

# Evaluation of VCT in a Nigerian Pmtct Service Delivery Unit

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## Abstract

*Introduction:* Nigeria's University College Hospital's PMTCT centre provides voluntary counselling and testing as part of routine care which was assessed in this paper.

*Methods:* Structured face-to-face interview was carried out at exit on participants from the counselling session. Data analysis was by frequency distribution.

*Results:* All clients were assured of confidentiality, had their HIV/AIDS knowledge assessed and consent taken before the test, 95.45% of participants had the possible outcomes of the test explained including coping ability and 13.64% did not have behaviour assessed for risk taking. Only 45.45% mentioned mother-to-child transmission as a major mode of transmission.

*Conclusion:* Discussion of serostatus results in a safe setting and negotiating a risk-reduction plan are strategies that should be considered in all PMTCT services.

## Introduction

More widespread HIV-1 voluntary counselling and testing (VCT) is advocated in less-developed countries on the grounds that it provides an opportunity for education and behaviour change, and that knowledge of serostatus allows individuals to plan, make important life decisions, and to seek care and support.<sup>1</sup> Although, VCT is an expensive intervention compared with health education and other potentially effective counsel-

ling strategies,<sup>2</sup> and there are potentially negative social consequences of VCT, it's potential for an effective intervention in PMTCT is appealing and effective.

A comprehensive meta-analysis concluded that testing resulted in a reduction in risk for persons who are HIV-1 infected and for sero-discordant couples. There is however a paucity of reports emanating from PMTCT services. Since June 2002 the Federal Ministry of Health, Nigeria launched prevention of mother to child transmission of HIV (PMTCT) service delivery in 11 sites in the country. One of the centres is located in the University College Hospital (UCH), Ibadan. An assessment of quality of voluntary counselling offered pregnant women at this centre was carried out.

## Materials and Methods

The PMTCT service delivery site commenced services from June 2002. Prior to this various training workshops had been held for hospital workers. The workshops provided health education, skill-building for VCT and on-site infection prevention control. This served to provide basic training for the health workers in the provision of care for people living with HIV/AIDS. Workers in the department of obstetrics and gynaecology were targeted. Full-time counsellors were also employed to ensure efficient accessing of PMTCT services by the patients.

Each pregnant patient accessing obstetric care at the University College Hospital, Ibadan is offered an opportunity to access voluntary counselling and testing services as part of routine care provided in the antenatal clinic of the hospital. Patients consenting to testing sign a consent form and are assigned a code number. They are provided an information sheet to go home with. Blood samples are collected from each participant and marked with the participant's study number.

Study participants were approached and recruited on exit from the counselling session. For inclusion, participants had to be pregnant women accessing care in the obstetric service of the University college hospital, Ibadan, at least 18 years (all married people were considered adults) and had accessed voluntary counselling services offered in the PMTCT project. Participants provided verbal informed consent.

The structured standard face-to-face survey attempted to assess the ability of the counsellors to convey information necessary for PMTCT and effect behaviour change. In addition, interpersonal skills were also assessed as were the knowledge of the patients on exit from the counselling session. Data was reviewed using simple frequency tables and percentages.

## Results

The survey was carried out over a 2-week period. Participants were

randomly selected. All patients were female. Most were Christians (72.7%) and had had secondary or post-secondary education (86.36%). Almost half (45.45%) were either traders or artisans while the partners were mostly listed as salaried in private institutions.

All clients were welcomed and assured of confidentiality before starting the counselling session. All clients had their knowledge of HIV/AIDS assessed and had their consent taken before the test was performed. While most participants (95.45%) had the possible outcomes of the test explained including coping ability, 13.64% did not have their behaviour assessed for risk taking. Most respondents identified sexual intercourse (90.90%) and sharing of sharp objects (95.45%) as major modes of transmission. Only 45.45% mentioned mother-to-child transmission as a major mode of transmission. Other modes of transmission mentioned include blood transfusion (45.45%) and used/contaminated needles (18.18%). Almost half (45.45%) noted the benefits of testing for HIV as including knowing one's status and enabling the access of proper medical care.

## Conclusions

Data have been previously reported about the high rates of mother-to-child transmission of HIV among HIV pregnant women in sub-Saharan Africa. The response of the participants reinforces the argument for the feasibility of VCT as part of a standard package of prevention strategies for less developed countries and PMTCT services as an integral part of antenatal services.

Serious attention should be paid to the counselling strategy used by counsellors in this project. They combined respect for confidentiality and the individual's right to privacy with an opportunity to disclose the results. The opportunity to discuss serostatus results in a safe setting, and to negotiate a risk-reduction plan is a strategy that should be considered in all PMTCT services, and will have great potential to reduce the high rate of transmission among such mothers in less-developed countries.

Women need communication and negotiation skills to enable them to discuss sexual and other issues with their partners.<sup>3</sup> These discussions are never easy to have. By providing a safe environment in which partners could discuss sexual behaviour with a counsellor who could help with all difficulties in such discussions, the counsellors built and implemented a strategy to allow open communication. This is beneficial, but not without negative consequences. A study that reported women as members of couples infected with HIV-1, compared with uninfected women, suffered negative life consequences such as physical beating and break up of relationships, especially when the spouse was HIV-1 negative.<sup>4</sup> Keogh and colleagues<sup>5</sup> reported common signs of depression

in women who found out that they were HIV-1 infected<sup>6</sup>. Thus PMTCT strategies cannot be offered without giving the social, physical and financial support needed to ensure that people who discover that they are HIV infected have the protection and resources they need to cope with their disease, especially women.

This study attempts to support the feasibility and beneficial effects of VCT on HIV related risky behaviour. It has also been established that the effect observed can have important public health implications when assessed in terms of HIV infections averted, and that the impact of the interventions can be as or more cost-effective than other interventions in more developed and less developed countries.<sup>7</sup>

Demand for VCT services may increase as medical management of people infected with HIV-1 improves in less-developed countries. Prophylaxis for opportunistic infections by simple generic drugs, prevention of peri-natal transmission of HIV through short-term oral treatment regimens and safe alternatives to breastfeeding are major advances that may change readiness and acceptability of VCT.

As previously stated, adverse social consequences may be experienced by some individuals as a result of being diagnosed with HIV.<sup>8</sup> Our findings also reinforce the importance of confidentiality, trust between client and counsellors with respect to information management in the promotion of VCT in the absence of effective human rights assurances.<sup>9</sup>

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