



INVESTIGACIÓN FORMATIVA

Apoyo y Barreras para
Reducir la Transmisión Vertical
del VIH/SIDA en El Salvador

2002

EXECUTIVE SUMMARY
HIV/AIDS VERTICAL TRANSMISSION
PREVENTION RESEARCH FINDINGS

The CHANGE Project (Academy for Educational Development/Manoff Group International), a USAID behavior change project base in Washington DC, USA, recently conducted a multi-faceted research study to explore factors that influence key behaviors related to HIV testing during pregnancy to contribute to a reduction in vertical transmission of HIV/AIDS in El Salvador. USAID/El Salvador funded the study to assist in the development of a national strategy to prevent maternal-to-child (vertical) HIV/AIDS transmission (PMTCT).

CHANGE conducted a competitive search and selected local research vendor Carranza Flores, S.A. de C.V. to implement the study that included a representative public opinion survey of 900 urban men and women 15 to a 44 years old from all socio-economic levels of Greater San Salvador, as well as focused qualitative research. Qualitative research included focus group discussions and in-depth interviews with Ministry of Health (MOH) prenatal care health providers; pregnant women attending the MOH prenatal care services and their partners/spouses.

OBJECTIVES

The objective of the research was to identify barriers and motivating factors related to behaviors around the HIV test during pregnancy among health providers, pregnant women, and their partners. These three groups were identified as main actors influencing HIV testing behaviors.

It was also important to explore the general context and social environment in which the voluntary HIV testing of pregnant women was to be promoted. For this reason, the research design included a public opinion poll that interviewed a representative sample of El Salvador's major population center. It was important to learn the level of knowledge and opinion of urban men and women 15 to 45 years old about the HIV test, and measure levels and types of stigma associated with the test and test results at the community level.

Measures of knowledge and perception of health providers who currently offer the HIV test are important, but it is also crucial to identify barriers and enabling factors

(internal and external) related to the HIV test offered as part of the prenatal care package for pregnant women.

The most significant findings of the public opinion survey, focus group discussions and in depth interviews are as follows:

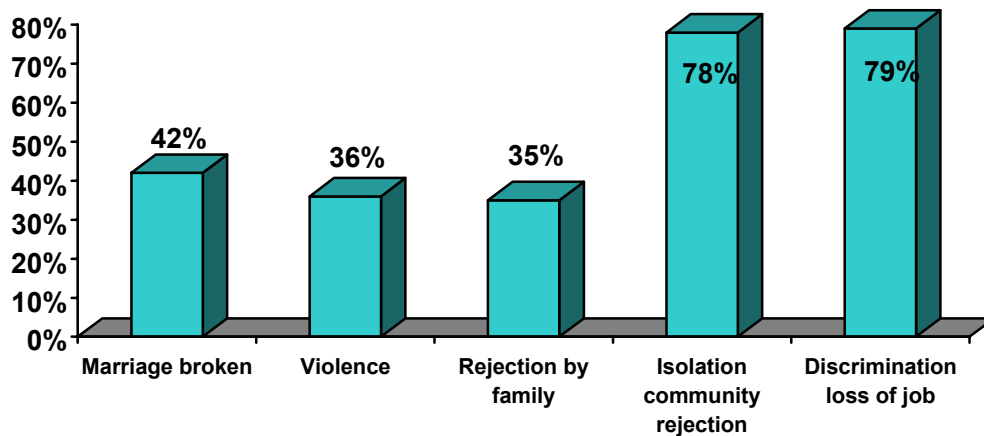
The study revealed strong support to offer universal HIV testing to pregnant women. There is little resistance from the general public, prenatal care health providers, pregnant women and their spouses/partners to the offer of HIV testing during prenatal care. While there is strong support for HIV testing, knowledge levels of the probability of vertical transmission or of the advantages of HIV testing during prenatal care are very low.

- ◆ 82 % know that HIV test is the only way to know if someone is HIV positive.
- ◆ 96 % say that ALL pregnant women should be tested for HIV AIDS as part of prenatal care visits, after they were told that there is medication available that can reduce the vertical transmission of HIV AIDS.

While there is strong support for the HIV test, there is very little knowledge of specific things that can help pregnant women who are HIV positive to reduce chances of vertical transmission. The vast majority expressed that an HIV positive mother and her child will soon die of AIDS. *(In fact, about 1/3 of newborns of HIV positive women contract HIV, even if no treatment is given. A single dose of the anti-retroviral nevirapine to mother and child at birth can reduce that figure by half. Adding maternal anti-retroviral treatment during the last weeks of pregnancy can even further reduce transmission, to less than 10%, while also improving the health of the mother herself).*

Findings related to stigma associated with HIV positive individuals are mixed. Few exhibited open discrimination or fear on their part, but they projected extreme victimization, discrimination and possible violence for pregnant women who do test positive. Many respondents are willing to care for an HIV positive relative in their home but would keep it a secret.

Negative Consequences for HIV positive Pregnant Women



Research findings indicated that support for universal testing during prenatal care can be affected by institutional factors and by other factors at the population level that need to be addressed before widespread promotion of the HIV test during prenatal care visits.

Qualitative research identified specific barriers and supporting factors in the three groups that participated in the study: providers, pregnant women and their partners/spouses.

Among the prenatal health care providers of the MOH, the need for training on advantages and benefits of the HIV test was identified, as well as the need to improve their pre- and post-test counseling skills. Additional information on anti-retroviral drugs and treatments that reduce vertical transmission of HIV/AIDS will also be crucial for health providers.

HIV/AIDS testing is now offered in just a few MOH units in very limited quantities. Currently, most pregnant women are being referred to private labs for an HIV test, but few have the money to pay for the test and this is a strong barrier to testing. (Test costs between 150 and 170 *Colones*, or \$US17-\$US19, a significant amount to pay).

Another important finding is that providers trained by the project supported by Doctors Without Borders demonstrated high levels of knowledge and indicated that they had the counseling skills needed to offer pregnant women the HIV test and manage test results adequately.

Some of the motivating factors among the providers include a positive attitude to offer the HIV test to all pregnant women not just those at “high risk”, as well as wider availability of the MOH’s services available to pregnant women who test positive to the HIV test. The positive experience of the Doctors Without Borders–trained providers to prevent vertical transmission is a powerful example of successful MOH services.

Among pregnant women who currently attend MOH prenatal care services at the health units, the study revealed a high level of acceptance for the HIV test. Women also mentioned that the most important benefit of the test is that it helps them improve the health of their child in the case of HIV positive test results. Unlike other research findings in Africa, women in this study did not mention the problem of the child surviving due to anti–retrovirals, when no medication is available to help the HIV positive mother, leaving the child an orphan with “no one” to care for him.

Among the barriers mentioned by pregnant women is that the HIV test is not being offered during prenatal care visits. They also mentioned as limitations the poor quality services such as lack of information, lack of empathy and discretion, a lack of privacy, and no opportunity to ask questions about the HIV test when it was offered.

Partners or spouses of pregnant women had little or no knowledge of treatment or any preventive measures available to reduce vertical transmission of the HIV virus. A strong motivating factor among this group is that they support the mother’s decision to have an HIV test and do not feel they need to approve the mother’s decision to take the test. They expressed their willingness to receive information on HIV/AIDS prevention and reduction of vertical transmission. Among the barriers, they mentioned some fear and concern about their possibility of having been of being exposed to HIV in the past, and the possibility of a positive result. But despite all this, they do not oppose universal testing of pregnant women.

During discussions with pregnant women and in group discussions with partners, the lack of dialogue among couples on sex–related topics was evident. Notwithstanding, they talk about the importance of the couple discussing HIV positive test results.

HIV/AIDS stigma among pregnant women and their partners/spouses is mixed. On one hand there is a strong stigma associated with HIV positive test results. Lack of information on anti–retroviral treatment to reduce vertical transmission of HIV for pregnant women who tested positive to HIV is a strong barrier to the acceptance of testing. On the other hand, respondents of both groups expressed their willingness to

care for an HIV positive relative in their home, even though they would choose to keep it a secret.

HIV AIDS VERTICAL TRANSMISSION RESEARCH CONCLUSIONS

These results are unique and timely, and can provide key inputs for national level strategic planning. Results are highly positive in that there is minimal resistance to universal HIV testing for pregnant women, and the barriers identified can be controlled and resolved in the short term.

Initial Recommendations

The following recommendations can be incorporated as part of the strategy to reduce vertical transmission of HIV/AIDS in El Salvador.

Acceptance of universal HIV testing could be positively affected by addressing the following factors:

At the Institutional Level:

- Improve logistics/ supplies to assure the availability of tests
- Dissemination of existing protocols/ establish referral protocols
- Improved quality of services, particularly the interpersonal elements surrounding voluntary testing and counseling
- Readjustment of counseling spaces to improve comfort and confidentiality.
- Competency-based training in pre- and -post-test counseling
- Standardize practices to reduce stigmatization
- Improve monitoring of test compliance to assure women get their test and return for results

At the Population Level:

Institutional Factors should be addressed BEFORE beginning general promotion of the HIV test.

- Focused promotion to address specific concerns will yield better results than general promotion. Messages might focus on the following:
 - Early detection of HIV in pregnant moms can help get treatment that significantly reduces vertical transmission.
 - FREE HIV testing is AVAILABLE for pregnant women and

- Anti retro viral treatment for HIV positive pregnant women & new born is AVAILABLE FREE at health centers.
- New, improved high quality services by well-trained MOH staff are now available.
- Engage media approaches to reduce stigma associated with HIV/AIDS individuals.

To receive an electronic copy of the report (full report available in Spanish only), instruments, etc, please address requests directly to: changeinfo@aed.org.