



Technology of hope: Prevention of mother-to-child transmission of HIV in a northern province of Vietnam

Nguyen Thi Thuy Hanh

PhD Thesis, University of Copenhagen, Faculty of Health Sciences, Department of International Health, Immunology and Microbiology

This study describes the utilization of antenatal HIV counseling and testing services among pregnant women in Quang Ninh province. Its aims were to: investigate the uptake of early antenatal HIV testing and describe the provision of HIV counseling at different levels of health facilities; explore women's expectation of their fertility and childrearing in the context of Prevention of Mother to Child Transmission (PMTCT); and investigate the roles of health staff in delivering PMTCT services and in supporting HIV-positive women (Study in 2007 in Quang Ninh province applying quantitative and qualitative methods. Quantitative study: 1108 women. Qualitative study: interviews with 32 HIV-infected women).

- More than 20% of the women surveyed were tested during labor.
- The women having HIV test at the early stage of pregnancy were more likely to have had early antenatal care with the provision of HIV counseling.
- The PMTCT is more than a medical prevention technology. It is also an effective tool to raise hope among HIV-infected women who want to have a healthy child. Health staff at all levels – especially at the primary level of the health care system – play an important role in helping women fulfill their reproductive desires, by providing with medical care and emotional support.

Findings

90% percent of the women had been tested for HIV during their most recent pregnancy and more than half had been tested at least twice. Women who had never been tested were more likely to attend ANC at health facilities (HFs) without PMTCT services, to attend antenatal (ANC) care late in their pregnancy or not to be informed about HIV testing services during ANC.

Women who had their first antenatal visit at a health facility (HF) of primary level were more likely to be tested before 34 weeks of gestation in comparison with those who had their first antenatal at a higher level health facility.

Women identified as HIV positive during their pregnancy were faced with major distress. They experienced numerous uncertainties and the difficult decision of whether to carry a pregnancy to term or having an induced abortion. PMTCT played an important role in providing treatment and care for this group. It supported the women in their reproductive decision making and gave them hope.

The results also showed that women were satisfied with the services they received through the PMTCT program and felt that the health staff offered them a good level of medical care as well as social and emotional support.

Recommendations

- Guidelines for scaling-up of PMTCT services to the national level should be based on the real quality and quantity of health staff.
- HIV counselling Guidelines of the Ministry of Health should encourage health staff to discuss with women about their risks of transmission of HIV, and advise them of the best time for testing.
- HIV counselling and social support for HIV positive women should be a routine task for health staff when they provide ANC – at all health facilities, especially at community level.
- Build skills of health staff to perform antenatal HIV testing and counselling.
- Health staff can be effective in their counselling if they find appropriate ways to help women consider their hopes from a realistic perspective.
- Family members should be involved in counselling to help women find ways to become “good enough mothers” if they opt to keep the pregnancy.

Partners

General Office of Population and Family; Hanoi Medical University; University of Copenhagen

Acknowledgements

Ms. Nguyen Thi Binh; Ms. Phan Thi Thu Huong; Ms. Nguyen Thuy Nga (Quang Ninh Province)

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