

THESIS
MPH
CHI
2011
C-1

**ACCEPTANCE AND DETERMINANTS OF HIV
COUNSELING AND CHILD TESTING AMONG
MOTHERS ON PREVENTION OF MOTHER TO CHILD
TRANSMISSION IN KITWE URBAN DISTRICT IN
ZAMBIA**

By

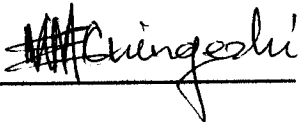
MAVIS CHINGEZHI

**A dissertation submitted to the Department of
Community medicine, University of Zambia in partial
fulfilment of the requirements for the Masters Degree
in Public health (MPH)**

2011

DECLARATION

I **Mavis Mulele Chingezhi** hereby declare that this dissertation is my own original work. It has been presented in accordance with the guidelines for MPH dissertation of the University of Zambia. It has not been submitted before for any degree or examination in any other university.

Signature: 

Date: 05. 04. 2013.

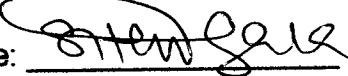
Mavis Chingezhi

(Candidate)

Supervisor:

I have read this dissertation and approved it for examination.

Dr. H. S. Nzala

Signature: 

Date: 07/4/2013

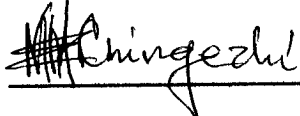
Department of Public Health, School of Medicine, University of Zambia.

COPYRIGHT

It is hereby notified that no part of this thesis may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical photocopying, recording or otherwise, without prior consent of the author, except for academic purposes.

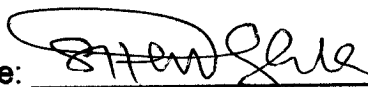
CERTIFICATE OF COMPLETION OF DISSERTATION

I, **Mavis Mulele Chingezhi**, do hereby certify that this dissertation is the product of my own work and in submitting it for my MPH programme further attest that it has not been submitted in part or in whole to another University.

Signature:  Date: 05.04.2013

I, **Dr S. Nzala**, having submitted and read this dissertation, I am satisfied that this is the original work of the author under whose name it is being presented. I confirm that the work has been completed satisfactorily and is hereby ready for presentation to the examiners.

Supervisor: **Dr Nzala**

Supervisor's Signature:  Date: 5/4/2013

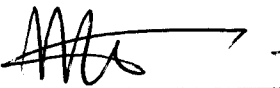
Head of Department 


Signature: **Charles Michelo** Date: 17/04/13
BSc, MChB, MPH, MBA, PhD

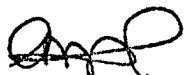
Department of Public Health, School of Medicine, University of Zambia.

CERTIFICATE OF APPROVAL

The University of Zambia approves this dissertation of **Mavis Mulele Chingezhi** in partial fulfillment of the requirement for the award of the Master of Public Health Degree by the University of Zambia.

Signature:  Date: 26/04/2013
Examiner 1

Signature:  Date: 16/04/13
Examiner II


Charles Michelo
Signature: BSc, MChB, MPH, MBA, PhD Date: 16/04/13
Examiner III


Head of Department:
Charles Michelo
Signature: BSc, MChB, MPH, MBA, PhD Date: 17/04/13

ABSTRACT

With the view of designing investigations to elucidate the Acceptance level and Determinants of child HIV status test among mothers on prevention of mother to child transmission (PMTCT) a study was carried out in Kitwe urban district clinics. This study sought to investigate and explain disparities of mothers who test positive/exposed children and children who are tested. (2589:392 positive mothers/tested babies in 2008; 1242:871 exposed/tested babies in 2010 (HIMS Kitwe DHMT on PMTCT).

Research design: A cross sectional study was employed driven by the deductive and inductive strategies based on the philosophy of realism and interpretive. Six clinics with the most comprehensive PMTCT service were purposively selected and a disproportionate sample of 78 mothers was primarily conveniently sampled. A survey questionnaire was the main source of the data.

Data Analysis: Qualitative data was coded and analysed using content analysis and quantitative data was analysed using SPSS software version 14.

Findings: The findings showed that, decision making to accept child HIV status test is a selective and voluntary process consisting of several steps, including pre/post test counseling, to accept or not to accept the test, when and where as well as whether to collect results or not. It was evident that just after counseling; the participants were willing to accept the test mostly to protect the child irrespective of what risks there were. Acceptance was more unlikely for mothers staying far from service centers, un-supported and who did not understand the importance of having the child tested. Acceptance to test was done mostly at six weeks postnatal visit after being counseled.

Conclusion: This study supports past research that has argued that despite counseling HIV testing was still low and problematic for adults and children who are the most vulnerable. However non- acceptance to child HIV status test among HIV+ mothers on PMTCT was uncommon, and found to be insignificant in this study.

Recommendations: It is recommended that nurses (especially Midwives) and other primary health care workers need to be open and supportive in caring for the HIV+ mothers. Respecting the rights of mothers to make their own decision about acceptance or non-acceptance is important. Health providers need to have greater understanding of factors and situations that tend to influence accepting and not accepting child HIV status test and or not to collect results especially after pre/post test counseling. There is need to involve males in PMTCT activities. Follow up of the exposed children who are not brought for the test is important to save lives of these children. This requires funding to facilitate movement of health care givers. As for HIV research, various types of social determinants associated with child HIV status test acceptance are under-explored and future research need to explore this. Researchers should continue to actively pursue clues as to what facilitates HIV test acceptance especially among care givers (mothers). Acceptance has the potential to hasten early diagnosis and access to treatment thereby improving the well-being, through informed choices, and protecting life.

DEDICATION

This work is dedicated to my husband Felix Malozi Chingezhi, my children Ngula Malozi, Mwangala Malozi, and Wanga Malozi for their relentless support.

To Lentisha Muyazha and Miyoba for being solidly behind me like pillars whenever I felt discouraged.

ACKNOWLEDGEMENTS

wish to express my sincere gratitude to the following people who made this dissertation a reality.

My sponsors, Ministry of Health for granting me leave enabling me to undertake the studies for Masters in Public Health at the University of Zambia.

Many thanks to the University of Zambia, and in particular School of Medicine-Department of Public Health for providing the necessary learning facilities.

My utmost gratitude goes to Professor S. Siziya and Dr. H. S. Nzala who read my numerous revisions to make sense out of confusion.

Am also grateful to my beloved husband Mr. F. M. Chingezhi, and all my children, for giving me time to concentrate on my study, the family members and friends for their encouragements and support.

LIST OF ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti Retroviral Therapy
CR	-	Convention on the Rights of the Children
DHMT	-	District Health Management Team
HBM	-	Health Belief Model
HIMS	-	Health Information Management System
HIV	-	Human Immune deficiency Virus
HIV+	-	Human Immune deficiency Virus Positive
MCH	-	Maternal Child Health
MOH	-	Ministry of Health
MCTCT	-	Mother to Child Transmission
PCP	-	Pneumocystis carinii pneumonia
PCR	-	Polymerase chain reaction
PEPFAR	-	President's Emergency Plan for AIDS Relief
PICTC	-	Provider-Initiated HIV Testing and Counseling
PMCTCT	-	Prevention of Mother to Child Transmission
SPSS	-	Statistical Package for Social Scientists
UNAIDS	-	United Nations Program on HIV/AIDS
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counseling and Testing
WHO	-	World Health Organization
ZDHS	-	Zambia Demographic and Health Survey

TABLE OF CONTENTS

Title.....	1
Declaration.....	2
Copyright.....	3
Certificate of completion of dissertation.....	4
Certificate of approval.....	5
Abstract.....	6
Dedication.....	7
Acknowledgement.....	8
List of acronyms.....	9
Table of contents.....	10

CHAPTER ONE

1.0 Introduction	12
1.1 Definition of concepts.....	16
1.2 Literature review.....	17
1.2.1 <i>Global HIV Picture</i>	17
1.2.2 <i>Sub-Sahara Africa</i>	18
1.2.3 <i>Zambia's HIV profile</i>	18
1.2.4 <i>Voluntary Counseling and Testing</i>	19
1.2.5 <i>Uptake of VCT</i>	20
1.2.6 <i>Ethical issues</i>	21
1.2.7 <i>HIV/AIDS Pandemic and children</i>	22
1.2.8 <i>Prevention of Mother to child transmission</i>	23
1.2.9 <i>HIV child testing</i>	28
1.2.10 <i>VCT Acceptability in child testing</i>	28
1.2.11 <i>The benefit of child testing</i>	29
1.2.12 <i>Theories related to the study</i>	31
1.3 Summary.....	40
1.4 Statement of the problem.....	43
1.5 Rationale.....	44
1.6 Research Questions.....	44
1.7 Research Objectives.....	44
1.8 Hypothesis.....	45

CHAPTER TWO

2.0 Research Methodology.....	46
2.0.1 <i>Study design</i>	46
2.0.2 <i>Study setting</i>	46
2.0.3 <i>Study population</i>	47
2.0.4 <i>Variables of interest</i>	48
2.0.5 <i>Operationalization of variables</i>	49

2.0.6 Sampling procedure.....	50
2.0.7 Data Collection.....	51
2.0.8 Data Processing and Analysis.....	55
2.0.9 Ethical consideration.....	57

CHAPTER THREE

3.0 Presentation and analysis of data.....	58
3.0.1 Presentation of findings.....	58
3.0.2 Analysis.....	62

CHAPTER FOUR

4.0 Discussion.....	64
4.1 Synthesis of findings.....	66
4.2 Conclusion.....	70
4.3 Recommendations.....	71
4.4 Limitations of the study.....	72

REFERENCES.....	75
------------------------	-----------

ANNEXES

Annex i Informed Consent.....	87
Annex ii Questionnaire.....	89
Annex iii Letters of permission to conduct the research.....	93