

ABSTRACT

The Sub-Saharan Africa is most severely affected region accounting for 69% of people living with HIV in the world of 34 million infected people. In Uganda alone, 1.2 million people are living with HIV with its population characterized by new infections which are projected to increase by 700,000 new infections over the next 5 years. Though the scale up of ART has transformed National AIDS responses, saving over 9 million people, the implementation of the PMTCT program since 2000 with 6.5% HIV positive pregnant women attending ANC has had less than 25% complete the entire PMTCT cascade. This has resulted in between 24% - 45% of HIV exposed infants infected. With such an alarming rate, the need to cause significant impact resulted in the study identifying the factors influencing retention of HIV positive women on the PMTCT program with evidence from Kitimbwa and Kayonza Sub-Counties, Kayunga District.

The study adopted a descriptive cross-sectional study design and retrospective study design on previously registered HIV positive women from 2009 to 2011, n=121 sampled by simple random sampling from a list of all HIV positive women registered in the above period. Sources of data were MCH registers, key informants and focus groups. Study population was HIV positive women identified in facilities of Kitimbwa and Kayonza Sub-Counties, data collection tools/techniques included a data extraction tool, key informant interview and focus group discussions.

Findings in which a descriptive cross-sectional study design was utilized based on data contained in the records from Nkokonjeru, Wabwoko and Lugasa Health Facilities established that much as most of the HIV positive women attending the PMTCT program never complete the program, PMTCT retention level amongst these HIV positive women on average is as low as 15.7%. Such retention is neither influenced by women's age, marital status, religion and literacy level nor occupation and income level but women ethnicity with some tribes able to complete the PMTCT program compared to others. The

study also found out and concluded that while some health care systems factors amongst which is ANC attendance, ANC attendance number of times, the personnel seen during antenatal care and the point of child delivery had no significant influence on PMTCT retention amongst HIV positive women, PMTCT retention was influenced by the distance to the health care unit and the health care unit from where the HIV positive woman attends the PMTCT program.

The study, based on the objectives and findings recommends among others that the government through its line ministry of health in consultation with the health units and the clients comprehensively design approaches that are of help in retaining a bigger proportion of HIV positive on the PMTCT till completion. It also recommends that besides sensitization efforts taking into account the cultures of the different ethnic groups, public – private partnerships be leveraged in which the existing private health care units are utilized by the government to provide PMTCT programs which is not only time saving but also cost saving compared to construction of new facilities which require more time and financial resources.