

DECLARATION

I, Zondiwe Mweemba Ngalande declare that this Dissertation represents my own work and that all the sources I have quoted are indicated and acknowledged by means of complete references. I further declare that this Dissertation has not previously been submitted for a degree, diploma or other qualifications at this or any other University. The Dissertation has been prepared in accordance with the guidelines for Master of Science in Nursing Dissertation of the University of Zambia.

Signed:

Date:

Candidate

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CERTIFICATE OF APPROVAL

This Dissertation of Mweemba N. Zondiwe is approved as fulfilling part of the requirements for the Award of Masters Degree in Nursing Sciences by the University of Zambia.

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Examiner I

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Examiner II

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Examiner III

DEDICATION

This work is dedicated to God Almighty, my parents Edinah and Raim Mweemba, my husband Evans Ngalande, niece Gracious and children (Exildah,Enock, Luyando,and Mwenda).

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ABSTRACT

Compliance to cotrimoxazole by HIV exposed infants can save lives of many HIV exposed infants. The general objective of the study was to determine factors associated with cotrimoxazole prophylaxis compliance by HIV exposed infants. The study was conducted at Chikankata Mission hospital catchment area in Chikankata district. A cross sectional study design was used and a total of 102 mothers /caretakers of HIV exposed infants aged 4 weeks to 18 months were selected using multistage sampling method. The mothers/caretakers of HIV exposed infants were interviewed using a structured interview schedule. Data collection was done in September to November 2014 using a pretested questionnaire. Questions that were asked generated demographic information about mother /caretakers; compliance to cotrimoxazole prophylaxis, mothers /caretakers knowledge about the benefits of cotrimoxazole prophylaxis, service and socio cultural factors influencing mothers/caretakers compliance with cotrimoxazole prophylaxis. SPSS statistical package was used for data entering and analysis

Descriptive statistics were employed to illustrate the data and chi-square test was used to test associations among variables. The p values of less than 0.05 were considered statistically significant.

The findings showed that 78.7% of the respondents were non compliant with cotrimoxazole prophylaxis, 95% had heard about cotrimoxazole prophylaxis and their source of information was the health worker (98%). Sixty percent (60%) of the respondents knew the use of cotrimoxazole prophylaxis, 51% knew the benefits of cotrimoxazole prophylaxis.

About 75.5% of the respondents stated that cotrimoxazole was not available at the health facilities, 89.2% stated that the road between their respective homes and the nearest health facility was passable, 73% said that the health workers at their nearest health facility did not encourage them to collect the drug when it ran out and 53.9% said that nurses at the nearest health facility did not follow them up when they did not go back for resupply of the drug. Seventy seven and half percent (77.5%) of the respondents stated that their spouses did not

allow them to collect cotrimoxazole when it ran out, 89.2% reported that their spouses knew about their HIV status and 65.7% said that they felt free to give their child cotrimoxazole in public. About sixty one point eight percent (61.8%) of the respondents did not know that there was a social support group for mothers/caretakers of HIV exposed infants in their community and 74.5% stated that there were misconceptions about cotrimoxazole in the communities where they live.

The study showed a significant association between compliance to cotrimoxazole prophylaxis and the following factors: non availability of drugs ($P < 0.0001$), attitude of the health care providers at nearest health facility ($P < 0.001$), lack of follow up ($P = 0.009$), and impassable roads ($P = 0.026$) as service related factor. There was also a significant association between compliance to the drug and the following socio cultural factors; misconceptions ($P < 0.001$), spouse not allowing mother/caretakers to collect the drug when it ran out ($P = 0.001$), lack of social support ($P = 0.002$), knowledge of the benefit of cotrimoxazole ($P = 0.002$) and mother/caretaker feeling free to give cotrimoxazole to the child in public ($P = 0.009$).

The study recommended continued health education to the community in order to encourage compliance to cotrimoxazole prophylaxis, building of more health centres and health posts in order to make services as close to the families as possible and. make available the cotrimoxazole so as to reduce the distance between the homestead of mothers and the health centres and improve access to the drug at every level of health care provision. Further research should be conducted with larger samples

LIST OF ABBREVIATIONS/ ACRONYMS

AIDS	- Acquired Immune Deficiency Syndrome
ANC	- Antenatal Care
ARI	- Acute Respiratory Infection
ART	- Anti Retroviral Treatment
ARVs	- Anti Retroviral Drugs
CDCMO	- Chikankata District Community Medical Office
CSO	- Central Statistics Office
DNS	- Department of Nursing Sciences
EPI	- Expanded Programme of Immunization
HIV	- Human Immunodeficiency Virus
IEC	- information, Education and Communication
IMCI	- Integrated Management of Childhood Illness
MCH	- Maternal Child Health
MNCH	- Maternal Newborn and Child Health
MOH	- Ministry of Health
MTCT	- Mother to Child Transmission
NAC	- National Aids Council
PCP	- Pneumocystis Jiroveci Pneumonia
PLWHA	- People living with HIV/AIDs
PMTCT	- Prevention of Mother to Child Transmission
RCTs	- Randomised Controlled Trials
RN	- Registered Nurse
SPSS	- Statistical Package for Social Sciences
TB	- Tuberculosis
UNAIDS	- United Nations Agency for International Development
UNICEF	- United Nations International Children's Emergency Fund
USAID	- United State Agency for International Development
VCT	- Voluntary Counselling and Testing
WHO	- World Health Organisation
ZCC	-Zambia Counselling Council