CHAPTER V

DISCUSSION

Summary

This was a descriptive study that aimed to determine factors influencing the completion of ARV prophylaxis of HIV positive pregnant women in the PMTCT program in Mae Tao Clinic, Mae Sod of Tak Province on the Thai-Myanmar border. The study subjects were 68 HIV positive pregnant migrant women who attended the PMTCT program at Mae Tao Clinic between January 2003 and November 2005. Data was collected through structured interviews conducted between February 20 and March 31, 2006.

The respondents were aged between 18-44 years. Approximately, 70% of the respondents were 25 -35 years old. Half (50%) of the respondents had primary education, and almost half (46%) were housewives. Half (50%) had either no children or had three or less children. The majority of the respondents had low household income of less than Thai-Baht 1,000.

The study found a predisposition of knowledge towards prevention of mother to child HIV transmission and the number of children associated with completion of ARV prophylaxis in the PMTCT program. However a predisposition of factors towards prevention of mother to child transmission, ie education level and marital status and resident were not association with completion of ARV prophylaxis. Enabling factors, such as migration status, accessibility to health care and household

income were significantly association with completion ARV prophylaxis. Reinforcing factors such as social support from family members and social support from peer groups were significantly associated with completion of ARV prophylaxis. However social support received from health provider was not associated with completion of ARV prophylaxis.

The discussion based on these results is presented in three parts as follows:

5.1 Lessons learned

5.2 Limitations of the study

5.3 Conclusions

5.4 Recommendations

5.1 Lesson Learned

From the sample size and data collection, the researcher uncovered method and information some questionable conclusions that tested reliability of results from a previous questionnaire in the same population group and incomplete data collecting relating to 13 women who were missing in this study. However, from these mistakes, future research should now be improved in the preparation of researcher's own data collection form. In addition, better efforts should be made to maintain confidentiality and to get the maximum amount of information (data) as possible during any follow up.

Ethical approval was obtained from Mae Tao Clinic senior management prior to the start of the study. Written informed consent was obtained from each individual respondent before administering questionnaires. This is the first study that has used a written informed consent form among migrant population along the Thai-Myanmar,

thus it was extremely difficult in the beginning - but as the study progressed people in the community began to be more familiar with and comfortable with this consent form.

5.2 Limitations of the study

1. The study focused primarily on HIV positive migrant women from Myanmar who were pregnant and came to the Mae Tao Clinic for Antenatal care. Although to a limited use, other studies in the border area have looked specifically at the migrant population to examine pregnant women who have received HIV positive test results. Neither have the reasons for complete and incomplete courses of antiretroviral prophylaxis after it has been offered to them been assessed, which may have limited the utilization of any such study. Furthermore, research on program related factors of influencing the completion of ARV prophylaxis in preventing transmission of HIV from mother to child is extremely limited. However, this study was necessary because it will be a tremendous help to the Prevention of Mother to Child Transmission program, and therefore it is beneficial to the underserved population. It can also be used in the similar marginalized population elsewhere.

2. Results of the study may be influenced by a selection bias. Selection bias stems from an absence of comparability among group being studied *(Grimes & Schulz, 2002)*. While the study attempted to include all of the women who attended the PMTCT program, it was necessary to bear in mind that the results

of the study are clinic/program based. The results can not be generalised to include HIV positive women who did not attend a regular PMTCT program. In addition, this study did not cover the women who chose not to attend the program and therefore it might be missing another important sub-population.

3. Results of the study may be influenced by a bias that is inherent in the method of data collection. In this study, recall bias could have influenced the results because recall bias is caused by differences in accuracy of recalling past events by cases and control *(Dorak, 2006)*. In this study the questions required the respondents to remember information that was more than six months previous to the interview date. For example: "How long on average did you have to wait before seeing health worker for consultation?" For this question some respondent might not be remember how long they waited to see the health provider, when they were pregnant. They might answer very differently from what really happened.

4. In this study subject bias could have influenced the results since the interviewees are still beneficiaries of the PMTCT program and, thus they could feel the need to provide "positive satisfaction" information to interviewer *(Dorak, 2006)*. For example: "Did health provider always inform you about your next visit?" and "During your visit, how did the health workers treat you?" For those two questions the respondents might answer "yes" and "very good". They might not give accurate information because they wanted

the interviewer to be happy with their answer and they did do not want the interviewer to be personally/professionally offended by them.

5. This study used the Chi-square test to analyse the association between factors that influence HIV positive women's completion of ARV prophylaxis, but no further statistical analysis was done to determine which are the most influential factors associated with completion of ARV prophylaxis. Therefore, the results could not say which factor is most influenced the HIV positive women's completion of ARV prophylaxis at the PMTCT program in Mae Tao clinic.

5.3 Conclusions

This study amongst HIV positive pregnant women at the PMTCT program showed that the number of children HIV positive women had, was significantly associated with completion of ARV prophylaxis at the program. Respondents who had no children had the highest percentage of completed ARV prophylaxis, while amongst respondents with more than three children, none had completed the ARV prophylaxis. This indicates that women with no, or three or less children were more dedicated to preventing HIV AIDS transmission. However, this factor should not be seen in isolation from other factors, but rather should be considered in combination with other factors such as household income or social support.

Knowledge regarding prevention of HIV mother to child transmission of HIV positive pregnant women was significantly associated with completion of ARV

prophylaxis at the PMTCT program as shown by the Chi-square analysis results. This shows that having a higher knowledge about HIV-mother to child transmission influences women's decision to complete the ARV prophylaxis.

HIV positive women's accessibility to health care *(waiting time, attitude of health providers, clients' privacy, confidentiality by staff, travel distance to the facility, migration status and police check points whilst traveling to health care services)* was significantly associated with the completion of ARV prophylaxis at the program according to the Chi-square analysis results. HIV positive pregnant women who had more access to the PMTCT program had an increased chance of completing ARV prophylaxis. This result is consistent with the result of a study in Africa *(Painter et al., 2004)*.

In this study, lack of official migration status of HIV positive pregnant women was significantly associated with completion of ARV prophylaxis at the PMTCT program. HIV positive pregnant women who had "official migration status" had higher likelihood of completing ARV prophylaxis than those who did not have "official migration status" as they feared risking arrest and deportation whilst making their way to/from clinics. This result is consistent with the findings of a previous study completed among migrants in Thailand *(Press, 2004)*.

Social support received by HIV positive pregnant women was significantly associated with completion of ARV prophylaxis at the PMTCT program. Amongst the HIV positive pregnant women who had high social support, more completed ARV

prophylaxis than those who had less social support. This result is consistent with the result of similar research done in Africa *(Eide et al., 2004).*

Fifty six percent of HIV positive pregnant women did not have "official migration status". The official migration status of HIV positive pregnant women was significantly related to their completion of ARV prophylaxis in the program, with a p-value=<0.05.

The majority (97%) of the respondents had low economic status. The economic status of HIV positive pregnant women was not significantly related to completion of ARV prophylaxis in the program with a p-value=>0.05. However, household income of HIV positive pregnant women was significantly associated with completion of ARV prophylaxis in the program, and this result is consistent with a study done in Africa *(Painter et al., 2004).* Social support of HIV positive pregnant women was significantly associated with completion of ARV prophylaxis in the program with a p-value=<0.05.

5.4 Recommendations

These results determine that additional actions are required to improve the effectiveness of prevention of mother to child HIV transmission program for HIV positive pregnant women in Mae Tao Clinic.

Recommendations about improvements to the program:

1. The findings of this study discovered that 56% of women did not have official migration status; the official migration status of the women is significantly

associated with completion of ARV prophylaxis. So the program (Mae Tao Clinic) should enter negotiations with local authorities such as immigration officers, local public health officers and focus on the migration issue for special cases. Also 65% of women had to pass police checkpoints, amongst those women, many women might not have official migration status and would therefore be afraid to pass the checkpoint. Therefore an increase in home visit teams (health workers or volunteers) and the number of times visits are made to HIV positive pregnant women who do not have official migration documents, would address this.

2. According to these findings, 46% of the HIV positive pregnant women were living in Myawaddy, which is located in Myanmar side. Therefore the program (Mae Tao Clinic) or the NGOs working with those women, should focus on cross-border collaboration. Such as, between Mae Tao clinic, other Border Health organizations and the local authorities from Myanmar side (World Vision Myanmar, Myawaddy Township health officer) should negotiate freely and safety cross-border networking related to health issues.

3. Organising more and better training for HIV/AIDS education counseling for Antenatal Care staff and Voluntary Counseling and Testing (VCT) service staffs. Because the study showed that, 69% of the women had low knowledge regarding to prevention of mother to child HIV transmission. Therefore organising monthly, ongoing workshops for HIV/AIDS education and counseling to ANC and VCT staffs and producing information education and

counseling (IEC) materials related to prevention of mother to child HIV transmission, will increase awareness and knowledge related PMTCT amongst pregnant women.

4. In addition to media based approaches for disseminating prevention information, outreach focused on couples can provide women and their partners with opportunities outside antenatal settings, where men are rarely seen to discuss and clarify their understanding of transmission of HIV from mother to child.

5. The study showed that the social support of the women is significantly associated with completion of ARV prophylaxis, so outreach to couples and community mobilisation may complement the measures at program level that are suggested above. By contributing towards greater social support mechanisms for women's prevention efforts, increasing their sense of self efficacy makes it easier for them to protect their infants. This will reduce the number of pregnant women lost to follow up and reduce irregular drug (AZT) taking.

6. According to these findings, most of women in the PMTCT program have low economic status, because most of them are housewives with low household income. The overall economics are not associated with completion of ARV prophylaxis, but the household income is significantly associated with ARV prophylaxis. So the program should consider not only the women's health

problems, but also the social and economic health of women too. The program should reseach ways, which support the women in the program to get a regular income, such as providing vocational training support and micro-credit in the women's interests. But as the women are migrants, they by definition and design often move from place to place to find jobs and for security reason. So finding safer ways for the HIV positive pregnant women to come and visit the program should be prioritised. For example, providing transportation fees.

Recommendations for future study

1. This study was clinic-based and perhaps missed a more important group of HIV positive pregnant women who do not go to Mae Tao Clinic for health services. Further studies should focus on reaching this group, so that a program is tailored to the needs of these marginalised and needy groups of women and be established in the Mae Tao Clinic.

2. This study was clinic-based or program based only interviewing HIV positive pregnant women who visited Mae Tao Clinic for health services. Further studies should be carried out on other border programs to assess the needs of these marginalised and needy groups of women so appropriate provision can be established.