University of Limpopo FACULTY OF HEALTH SCIENCES RSEARCH DAY 2010

PLEASE ENSURE THAT THIS FORM IS FULLY COMPLETED.

DEADLINE FOR RECEIPT OF ABSTRACTS: 15 April 2010

The abstract form instructions must be followed carefully - Abstracts which do not comply with the instructions will not be accepted

REASONS GIVEN BY PREGNANT WOMEN FOR NOT RETURNING OF THEIR RESULTS FOLLOWING VOLUNTARY COUNSELLING AND TESTING (VCT) FOR THE HUMAN IMMUNODEFICIENCY VIRUS AT EMBHULENI HOSPITAL, MPUMALANGA, SOUTH AFRICA Nzaumvila KD, LH Mabuza, Malete NH

Department of Family Medicine and Primary Health Care

OBJECTIVE: In 2007 36% of the pregnant women tested positive for HIV at Embhuleni Hospital and its satellite clinics. However, only one quarter of those returned to the wellness clinic for their CD4 results so as to begin with Anti-Retrovirus Therapy (ART) if they qualified. The rest would not return to the wellness clinic, and would only present late with opportunistic infections or a subsequent pregnancy. The study aimed at exploring the reasons why women who had been tested for HIV by means of VCT failed to return for their CD4 results, to understand those reasons, to determine what information was given to them before they were tested, to assess the availability of personal support systems (family, friends, etc), and finally to assess the women's understanding of HIV/AIDS, for which they were tested.

METHODS: A descriptive qualitative study was conducted using the free attitude interview technique for data collection. The Ante-natal care (ANC) clinic register of the Embhuleni Hospital was used to trace patients who had consented for voluntary counselling and testing (VCT), but who had since not returned for their results after 30 days of testing. Those patients were visited at their places of residence by the research team (interviewing nurse and the researcher) to request them to participate in the study. The exploratory question was: "May you tell us why you did not come back for your HIV test results?" "Sicela usichazele kutsi yinindzaba ungasetanga kutewuhlola imiphumela yakho yengati? (SiSwati Version). The interviews were audio recorded and field notes taken. The interviewer sought clarification for unclear issues raised, and gave reflective summaries at the conclusion of each idea under discussion. The interviews continued until there was information saturation. In this study, was reached at respondent number nine. The audio-tapes were transcribed verbatim, followed by translation into English. The emerging themes formed the basis for the write-up.

RESULTS: The following themes emerged:

Communication between health care workers and patients

Poor quality of communication (patients not told to come back)

Knowledge on HIV/AIDS and PMTCT

Patients had poor knowledge of HIV/AIDS and PMTCT

Fear of stigma for HIV/AIDS

The community associated coming back for the results with being HIV positive

Poor patient support

Poor family support system for the patient

Limited patient financial resources

Experience at the health facilities

Lack of patient privacy

Attitude of the health care workers not acceptable to patients

CONCLUSION: The factors that resulted in non-return of the pregnant women to the facility for their results were that the women were not made aware that they were to return for their results; poor quality of communication by the hospital staff; unpleasant experiences by patients at the facility; patients feared community stigmatisation; there was lack of patient support, and the patients had poor knowledge of HIV/AIDS and PMTCT.

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Please indicate the following by an X

Χ	Poster Presentation					
	Oral presentation					
	Either	oral	OR	poster		
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Χ	Research Presentation
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If eligible for a prize, please indicate (see attached guidelines):

Under-graduate student		Post-graduate student		Χ	Independent researcher	
Course:		Course:	MMed (Family Medicine)			
Student number		Student number	210438646			
Year of study:		Year of study:	Final			

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Committee. The MREC clearance number does not apply to Case

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 Dr LH Mabuza_
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