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The prevention of mother-to-child transmission of HIV in Mali:
HIV-positive pregnant women and loss to follow-up in the Segou region

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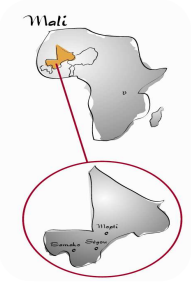
BACKGROUND



Vertical transmission is the main mode of acquisition of HIV infection in children.

The availability and coverage of Prevention of Mother-to-Child Transmission of HIV (PMTCT) programs are improving in low and middle-income countries. However, lost to follow-up (LTFU) of mother-child pairs is undermining these programs.

In Segou, Mali, as part of PMTCT services provided by local and national health authorities in collaboration with the international NGO SOLTHIS, a total of 230 HIV-positive pregnant women were identified in antenatal care in the first quarter of 2007. Of these, only 46.8% (n=108) received a complete antiretroviral prophylaxis regimen (LTFU= 53% [n= 122]).

The objective of this study was to identify reasons of LTFU in a PMTCT program at a district level so as to improve overall PMTCT up-take and provide a continuum of care.

METHODS

To describe pregnant women's profile and the reasons for loss to follow-up, a cross–sectional survey (questionnaire) and semi-structure interviews were conducted amongst 47 HIV-positive women identified in 28 health centers that provide PMTCT services: 20 who completed the full PMTCT cascade of services and 27 who were identified as LTFU.

Topics covered by a semi-structured questionnaire included: socio-demographic and gyneco-obstetrical data, transport facilities, HIV/AIDS basic information provided by care givers and reasons of LTFU.

Eight individual interviews of PMTCT staff members were also conducted.

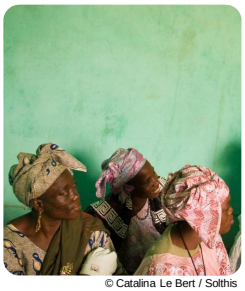
RESULTS

LTFU women were younger than women who completed the full PMTCT program (28 years [95% CI, 24.9–31.2] vs. 31.1 years [95% CI, 28.8–33.5]; p=0.007).

Other factors characterizing the profile of LTFU women were: having lower level of education, not sharing their HIV serostatus to their partner and low satisfaction of PMTCT information being provided (Table).

Theme	LTFU frequency	*p-value*
Reading skills:		
• Yes (n=12)	41.7 %	*0.20*
• No (n=35)	**62.9 %**	
Distance between home and health facility:		
• < 5 km (n=32)	50,0 %	*0.13*
• ≥ 5 km (n=15)	**73.3 %**	
Knowledge of partner's HIV status:		
• Yes (n=12)	33.3 %	*0.05*
• No (n=35)	**65.7 %**	
Disclosing HIV status to partner:		
• Yes (n=18)	44.4 %	*0.16*
• No (n=29)	**65.5 %**	
Appreciation satisfaction of the information provided on PMTCT:		
• Yes (n=34)	47.1 %	*0.02*
• No (n=13)	**84.6 %**	

Results of interviews showed that, the major emerging themes associated with reasons for LTFU were: **fear of stigma and exclusion** which resulted in a lack of HIV serostatus disclosure and partner support, low knowledge of PMTCT interventions, and negative contacts with health staff: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"I'm afraid of the reaction of my husband and my surroundings if they learn that I'm HIV positive." [LTFU woman]

"Must tell my husband about my HIV status without having problems in the household." [*LTFU woman*]

"Women who share their test result with their husbands have a better health care: they can receive support from their husbands and face the family and surroundings." [*staff member*]

"I'm afraid of my husband, I have to tell him where I go every time I leave to go to the health facility." [*LTFU woman*]

"One problem is that women do not believe in the disease. After being tested, they are surprised, and do not believe the outcome." [staff member]

"The problem is the women autonomy in the household." [staff member]

"I do not believe in my disease, because that day I felt good." [*LTFU woman*]

CONCLUSION

Based on results, interventions have been proposed in order to support HIV-positive pregnant women and improve complete PMTCT up-take:

➢**Psycho-social intervention** to encourage HIV-serostatus disclosure within couples: prenatal couple-oriented counseling and couple HIV testing, linked with a better involvement of males in antenatal care, may have a strong positive impact on the follow-up of HIV infected mother and their children;

➢**Improve patient-health worker interaction** including quality of counseling;

➢**Strengthening the overall health system** by providing HIV/AIDS education, prevention and awareness activities at the primary health level.

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