CHAPTER I

INTRODUCTION

1.1 Background and Significance

Acquired Immunodeficiency Syndrome (AIDS) is a pandemic disease. HIV/AIDS is now the leading cause of death worldwide amongst adults aged 15-59 years. At the end of 2004, there were 39.4 million people living with HIV/AIDS; 4.9 million people were newly infected in year 2004 and a further 3.1 million people died from AIDS in that year. Of the total population of People Living with HIV/AIDS, (PLHA) 47% were women. In 2004, around 640,000 children become infected with HIV through mother to child transmission (MTCT) *(UNAIDS/WHO, 2004)*.

Mother to child transmission (MTCT) is when an HIV woman passes the virus to her baby. This can occur during pregnancy, labour and delivery, or breastfeeding. Without preventive treatment for the mother, around 15 to 30% of babies born to HIV-positive women will become infected with HIV during pregnancy and delivery. A further 10-20% will become infected through breastfeeding. "Every year in Myanmar, at least 10,000 HIV-positive women become pregnant, giving birth to at least 3,000 to 4,000 children who are infected with HIV" *(UNICEF, 2005)*.

For the past five years, UNICEF has been supporting the National AIDS Program in the introduction and expansion of prevention of mother to child transmission (PMTCT) services.

In 2003, 3,210 Myanmar migrant women visited Mae Tao Clinic's Antenatal Care (ANC) unit. All of them were offered HIV pre-test counseling. Of the total ANC clients, 2,435 women gave consent for HIV testing and 35 (or 1.4 percent) of these women tested positive for HIV. All of HIV positive Myanmar migrant women received their test results and counseling by trained counselors in their own language. In addition, all of these women were invited to return for regular ANC follow up visits and were offered prophylaxis PMTCT with Zidovudine (AZT) at 28 weeks' gestation.

One third of the women who were offered prophylaxis were lost to follow up, or did not return for antiretroviral prophylaxis. Others came irregularly and still more did not come regularly to collect formula to feed their infants. *(Mae Tao Clinic's Annual Report-2003).* These factors reduced the effectiveness of PMTCT and possibly increased the rate of HIV infection transmitted to Myanmar infants. This aspect of non-compliance with the PMTCT regime of prophylaxis is the focus of this study.

1.2 Objective

(i) General Objective

To ascertain the numbers of HIV positive pregnant women completing ARV prophylaxis in the PMTCT program and to identify significant associations between factors influencing HIV positive pregnant women's completion of ARV prophylaxis in the PMTCT program.

(ii) Specific Objective

1) To assess HIV positive pregnant women's completion of ARV prophylaxis.

2) To identify predisposing factors influencing HIV positive pregnant women's completion of ARV prophylaxis.

3) To identify enabling factors influencing HIV positive pregnant women's completion of ARV prophylaxis.

4) To identify reinforcing factors that influencing HIV positive pregnant women's completion of ARV prophylaxis.

5) To assess the association between migration status, economic status, social support and HIV positive pregnant women's completion of ARV prophylaxis.

1.3 Research Question

What are the factors influencing HIV positive pregnant women's completion of ARV prophylaxis, and are these factors associated with the women's completion of ARV prophylaxis?

1.4 Study Variables

(i) Predisposing factors:

1.Sociodemographic:

- Age
- Residence
- Marital status
- Number of children
- Education level

2. Knowledge, attitude towards PMTCT

(ii)Enabling factors:

1. Access to Health service:

- Waiting time
- Attitude of staffs
- Privacy for clients
- Confidentiality by staff
- Distance of program
- Migration status
- Barriers to traveling

2. Economic status:

- Occupation
- Household income
- Earning money

(iii) Reinforcing factors:

1. Social support:

- Family type
- Family member who know HIV status of women
- Friends (peers)
- Health personnel

Dependent variable:

(iv) Completion of ARV prophylaxis by HIV positive women at PMTCT Program

1. Complete ARV prophylaxis
2. Incomplete ARV prophylaxis

1.5 Terminology and Operational Definitions of Variables;

Complete ARV prophylaxis of HIV positive women:

According to the World Health Organisation (WHO), Highly Active Antiretroviral Therapy (HAART) adult guidelines and Perinatal HIV Prevention Trial (PHPT) guidelines, the prescribed therapy for HIV positive women is Zidovudine (AZT) 300mg, twice a day continuously, from the 28th week of gestation until childbirth, or Zidovudine (AZT) 300mg twice a day continuously for a four-week period, before childbirth.

Incomplete ARV prophylaxis by HIV positive women:

(1) HIV positive women who did not take Zidovudine (AZT) at all before giving birth.

(2) Taking Zidovudine (AZT) 300mg, twice a day from the 28th week of gestation of pregnancy until childbirth, but not continuously.

(3) Taking Zidovudine (AZT) twice a day continuously from the 28-week gestations of pregnancy until childbirth, but less than 300mg.

(4) Taking Zidovudine (AZT) 300mg, twice a day continuously, but less than four weeks of before childbirth.

Table1.1: Variables

No	Conceptual Variables	Operational Variables	Level scales	Measurement Method
1	**Predisposing Factors**	Socio-demographic;		
		- Age	Ratio	-In years
		-Resident	Nominal	-Mae Sod -Burma side (Myawaddy) -Phophra -Others(Specify)
		-Marital status	Nominal	-First married -Second and more than -Divorce -Widow -Separated
		-Number of Children	Ratio	-Person
		-Education level	Ratio	-Year of schooling
		Knowledge of PMTCT	Ordinal	Level of knowledge -Low -High
		Attitude towards PMTCT	Ordinal	Beliefs, feeling -Negative -Positive
2	**Enabling Factors**	Access to the health care service		
		-Information appropriate	Ordinal	-Yes -No -Don't know
		-Waiting time	Ordinal	->1 hour -30 min-1 hour -15 min-30 min -<15 min
		-Privacy for clients	Ordinal	-Yes -No -Don't know
		-Confidentiality by staff	Ordinal	-Not at all -Moderately -Highly
		-Attitude of staff	Ordinal	-Poorly -Well -Very well

Table1.1: Variables (cont.)

No	Conceptual Variables	Operational Variables	Level scales	Measurement Method
		-Distance of resident	Ordinal	->40-Km -10 Km - 40Km - <10-Km
		- Migration status	Nominal	-Official -Unofficial
		- Barriers during traveling	Nominal	-Yes -No
		Economic status		
		-Household income	Ordinal	-< 1,000 -1,000 – 2,000 -2,001 – 3,000 ->3,000
		- After spending on basic needs, any remaining disposable income	Nominal	-Yes -No -Don't know
		-Occupation	Nominal	-Formally employed -Self employed -House-wife -Unemployed
3	**Reinforcing factors**	-The person knows HIV status	Ordinal	-Yes -No
		-Any other person's decision to see health worker	Ordinal	-Yes -No
		Social support The person who know HIV status	Ordinal	-Highly -Moderately -Not at all
		-Peer	Ordinal	-Highly -Moderately -Not at all
		-Health personnel	Ordinal	-Highly -Moderately -Not at all
4	**Completion ARV prophylaxis by HIV+ women**	Duration of taking drugs -Complete -Incomplete	Ordinal	-≤ 4 weeks -≥4weeks

1.6 Conceptual Framework

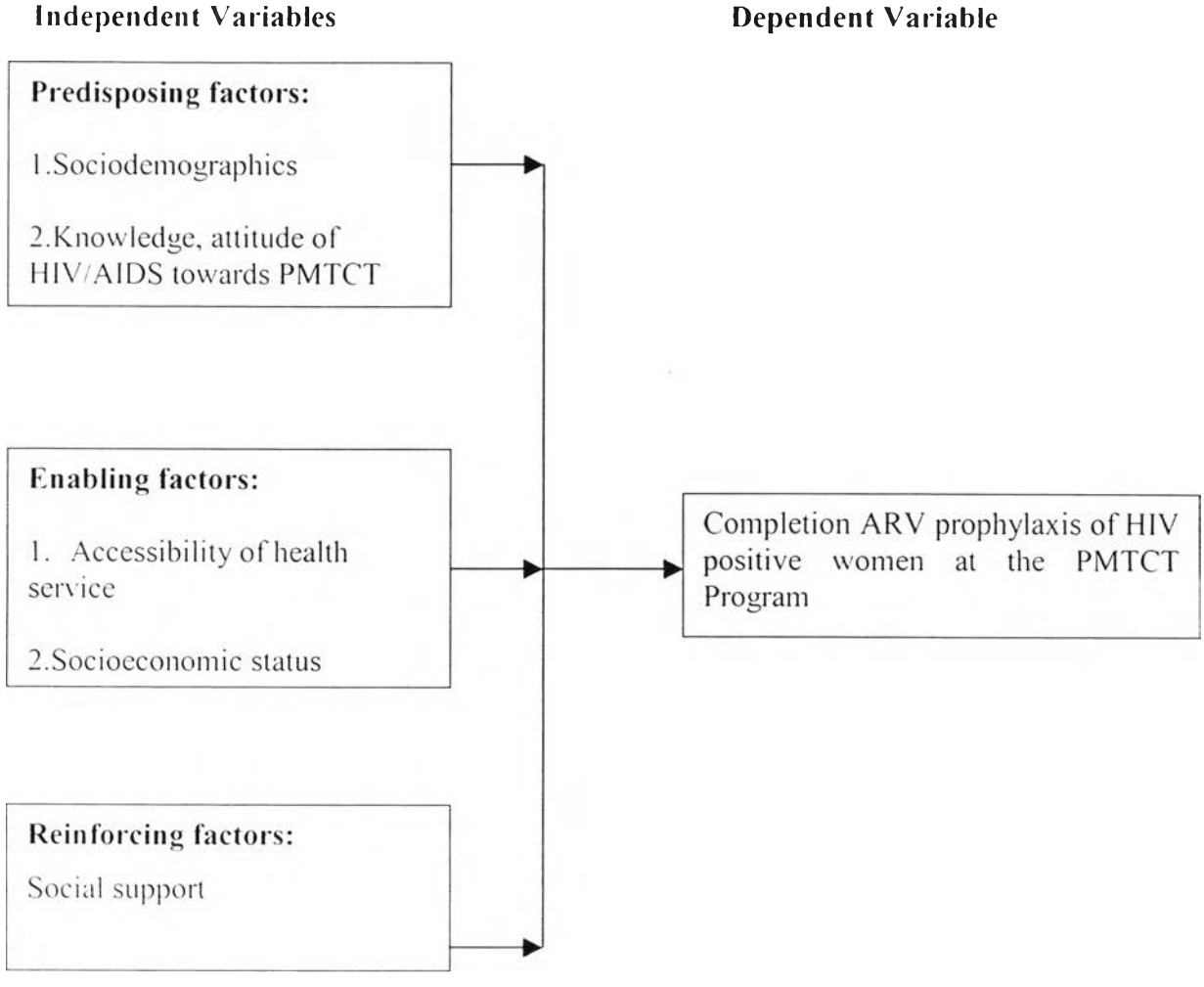

Figure 1.1: *Conceptual framework*

1.7 Limitations of the study

There is selection bias because this study focuses on Myanmar migrant HIV positive pregnant women who attended the PMTCT program at Mae Tao Clinic. The study does not include Myanmar migrant HIV positive pregnant women who are lost to follow up at the program and the women who did not want interviewed for research. Also, recall bias is present in the study because the study focuses on factors influencing women while they were pregnant, but obtains this data after they have given birth.

1.8 Ethical Considerations

In this study, all of subjects are HIV positive women, so confidentiality for the respondents is very important. The names of the respondents are not included in the questionnaire, and information in the questionnaire will be kept secret. After the data has been analyzed, the questionnaires will be destroyed. Participation in the study is voluntary and participants have the freedom to withdraw during the study. Participants will have access to the final report. The data will not be used for other purposes.

1.9 Application of Benefit

The results of this study will be useful for GO and NGOs that are working with Myanmar migrant women on the Thai-Myanmar border, for expansion of the PMTCT program. Also this study will review the current PMTCT programs for Myanmar migrant women at Mae Tao Clinic in the Thai-Myanmar border and help to plan future programs.