

Factors Influencing Utilization Of Antenatal Care And Prevention Of Mother-to-child Transmission Of Human Immunodeficiency Virus Services Among Nomadic Women, Makarfi Local Government Area, Nigeria, 2014

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Introduction

- Nomads are an under-served population
 - Movement from place to place
 - Hard to reach
 - Cultural beliefs
- In 2012, in Nigeria 388,864 new HIV infections were reported
- Mother-to-child transmission accounted for 10% of new infections in Nigeria
- Success of Prevention of Mother-to-Child Transmission of HIV (PMTCT) depends on the effectiveness of antenatal care (ANC)
 - Closing gaps in geographical coverage
 - Accessing and utilizing services

Methods

Study design: Cross-sectional study

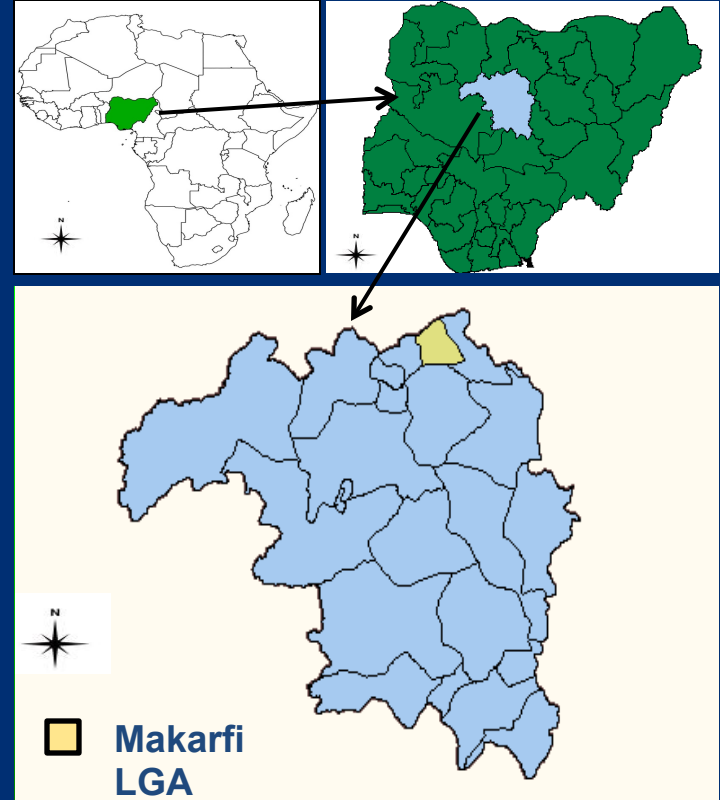
Study site: Makarfi LGA, Kaduna State, Nigeria

Sample size: 366 nomadic women

Sampling technique: multistage sampling

Respondents:

- Nomadic women (13-49years)
- TBAs in nomadic settlements



Selection of respondents

Wards with more than 50 nomadic settlements were selected (4)



56 settlements selected by population proportionate sampling



Households sampled (Of every 5 HHs 4 HHs were selected)



One participant was randomly selected from each household

Data collection

- Semi structured questionnaires
 - nomadic women
 - TBAs
- Check list
 - key informants in health facilities to determine availability of services (ANC, labor and delivery, PMTCT)
- GPS coordinates

Data analysis

- Epi Info version 7

Results

Socio-demographic characteristics of study participants

Variable		Frequency (n=375)	Percent (%)
Age group (in years):	<15	8	2.2
	15-24	147	39.2
	25-34	160	42.6
	35-44	47	12.5
	≥ 45	5	1.3
	Unknown	8	2.2
Marital status:	Married	360	96.0
	Single	9	2.4
	Unknown	6	1.6
Education:	None	344	91.8
	Completed primary	20	5.3
	Unknown	11	2.9
Occupation:	Housewife	290	77.4
	Trader	73	19.4
	Unknown	12	3.2

Association between socio-demographic factors and knowledge of HIV among nomadic women

Variable	Knowledge Freq (%)		OR (95% CI)	P value
	Good	Poor		
Age				
<15-24 years	5 (45.5)	142 (40)	1.3 (0.3 -5.0)	0.71
≥24 years	6 (54.5)	214 (60)		
Education				
Primary	7 (63.6)	14 (4)	42.4 (9.6 -200)	<0.01
None	4 (36.4)	339 (96)		
Occupation				
Employed	3 (27.3)	70 (20)	1.5 (0.4 – 5.8)	0.54
Unemployed	8 (72.7)	282 (80)		

Practices: ANC, delivery, HIV testing among respondents (n=375)

Variable	n	Percent (%)
Delivery		
Delivery at home	323	86.1
Delivery in health facility	16	4.3
Delivery attended by TBAs	26	6.9
First pregnancy	10	2.7
HIV testing		
Ever been tested for HIV	3	0.8
Never been tested	372	99.2

➤ Only 92 (24.5%) of 375 women had adequate ANC as they attended at least 4 ANC visits in a health facility

*92: Excludes women pregnant during the study

Association between ANC attendance and demographic factors among respondents

Variable	ANC attendance (%)		OR (95% CI)	P value
	Yes	No		
Age				
<15-24 years	112 (42)	35 (35)	1.3 (0.8- 2.2)	0.2
≥24 years	155 (58)	65 (65)		
Education				
Primary	20 (7.5)	1 (1)	8 (1.1- 161.6)	0.02
None	246 (92.5)	98 (99)		
Occupation				
Employed	53 (20)	20 (20)	1 (0.5 - 1.8)	-
Unemployed	211 (80)	79 (80)		

Knowledge and practices of TBAs on HIV in Makarfi LGA, April 2014

Variable	Yes (%)	No (%)
Good knowledge on HIV	0 (0)	10 (100)
Refer complications	4 (40)	6 (60)
Recommend HIV test	1 (10)	9 (90)
Use gloves	0 (0)	10 (100)
Use sterile blades	0 (0)	10 (100)

Score 0-4: poor knowledge; score 5-7: good knowledge

Findings from assessment of health facilities in Makarfi LGA, April 2014

- 5 health facilities were assessed
- All health facilities provided
 - ANC
 - routine tests in ANC, labor and delivery
- ANC services were provided once weekly in 4 of the facilities and twice weekly in only one health facility
- 3 health facilities provided PMTCT
- Majority of settlements were within a 5 km radius of health facilities

Discussion

- Nomadic women in Makarfi LGA
 - under-utilize ANC services as reported in Southwestern Nigeria and Israel ([Dao MY 1994](#), [Bilenko et al 2007](#)), even though services are provided within 5 km range from settlement
 - showed poor knowledge of HIV and MTCT, supported by study in Somalia ([Abdi et al 2013](#))
 - Majority not tested for HIV
 - Deliver mainly at home (cultural norm for nomads)

Discussion

- TBAs showed
 - Poor knowledge of HIV consistent with study in Lagos, Nigeria (Balogun & Odeyemi, 2010)
 - Lack of safe delivery practices differs from findings in same study in Lagos (Balogun & Odeyemi, 2010)
- Health facilities were found
 - To provide ANC and PMTCT services, differs from findings in study in Ethiopia (Wakgari *et al*, 2014)
 - To be within a reachable distance

Conclusion

- Poor knowledge of HIV and cultural factors are major barriers that prevent the nomadic women from accessing PMTCT services
- Although ANC and PMTCT services are available
 - Under-utilization is associated with low educational level

Recommendations

- Sensitize nomads on the benefits of ANC and educate them on HIV and its prevention
 - TBAs should be utilized in sensitizing the women to bridge existing gaps
 - Organize regular outreach sessions for the nomadic community
- State government should
 - strengthen HIV education in the state using the media (radio)
 - Train the traditional birth attendants in essential neonatal care

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Thank You

