

## Original Article

# Response to Antenatal HIV testing and prevention of parent to child transmission: an experience in a peripheral hospital in India

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### Abstract

**Objectives :** The antenatal screening of HIV in all women is becoming an integral part of routine antenatal check up in India, by prevention of parent to child transmission (PPTCT) program. **Aims:** To analyze the response to implementation of PPTCT program in a peripheral hospital and to study the involvement of husbands for counseling and testing. **Methods:** Data of 4372 women attending the antenatal clinic from January 2005 to December 2005 was analyzed. Data of husband counseling and testing was also analyzed. **Results:** Acceptability of the test after pretest counseling is 99%. Women attended post test counseling and collected reports in 58.6%. Sero prevalence of HIV was 0.73% of which 62.5% came for post test counseling and 46.8% patients got nevirapine. Only 10% of the husbands of total antenatal cases came for counseling of which 65% got tested. **Conclusion:** The acceptability of test after pretest counseling is satisfactory but the follow up for post test counseling and % of sero positive women getting nevirapine is to be improved. There is need to enhance male involvement to make husband friendly antenatal clinic.

**Key words :** PPTCT (Prevention of Parent to Child Transmission), HIV, antenatal check up, pretest counseling, post test counseling.

### Introduction

Prevention of parent to child transmission (PPTCT) of HIV is a national program, which is being implemented in the hospital. This is the most successful program being implemented against HIV. This program not only

helps to prevent parent to child transmission in sero positive population but also creates awareness about HIV in large number of couples attending antenatal clinics. It also gives the opportunity to identify infected partners. The antenatal screening of HIV is becoming an integral part of routine antenatal check up. Our aim is to study the response to the implementation of PPTCT program as well as the involvement of husbands for counseling and testing in a peripheral municipal hospital.

### Methods

This study was conducted in a municipal hospital. The

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data over a period of 1 year from January 2005 to December 2005 was analyzed. Total antenatal registrations were 4412 among which 4372 cases under went pretest counseling and antenatal screening for HIV. Specialist counselor did the counseling. Institutional ethical committee of the Hospital had approved the study.

**Table 1.**

Antenatal Total Registrations	4412	-
Antenatal cases who under went HIV testing	4372	99%
Women who under went post test counseling	2566	58.6%
Total husbands counseled	443	10%
Total husbands tested	290	6.6%
Total HIV Positive mothers	32	0.73%
HIV positive mothers who attended post test counseling	20	62%
Nevirapine given to mother and baby	15	-
Women referred to higher centers	03	-
Positive women who never attended post test counseling	12	-
Home delivery	2	-
Husbands found positive	15	-

## Results

There were 4,412 new antenatal registrations. Among them, after pretest counseling 4,372 i.e. almost 99% of the women underwent HIV testing. Thirty two patients were found seropositive i.e. 0.73%. Total 2566 women came for post test counseling i.e. 58.6%, and among 32 sero positive women only 20 came back for post test counseling and report collection i.e. 62%. Total number of seropositive patients who came from delivery was 18 and among them 3 were referred to higher centers, 15 women who delivered in this hospital got nevirapine for mother and child. Two women delivered at home and remaining 12 women never come back. So we do not know whether they delivered in private hospital or at home. Total 443 husbands were counseled i.e. 10% of the total women attending antenatal clinic. Among the husbands counseled only 290 under went HIV testing. Among the total 32 positive women, only 18

husbands tested for HIV and 15 were found to be positive.

## Discussion

This data represents the implementation and response to the prevention of parent to child transmission program for HIV in a peripheral municipal hospital. The women are coming from poor social economic class with poor literacy rate having low awareness of disease. This program is effectively creating awareness regarding testing of HIV among this class, hence the rate of testing is almost 99%. This suggests that PPTCT is becoming an integral part of effective and routine antenatal care. In other studies the rate of testing is 86 to 90%<sup>1-3,5,8</sup>.

When we see post test counseling among all, 58.6% women came for post test counseling. In 32 sero positive women only 20 i.e. 62% women came from post test counseling. So this is the area where more concentration is needed. The low percentage of women who attended post test counseling to collect report is due various reasons, including fear, ignorance, poor education, etc<sup>4,5,7,10</sup>. When we compare it with other studies it is still a better figure. In other studies post test counseling is up to 30%, in central institutes itself<sup>1,6</sup>.

Total number of husbands counseled for HIV testing was 443 i.e. 10% of total women. Among them only 290 accepted testing. This suggests that the second area of concentration needed is participation of husbands. Practically the husbands are not always accompanying women in antenatal clinics. Secondly there is an attitude of why I need to be tested if my wife is pregnant. Thirdly, if the husband had any high-risk behavior he refused to undergo the test due to fear of diagnosis<sup>9</sup>. In our society, the rearing of a child is still considered to be a job of a woman. Even otherwise husband participation in antenatal clinics is low. In public hospitals it is not a practice for husband and wife to attend the antenatal clinic together. Hence there is no opportunity for the doctor or counselor to talk to the husband. It is also not possible in public hospitals where there are large numbers of registrations compared to the availability of manpower.

## Conclusion

The acceptance rate of HIV testing by women is satisfactory. It is becoming almost an integral part of routine antenatal clinic. But the post test counseling attendance needs to be improved. Almost all sero

positive women should be covered under nevirapine treatment. There is a possibility of women delivering at other hospitals or private hospitals. Therefore a follow up of such women and proper documentation is needed with inter-sectoral coordination between public and private hospitals. Many defaulter actions are suggested for tracing these women. There should be a unique body for a particular area to report all seropositive women delivering under the cover of nevirapine. This will lead to uniformity in data collection.

We should convert the hospital to a husband friendly hospital. There is a need to enhance male involvement in antenatal clinics in the public sector hospitals. After all antenatal clinics are an effective opportunity for health care providers to create awareness of HIV among the larger community<sup>9</sup>.

Apart from prevention of transmission of HIV to the child, it provides a great opportunity for the parents themselves in containing the disease. Prevention is the cure and antenatal clinic is the best opportunity to educate.

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