

Missed Opportunities for HIV PMTCT A case study in South India

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Context

- **5.7 million** people living with HIV in India.
- Adult prevalence of HIV infection **0.92%**.
- Median HIV prevalence in ANC: **1%** (UNAIDS, 2007)
- Many people living with HIV/AIDS don't know that they are infected.
- Limited HIV PMTCT Programmes

Objectives

• **Project:** "HIV Prevention of Mother to Child Transmission and delivery practices in South India: An anthropological approach" (April 2003 to April 2007)

• **Specific objectives:**

- Realize an ethnography of birthing practices
- Describe the role of various health practitioners

• **Which social factors do contribute to missed opportunities for HIV PMTCT ?**

Method

Ethnographical data collected in various places in urban and rural Tamil Nadu

- Observations
- In depth interviews with
 - 15 rural women
 - 3 Traditional Birth Attendants
 - 12 healthcare providers
 - 14 female patients in PMTCT and HAART

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Results

Various social factors limit women's access to HIV PMTCT

- Discrimination and stigma
- Social categorization of patients
- Economical factors
- Acceptability of the program
- Beyond the categorization: ART access

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Issues identified

- Reasons for lack of access to the program
- Reasons for losing patients for follow up
- Reasons for poor acceptability of PMTCT procedures
- Impact of ART availability on women's access

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1. Reasons for lack of access to HIV PMTCT programme (I)

- From patient side:
 - Lack of information on HIV PMTCT
 - Fear of AIDS stigma and discrimination practices in hospital

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1. Reasons for lack of access to HIV PMTCT programme (II)

- From caregivers side:
 - Lack of information and training
 - Social categorisations of patients
 - Interference between medical statement and choices based on local values
 - Fear to be infected by HIV

2. Reasons for losing patients for follow up

Women difficulties to follow the rules of PMTCT protocol:

- They refuse to deliver in PMTCT maternity
- They couldn't come back to the hospital for *post-partum* follow-up.

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3. Reasons for poor acceptability of PMTCT procedures

- The counselling example:
 - International ethical norms: face-to-face interview
 - Local organization : Open space of the waiting room for prenatal consultations
- Care givers points of view
 - Useful to give various information on HIV/AIDS
 - Message repetition
- Patients points of views
 - Decreased apprehension

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4. Impact of ART availability on women's access

- Patient referral and continuum of care improved
- People better informed about AIDS
- Pregnant women better informed on PMTCT

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Conclusion

HIV PMTCT missed opportunities are:

- like in various contexts:
 - Social and economical constraints and inequalities
 - Stigmatization and discrimination
 - Free ART access deficiency
- In India specifically/particularly:
 - Paucity of care givers information and training
 - Limited scope of PMTCT strategies

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