Sociocultural Factors of HIV Transmission During Delivery In India

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Context

- 5.7 million people living with HIV in India.
- Adult prevalence of HIV infection 0.92%.
- 38.4% of those living with the virus are women.
- Median HIV prevalence in ANC: 1% (UNAIDS;2007)
- Many pregnant women do not know that they are HIV positive.
- At national level, less that 40% of women deliver in biomedical institutions (Gvt of India; 2005)

Objectives

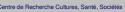
- **Project**: "HIV Prevention of Mother to Child Transmission and delivery practices in South India: An anthropological approach" (April 2003 to April 2007)
- · Specific objectives:
- Realize an ethnography of birthing practices
- Describe the role of various health practitioners
- · Which factors shape HIV MTCT in India and how?



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





Results

Intricacy of factors that shape HIV MTCT.

- Gender inequalities & social construction of disease
- Social construction of risk
- Limited access to prevention and ART
- Delivery practices in hospital
- HIV PMTCT & home delivery practices



Gender inequalities social construction of disease

The social construction of gender shape:

Women access to PMTCT

- Women viewed as responsible for the disease.
- Gender inequality

HIV PMTCT strategies

- Women considered as responsible in the health system
- -Decision power limited

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2. Social construction of risk

- · Prevention measures difficult to adopt
- Health risk challenged by other risks
 - Social
 - Economical
 - Affective

3. Limited access to health care

- Limited access to ARV treatment
- Limited access to HIV PMTCT
- Caregivers' social categorisations

4. Delivery practices in hospital

- · Lack of attention given to hygiene and obstetrical care
 - Focus on nevirapin tablet during delivery
 - No specific HIV PMTCT obstetrical procedure implemented
- · Caregivers fear of HIV infection
 - During vaginal delivery
 - During Caesarean Section

5. HIV PMTCT & home delivery practices (I)

- · Majority of home delivery
- TBA's Obstetrical practices
 in favour of HIV MTCT

 - that decrease HIV MTCT
- Social context of home delivery

5. HIV PMTCT & home delivery practices (II)

- 16% of patients lost for follow up delivered at home
- No involvement of TBAs in HIV PMTCT in India

Conclusion

- Social position devoted to women in society
- Gender relationships
- Health care access determinants
- Professional attitudes in the context of Aids
- Limited scope of HIV PMTCT strategies
 -shape HIV MTCT rate

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