....  
.....

5-has your awareness about the prevention led to the reduction of mother to child transmission of HIV?

.....  
.....

Please verify how awareness about the prevention of mother to child transmission has reduce the rate of transmission of HIV.

.....  
.....

Thanks for your participation



# UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

September 20<sup>th</sup>, 2023

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you **NANSIKOMBI Pevin** Registration number **J22B15/085**, a student of Uganda Christian University, pursuing Bachelor's degree Social Work and Administration. She is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: "Awareness of Prevention of Mother to Child Transmission of HIV among S4 Adolescents in Bishops Secondary School in Mukono."

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.

Yours Faithfully,

20 SEP 2023

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