Abstract

High rates of loss to follow-up (LFU) of HIV exposed infants after birth have been described to be a challenge in the PMTCT programme. In Hurungwe District out of the 148 exposed infants in the exposed infants register 73.6% (109) at Karoi Hospital were lost to follow up as of October 2011. A better understanding of the characteristics of women-infant pairs lost to follow and those still coming for PMTCT reviews is needed so as to come up with factors associated with loss to follow up.

Methods: A 1:1 unmatched Case-Control study was conducted in 3 health centers purposively selected with the top 3 PMTCT coverage’s in Hurungwe District Mashonaland West Province. A case was any infant who was HIV exposed who defaulted regular reviews for 3 months or more and during the course of the study was still lost to follow up. A control was any infant who was HIV exposed who was still coming for their regular review visits for the period (less than 3 months). The sample size was calculated at 95% confidence, 80% power and assuming 50% exposure in control group with odds ratio of 0.30 the sample size was set at 56 cases: 56 controls total sample size at 112. The study instruments were constructed according to the educational diagnosis phase of the PRECEDE-PROCEED Model borrowing constructs from the Theory of Planned Behavior. Focus group discussion guide and an interviewer administered questionnaire were used for data collection.

Results: Mothers who took ARVs during labor were less likely to be lost to follow up (0.0303). This protective association was statistically significant at 95% CI. Infants who were alive and well were significantly more likely to be lost to follow up (9.75). 5.4% (3) infants had deceased. Infants who were receiving extended Nevirapine and Cotrimoxazole were less likely to be lost to follow up with odd’s ratio of 0.0171 and 0.2391 which were statistically significant. Infants with good nutrition (OR 0.76) less likely to be lost to follow up however this was not statistically significant. The log odds of mothers that said they were likely to take their child for review and drug resupply were protective (OR: 0.2732) with cases less likely to intended to take their child for such visits, this was statistically significant at 95% CI (0.1215;0.6141).

Conclusion: The District Health Executive for Hurungwe district should formulate interventions to increase the behavioural intention of mother of exposed infants to access care. Mothers should be given health education on the importance of early infant diagnosis and the need to prevent opportunistic infections through the use of extended nevirapine and cotrimoxazole prophylaxis.
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