

Are we 'All In' for PMTCT?

Service Uptake among HIV Positive Pregnant Teens along the PMTCT Cascade in Zimbabwe

Theresa Ndoro¹, Karen Webb¹, Tendai Mwotowanyuka¹, Diana Patel¹, Barbara Engelsmann¹,

¹Organisation for Public Health Interventions and Development Trust, Harare, Zimbabwe;

Families and Communities for Elimination of Pediatric HIV – FACE HIV Program

BACKGROUND

All in! Globally

- Among people living with HIV (PLHIV) worldwide, adolescents are the only age group in which AIDS-related deaths are not dropping.
- Nearly 8 of every 10 new HIV infections among youth aged 15-19 in sub-Saharan Africa are among girls.¹

All In! to #EndAdolescentAIDS is a platform which aims to unite actors across relevant sectors in order to accelerate reductions in AIDS-related deaths and new HIV infections among adolescents by 2020.¹

Zimbabwean Context

- Two thirds of the population in Zimbabwe is under 25 years and HIV prevalence is almost two times higher among women aged 15–24 than among men of the same age.²
- With an HIV prevalence of 18% among women aged 15-49, young women in Zimbabwe who have early sexual debut (before age 16) have higher rates of HIV infection, with an HIV prevalence of 22.7%.³

PMTCT and Adolescents

The 4 prong strategy for PMTCT involves:

- Prong 1: prevention of primary HIV infection
 - Prong 2: prevention of unwanted pregnancies
 - Prong 3: preventing mother to child transmission during pregnancy and breastfeeding
 - Prong 4: Care, treatment and support to HIV positive women, their children and families.
- Little is known about service uptake of pregnant teenagers along the PMTCT cascade of essential services for preventing vertical transmission.

OBJECTIVE

- To determine rates of service uptake along the PMTCT cascade among teens to indicate areas for intervention among adolescent populations.

METHODS

A descriptive cohort study of 739 lactating women residing in 3 Districts of Mashonaland East Province, Zimbabwe was conducted from October 2011 to November 2012:

- Data was captured regarding individual service uptake rates along the PMTCT cascade
- Results were disaggregated by age:
 - 19 years and below
 - above 19 years
- Chi square tests were performed to determine if proportion of women who uptake PMTCT services significantly differed between age groups such as level of education, marital status, ANC uptake, HIV test in pregnancy and disclosure of results, place of delivery, initial PNC visits, ART initiation, initiation of breastfeeding, Family Planning and condom use among others

RESULTS

HIV positive status between age groups

- Overall, 12.8% reported a known HIV positive status, with no significant difference in positivity between age groups.

Respondent Characteristics

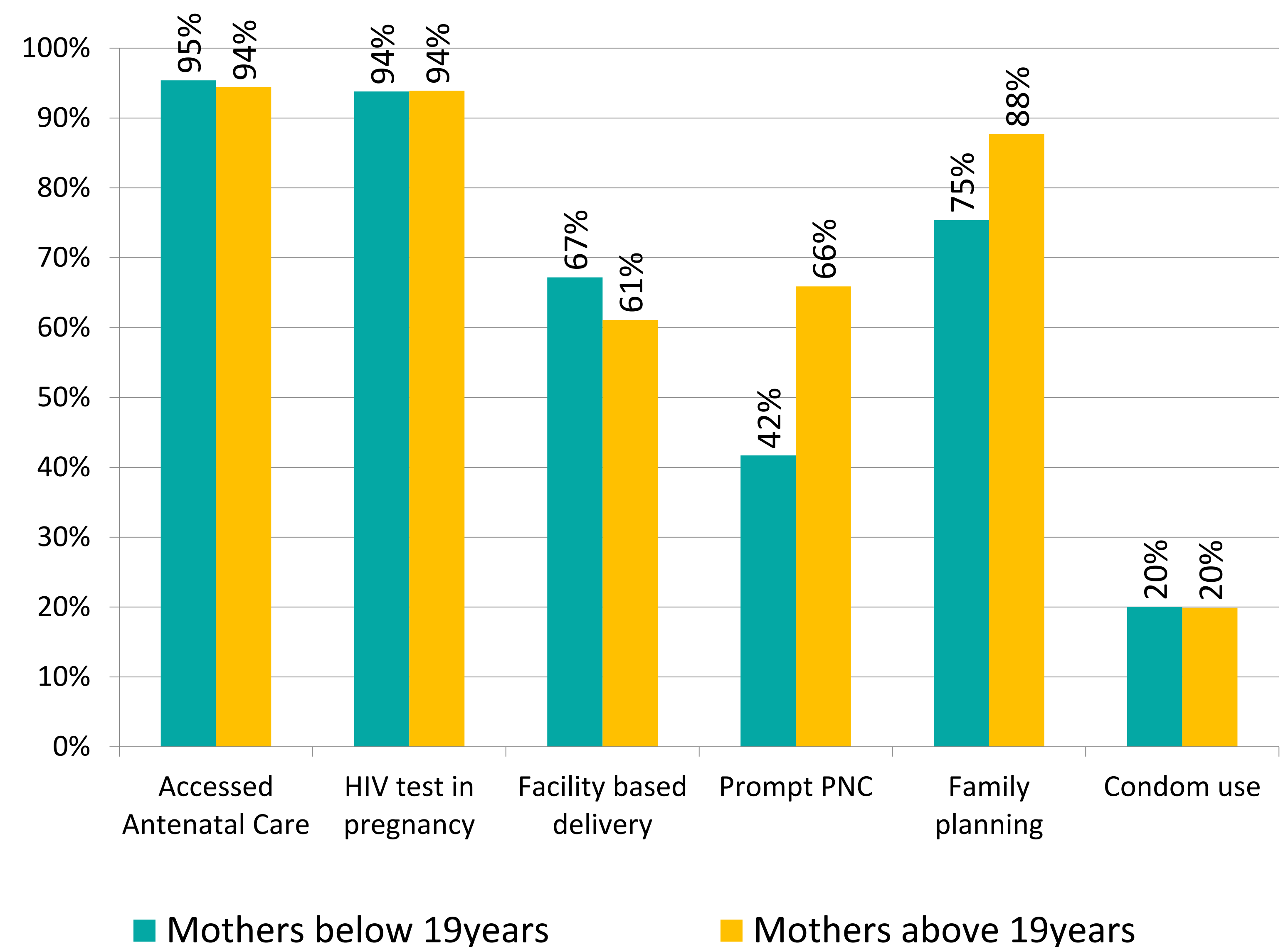
- Among 739 lactating mothers sampled, 8.8% (n=65) were below 19 years of age.
- Teenage mothers were significantly more likely to be unmarried ($p < 0.001$) than older mothers.

PMTCT service uptake

- We documented no significant difference between teens and older mothers in uptake of majority of services along the PMTCT cascade (Figure 1).
- Teen mothers were less likely to report use of a family planning method ($p = 0.009$).
- Both age groups showed high (>85%) service uptake at the beginning of the cascade for antenatal care and HIV testing in pregnancy (Figure 1).
- Both groups had high rates of home delivery (38%) and low rates of condom use (19.9%).

RESULTS continued

Figure 1. Percentage service uptake along PMTCT cascade (N=739)



CONCLUSIONS

- Teenage mothers did not demonstrate significantly lower uptake for services along the PMTCT cascade compared with older mothers.
- Attention must be paid to increasing support for services with low uptake levels for all women including facility delivery and dual protection family planning.



Picture 1. The unique needs of young mothers require targeted interventions to reach both 'All In' and virtual elimination of pediatric HIV goals in Zimbabwe.

- All In strategies within PMTCT programs should provide adolescents with enhanced support under prongs one and two of the PMTCT strategy - for the prevention of primary HIV infection and unwanted pregnancies.
- Our sampling strategy did not involve targeted inclusion of HIV positive teenagers, and should therefore not be considered representative of this population.
- Further research is required to understand the outcomes and unique needs faced by HIV infected teenage mothers in Zimbabwe's PMTCT Program.

REFERENCES

- UNAIDS. To end the AIDS epidemic, start focusing on adolescents. 17 Feb 2015. http://www.unaids.org/en/resources/presscentre/featurestories/2015/february/20150217_oped_all-in
- UNAIDS. Protecting girls and young women in Zimbabwe: a health and human rights matter. 12 June 2015. http://www.unaids.org/en/resources/presscentre/featurestories/2015/june/20150612_zimbabwe
- ZIMSTAT. 2010-2011 Zimbabwe Demographic and Health Survey. Harare; June 2011.

Acknowledgements: We gratefully acknowledge support from the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID and Families and Communities for Elimination of Pediatric HIV in Zimbabwe (AID-613-A-12-00003, FACE Pediatric HIV)

For more information contact:
Organisation for Public Health Interventions and Development
20 Cork Road, Belgravia, Harare, Zimbabwe
www.ophid.co.zw/
Email: tnodoro@ophid.co.zw

