Abstract

PMTCT was defined as prevention of mother-to-child transmission of HIV a program meant to prevent MTCT of HIV from HIV infected antenatal mothers to their unborn babies and infants either during pregnancy, labour and delivery and breastfeeding. Globally, MTCT accounts for 'over 90 percent of HIV infected children aged under 15 years and of all antenatal mothers attending ANC where HIV positive pregnant mothers are found, at least more than 40 percent infect their infants through MTCT'. An estimated 60 percent of antenatal mothers in Mbale district who had access to PMTCT service only 20 percent utilized the services.

This was consistent with the findings of this study where of the 199 (56.1%) antenatal mothers who had access to PMTCT services only 66 (18.4%) utilized the service. Client's individual factors, health care system, Policy and legal factors were pointed out as the most responsible factors for low uptake of PMTCT services in Mbale district.

This was a cross-sectional study design employing qualitative and descriptive methods of data collection. This study targeted sample size was 382 participants and a total of 382 respondents took part in this study representing 100 percent. A total of 355 antenatal mothers irrespective of their HIV sero status and 27 key informants were simple randomly selected from the three referral health units in the district.

The findings from this study showed the major factors affecting access and utilization of PMTCT services by antenatal mothers were; low level of education and limited information on PMTCT services accounted for 53.1 percent of the respondents, high costs involved was 80 percent where antenatal mothers paid between 500 to over 4000 UGX for transport to access and utilize PMTCT services. At least 68.8 percent moved a long distance of over 3-5 Kilometers to the referral health units. Long waiting time accounted for over 18 percent who waited beyond 4 hours. Limited space affected privacy and confidentiality contributing to poor access and utilization of services by antenatal mothers. A total of 45 percent feared HCWs knowing their sero status and stigma from the family members and HCWs affected early access and utilization of PMTCT services, including adherence problems to ARVs for PMTCT and exposed infant nutrition.

There is need for the district health office to initiate integrated outreach for PMTCT services to reach antenatal mothers, equip all Health workers at HFs with the necessary knowledge and skills they need to provide PMTCT services, Motivation in kind and monetory terms would influence change of HCW's behaviours, their attitudes, practices and unethical behaviors to avoid scaring antenatal mothers from accessing and utilizing PMTCT services at the HFs whenever they went for PMTCT services.

Dissemination of PMTCT policy guidelines and legal rights be availed to all HFs for use by stakeholders in order to provide quality aervices and respect the legal rights of the beneficiaries. Strategies to involve men in PMTCT service provision was pertinent. Emphasis on basic education and adequate information by gender would strengthen women's abilities to bargain for their Reproductive Health Rights through universal access and utilization of PMTC services by antenatal mothers.