

Uptake of prevention of mother-to-child transmission (PMTCT) services by adolescents and young women compared to older women: evidence from a retrospective cohort in six Sub-Saharan African countries.



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Introduction

In Sub-Saharan Africa, young women (aged 15-24 years) are at higher risk of acquiring HIV with sources indicating that their risk is more than twice that of young men. Mother-to-child transmission (MTCT) accounts for over 90% of new HIV infections in children. mothers2mothers employ Mentor

Mothers, who are themselves mothers living with HIV, to provide health education and psychosocial support to other HIV-positive mothers. We used longitudinal client records to compare uptake of PMTCT services and MTCT amongst adolescent girls, young women and older women.

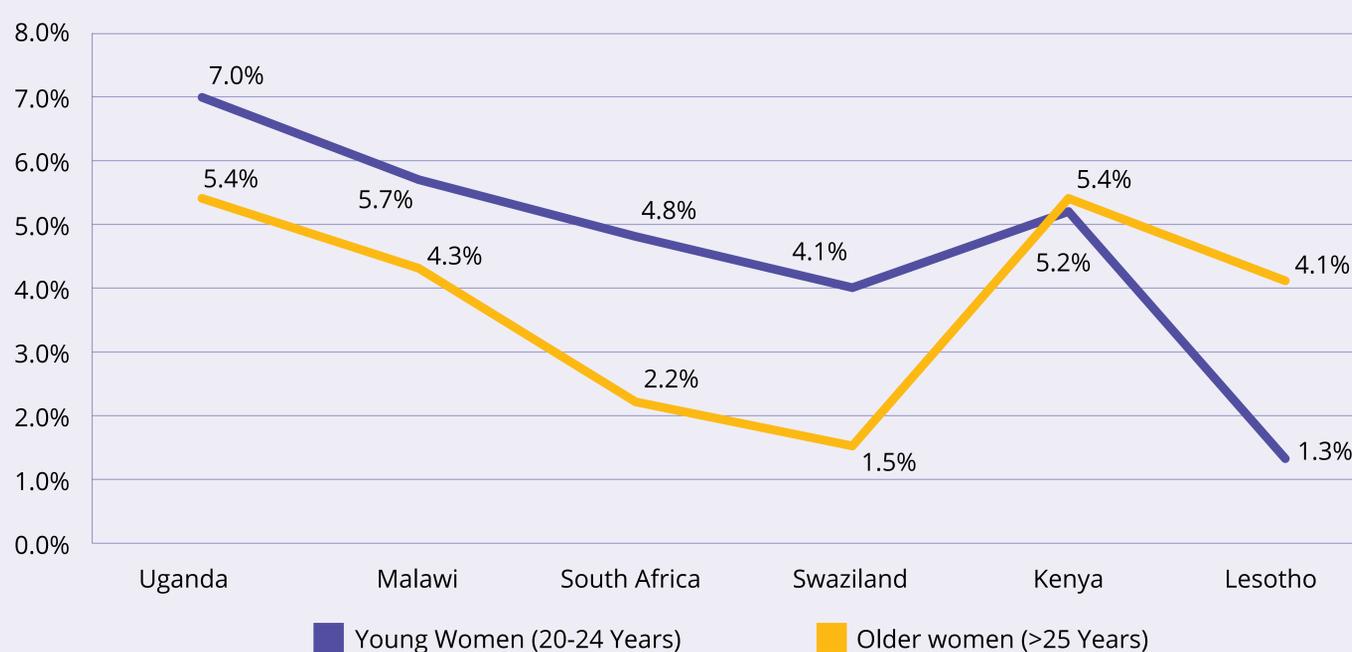
Method

We documented uptake of PMTCT services for HIV-positive mothers who presented for antenatal and or postnatal services between June and November 2012 and followed them up for up to 31 months in Kenya, Lesotho, Malawi, South Africa, Swaziland and Uganda. We extracted records of 12,900 HIV-positive mothers from records kept by mentor mother at a representative sample of 87 health facilities supported by mothers2mothers. Using this routine client management data, we used logistic regression analysis to compare PMTCT service uptake and MTCT rates between adolescent girls (15-19) and young women (20-24 years), compared to older women (25 years or older), adjusted for facility type, site location (rural/urban), disclosure status and male partner HIV status.

Results

A total of 846 (6.6%) were adolescent girls and 3,465 (26.9%) were young women. Adolescent girls (OR=0.70; 95% CI=0.56, 0.87) and young women (OR=0.77; 95% CI = 0.66, 0.91) were less likely to take up postnatal prophylaxis compared to older women. Other services that adolescent girls were less likely to take up compared to older women were infant cotrimoxazole prophylactic treatment (OR=0.77; 95% CI = 0.63, 0.95), Polymerase Chain Reaction (PCR) test (OR=0.77; 95% CI = 0.63, 0.94) and PCR test result (OR=0.80; 95% CI = 0.66, 0.97). Mother-to-child transmission was higher in young women (20-24 years), who were more likely to have an HIV-positive infant compared to older women (OR=1.34; 95% CI = 1.03, 1.77). There were no significant differences for adolescent girls compared to older women. Country-specific raw frequencies of MTCT rates at 18-24 months for young and older women are presented below.

Mother-To-Child Transmission Rates



Conclusion

Higher MTCT may be partially explained by lower uptake of postnatal prophylaxis amongst young women compared to older women. Lower uptake of PMTCT services by adolescent- and young women emphasizes the need for programmes to specifically target this population segment through social and behavior change, and provision of youth friendly health services.

