

Views of HIV positive pregnant women on accessibility of the Prevention of Mother-to-Child Transmission programme in North West Province, South Africa

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Abstract

Many governments, including the South African government, have made health care services accessible to their citizens. However, studies have revealed that most services are inadequate and inaccessible for all in rural areas. The purpose of this study was to explore and describe the views of the HIV positive pregnant women on accessibility of the prevention of mother-to-child transmission programme (PMTCT) in the North West Province of South Africa. Ten HIV positive pregnant women selected by purposeful sampling were recruited for the study. Semi-structured interviews were used to collect data. Tesch's approach was used to analyse the data. The findings of the study showed that most of the HIV positive pregnant women do not access the prevention of mother-to-child transmission programme due to distance and shortage of health care workers. The study recommends the need to develop strategies that would enhance accessibility to such services in the rural communities.

Keywords: Views of HIV positive pregnant women, accessibility, Prevention of Mother-to-Child Transmission, programme.

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Introduction

South Africa has been implementing the prevention of mother-to-child transmission (PMTCT) programme since 2001. The introduction of a PMTCT programme created an additional workload for health care workers especially nurses. Interventions for PMTCT of HIV are critical to reduce paediatric HIV infection and therefore child mortality (Horwood, Haskins, Vermaak, Phakathi, et al., 2010). However, improving South African PMTCT outcomes has been challenging owing to inadequate coverage and sub-optimal implementation of PMTCT programme (Sprague, Matthew, Chersich & Black, 2011).

HIV positive pregnant women have to travel long distances to available health care facilities in order to receive PMTCT programme services. This means that

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HIV positive pregnant women have to pay for transport to access the services. Literature suggests that HIV positive pregnant women encounter economic challenges and physical distances as barriers to accessing PMTCT programme services. As a result they still face limited access (Kumbani, BJune, Chirwa, Malata & Odland, 2013).

The prevalence of HIV among pregnant women is likely to remain high for at least the next two decades, as the number of people receiving life- long antiretroviral treatment in South Africa is still increasing and is predicted to plateau at around 3 million in 2016 (Johnson, 2012). Little is known about the views of HIV positive pregnant women in the context of accessing the PMTCT programme. Consequently, the researcher embarked on this study in order to afford the HIV positive pregnant women the opportunity to voice their views concerning PMTCT programme's accessibility.

Methodology

Data collection

A qualitative research method was used. The design was exploratory, descriptive and contextual. Purposive sampling was used to select HIV positive pregnant women living in the rural, mining and farming areas of the North West Province, South Africa. The study was explained to the participants, and a signed consent was sought from them prior to data collection. The researcher also explained that declining to participate would have no negative implications for PMTCT programme services and that anonymity would be maintained. The participants were ten HIV positive pregnant women aged from 18-49 who were currently enrolled on the PMTCT programme. All the interviews were conducted by the researcher in the health care facilities and they lasted from 30 to 45 minutes. The Operational Nurse Managers assisted with recruitment of the participants. A semi-structured interview guide was used to collect data and was piloted on two participants and amended for clarity. Data were collected in Setswana, the local language until saturation was reached. All interviews were recorded by digital voice recorder, transcribed and translated into English.

Data analysis

All audio recorded semi-structured interviews were listened to and transcribed verbatim. The analysis was performed after data collection. Data were analysed in Setswana the local language in which were collected and then translated to English by a linguist conversant in both Setswana and English. Emerging themes and sub-themes were grouped after the researcher had read the transcripts repeatedly in order to seek and derive appropriate meaning from the data. Open coding was used and information was organized according to questions as they

appeared in the interview guide. Data analysis methods were selected according to descriptive analysis of Tesch's eight steps (Creswell, 2013).

Trustworthiness

Rigour was guided by process of trustworthiness as suggested by (Lincoln & Guba, 1985). Credibility was established by prolonged engagement with the subjects through listening to the audio recorded interviews, rereading the transcripts, and reviewing the field notes to develop an understanding of the views of HIV positive pregnant women on accessibility of the Prevention of Mother-to-Child Transmission programme. Member checking was used to assess the credibility of the themes. The researcher shared translated transcripts with an independent coder whose questions and suggestions enriched the analysis thereby strengthening dependability. Transferability was assured by having a detailed description of the findings with supporting quotations from the participants. Regarding confirmability, an audit trail was maintained whereby all the records pertaining to the study carefully kept for continuous referrals. The researcher and the promoters reviewed the data, research methods and analysis processes for consistency and applicability.

Ethical considerations

Permission to undertake the study was obtained following ethical approval from Higher Degrees Committee of Department of Health Studies at the University of South Africa (UNISA). All ethical aspects were adhered to, and the North West Provincial Department of Health, Research Directorate granted permission to conduct the study. Strict conditions of confidentiality were maintained. To assure confidentiality, trained data collectors were sourced from the university. Participants were informed of the purpose, procedures, risks and benefits of the study. The participants had the right to participate in the study and their withdrawal would not pose any negative consequences on them as well as on the PMTCT programme services they receive from the health care facilities. All sources were acknowledged to avoid any plagiarism.

Results

There were ten HIV positive pregnant women and one main theme emerged from analysis of data as lack of and shortage of resources. The sub-themes included long waiting periods and nurses' high workloads.

Theme 1: Lack of and shortage of resources

The findings of this study revealed that there was numerically an inadequate number and categories of Health Care Workers. Heavy workloads resulted in HIV-positive pregnant women being inadequately attended to because of staff

shortages. The need for adequate numbers and the right mix of Health Care Workers, as well as working space, emerged as other prohibitive factors for accessing the PMTCT programme.

Sub-theme 1.1: Long waiting periods

Participants reported that they wait for long hours before they could be attended to as attested by the views expressed by respondents:

“We come early in the morning and finish at midday. I don’t know whether there is a shortage of staff or not. We spend the whole day here; I don’t know whether it is because of the queue or what. I arrive at about six in the morning and go back home at about two in the afternoon.”(Participant 1:29 years old).

“Nurses are always busy. You come to the clinic at six in the morning, but return home after one in the afternoon. I wish the nurses could attend to us separately because you came here at about six o’clock and go home at one o’clock. There should always be a nurse allocated to work specifically with pregnant women.”(Participant 2:34 years old).

Sub-theme 1.2: Nurses’ high workloads

All the ten participants made assumptions that nurses must be having high workloads. This was supported by the following views:

“Nurses are short staffed and always busy, having too much to do. We sit and wait for long time and thereafter told to come tomorrow without being checked. I find the services to be poor and of a low standard. You see receiving bad services of being returned back home without receiving any help frustrates us as HIV-positive pregnant women.” (Participant 3:24 years old).

“The very same Health Care Workers who work in the maternity sections are the ones who attend to us in the same counselling rooms that we share with other patients because the rooms are not enough. We spent the whole day here and I wish the pregnant women who came for ANC check-up be treated far away from the delivery rooms because we are left unattended and priority is given to delivering ones.” (Participant 4:22 years old).

Discussion

Accessibility of the PMTCT programme by HIV positive pregnant women is affected negatively by shortage of and lack of resources. Shortage of resources such as nurses is claimed by many scholars (Buchan & Aiken, 2008; George, Quinlan, Reardon & Aguilera, 2012). Shortage of staff is not unique in South Africa, as discovered in this study. The world has entered a critical period for human resources for health. The scarcity of qualified health personnel, including

nurses, is being highlighted as one of the biggest obstacles to achieving health system effectiveness. Therefore, nurse shortages are a health system problem, which undermines health system effectiveness and requires health system solutions (Buchan & Aiken, 2008).

According to (Buchan, 2006), the shortage of nurses is not just an organizational challenge or a topic for economic analysis; it has a major negative impact on health care. Failure to deal with a nursing shortage; be it local, regional, national or global, will lead to failure to maintain or improve health care. Furthermore, the nursing profession is in a crisis as the shortage of nurses escalates each year (George *et al.*, 2012). The overall shortage of health care personnel is a chronic national and international health care problem affecting both the public and the private health sectors (Ricks, Jackson & von der Marwitz, 2012).

The participants expressed dissatisfaction with the PMTCT programme services they were receiving. The workload was cited as being very high due to few staff members. Workloads have increased through the growing demand for PMTCT programme such as counseling and testing services and also helping pregnant women in the maternity sections to give birth.

Long waiting periods and the consequence of spending the whole day at the facility and having to return home without receiving help, was a manifestation of unsatisfactory PMTCT programme services. This is supported by Ricks *et al* (2012) who indicated that long waiting times at the clinics caused frustration, anger and helplessness among the patients. They needed to be helped promptly, especially when they were ill. Phaswana-Mafuya, Peltzer, Ladzani, Mlambo, et al. (2011) attest that the long waiting periods at the facilities remained a serious concern of the PMTCT programme in the rural areas.

Research in Africa, on the accessibility and uptake of PMTCT and adherence, together with strategies to improve these, has focused mainly on women who deliver in hospitals such as in the Eastern Cape Province of South Africa. Distance and transport costs have been seen as barriers to access the PMTCT programme in a study conducted on PMTCT of HIV infection about the views and perceptions of swallowing nevirapine in Malawi (O’Gorman, Nyirenda & Theobald, 2010).

Limitations

The study was conducted at one of the nine provinces of South Africa called North West Province and could not be generalized to the whole South Africa. The study sample was also rather small. Including more provinces with a larger sample might have added more views from the HIV positive pregnant women on accessibility of the PMTCT programme.

Conclusions

The study assisted the researcher in understanding the views of the participants regarding the PMTCT programme accessibility. In this setting, the participants' views on accessibility of the PMTCT programme demonstrated the need to improve the current programme. There is also a need to develop strategies in order to facilitate and strengthen the PMTCT programme' accessibility for HIV positive pregnant women.

Recommendations

Based on the findings, and the foregoing conclusions, a number of recommendations are made. These include:

- Increasing the number of the health care facilities and Health Care Workers to promote the accessibility of the PMTCT programme services to remote rural, mining and farming areas of the Health Sub-District.
- Extension of working hours to weekends and nights should be practiced, in order to enable the HIV positive pregnant women to attend during these times, especially those who are employed.
- There should be a memorandum of understanding and mutual agreement concerning the rendering of the PMTCT programme services between different departments (such as Health, Education, Social Development and Public Works) in order to facilitate and improve the services concerning the accessibility of the PMTCT programme.

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References

- Buchan, J. (2006). Evidence of nursing shortages or shortage of evidence? *Journal of Advanced Nursing*, 1(56), 457-458.
- Buchan, J. & Aiken, L. (2008). Solving nursing shortages: A common priority. *Journal of Clinical Nursing*, (17), 3262-3268.
- Creswell, J.W. (2013). *Research Design* (3rd ed). Thousand Oaks, CA: SAGE.

George, G., Quilan, T., Reardon, C. & Aguilera, J. (2012). Where are we short and who are we short of? A review of the human resources for health in South Africa. *Health SA Gesondheid*, 17 (1), 622-783.

Horwood, C., Haskins, L., Vermaak, K., Phakathi, S., Subbaya, R. & Doherty, T. (2010). Prevention of mother-to-child transmission of HIV (PMTCT) programme in KwaZulu-Natal, South Africa: An evaluation of PMTCT implementation and integration into maternal, child and women's health services. *Tropical Medicine and International Health*, 15 (9), 992-999.

Johnson, L.F. (2012). Access to antiretroviral treatment in South Africa, 2004-2011. *South African Journal of HIV and Medicine*, 1(13), 22-27.

Kumbani, L., Bjune, G., Chirwa, E., Malata, A. & Odland, J. (2013). Why some women fail to give birth at health facilities: A qualitative study of women's perceptions of perinatal care from rural Southern Malawi. *Reproductive Health*, 10 (9), 1-15.

Lincoln, M. & Guba, E.G. (1985). *Criteria for Assessing Trustworthiness of Naturalistic Inquiry*. Thousand Oaks: Sage.

O'Gorman, D.A., Nyirenda, L.J. & Theobald, S.J. (2010). Prevention of mother-to-child transmission of HIV infection: Views and perceptions about swallowing nevirapine in rural Lilongwe, Malawi. *Bio Medical Central Public Health*, (10) 354.

Ricks, E.J., Jackson, D.S. & von der Marwitz, J. (2012). Patients experiences of comprehensive anti-retroviral treatment rendered by professional nurses at selected Primary Health Care Clinics in the Eastern Cape Province of South Africa. *Africa Journal of Nursing and Midwifery*, 14 (2), 33-46.

Sprague, C., Matthew, F., Chersich, M. & Black, V. (2011). Health system weakness constrain access to PMTCT and maternal HIV services in South Africa: A qualitative enquiry. *AIDS Research and Therapy*, (8)10, 1-9.