

Ukraine: What Do Providers Know About Prevention of Mother-to-Child Transmission (PMTCT)?

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Background

Since 1996, Ukraine has experienced a five-fold increase in the number of HIV-positive women registered annually, as well as an increase in the prevalence of HIV infection among pregnant women (Figure 1).

In Ukraine, interventions currently focus on testing pregnant women for HIV at antenatal clinics (ANCs), identifying HIV-positive pregnant women, and providing counseling and medical treatment to women to reduce the risk of mother-to-child transmission (MTCT). HIV counseling is an essential component of primary and secondary HIV prevention, and provider knowledge of voluntary counseling and testing (VCT) and prevention of MTCT is critical to counseling success.

Methods

In 2005, PATH administered knowledge, attitude, and practice surveys to 517 providers (ob/gyns, gynecologists, and midwives) working in a total of 16 health care facilities in southern Ukraine. We identified study participants through their clinical facilities and obtained verbal consent from each respondent. Participants were assured that data obtained would be confidential. We performed statistical analyses using JMP software (SAS Institute, Cary, NC, 1994).

Results

When asked about the ways in which HIV can be transmitted from mother to baby, a high proportion of respondents could identify at least one mode of transmission (Figure 2). Only about 69 percent, however, were able to correctly identify all of the ways that transmission can occur (during pregnancy, delivery, or breastfeeding). About 30 percent of providers believed that only one or two of these methods could potentially transmit HIV from mother to baby. A majority of respondents correctly noted that HIV could not be transmitted during routine care of the baby, while about 60 percent correctly replied that HIV could not be transmitted during feeding (not breastfeeding) (Figure 3).

Correct knowledge of the chances of an HIV-positive woman transmitting HIV to her baby without intervention during pregnancy and labor/delivery was low. About 12 percent of providers (n=63) chose the correct rate of 20 to 25 percent,¹ while about 41 percent of providers (n=213) believed that the transmission rate during pregnancy and childbirth was 50 percent or more. Approximately 20 percent of providers (n=104) did not answer this question, and about 3 percent of participants (n=17) believed that the transmission rate was 100 percent (Figure 4).

Correct knowledge was also low when participants were asked to identify the chances of an HIV-positive woman transmitting HIV to her baby during breastfeeding without intervention. Only about 6 percent (n=29) of providers provided the correct answer of 5 to 15 percent (Figure 5).¹

None of the participants was able to name all the factors that increase the risk of a woman transmitting HIV to her baby through breastfeeding. Additionally, only about 22 percent of participants (n=115) mentioned mixed feeding as a risk factor.

About five percent of providers believed that HIV could be transmitted through an insect bite or by working or going to school with a person who is infected with HIV. Moreover, about 18 percent of participants thought that HIV could be transmitted by kissing (Figures 6 and 7).

We found that 68 percent of providers correctly answered the question about what a negative HIV test result means, but only 12 percent of providers (n=46) responded correctly to all questions on this topic (Figure 8).

Finally, our data suggest that providers generally are not receiving adequate training on provision of HIV-related services (Table 1).

Conclusion

There are major gaps in providers' knowledge of HIV/AIDS and PMTCT. Many providers do not have an accurate understanding of HIV transmission methods and MTCT, which, if left unaddressed, will compromise their ability to provide effective counseling.

¹Authors. The WHO/CDC Prevention of Mother-to-Child Transmission of HIV Generic Training Package: Presentation Booklet. City: publisher; 2004.

FIGURE 1. Trend of HIV-positive pregnant women in Ukraine, 1998–2004

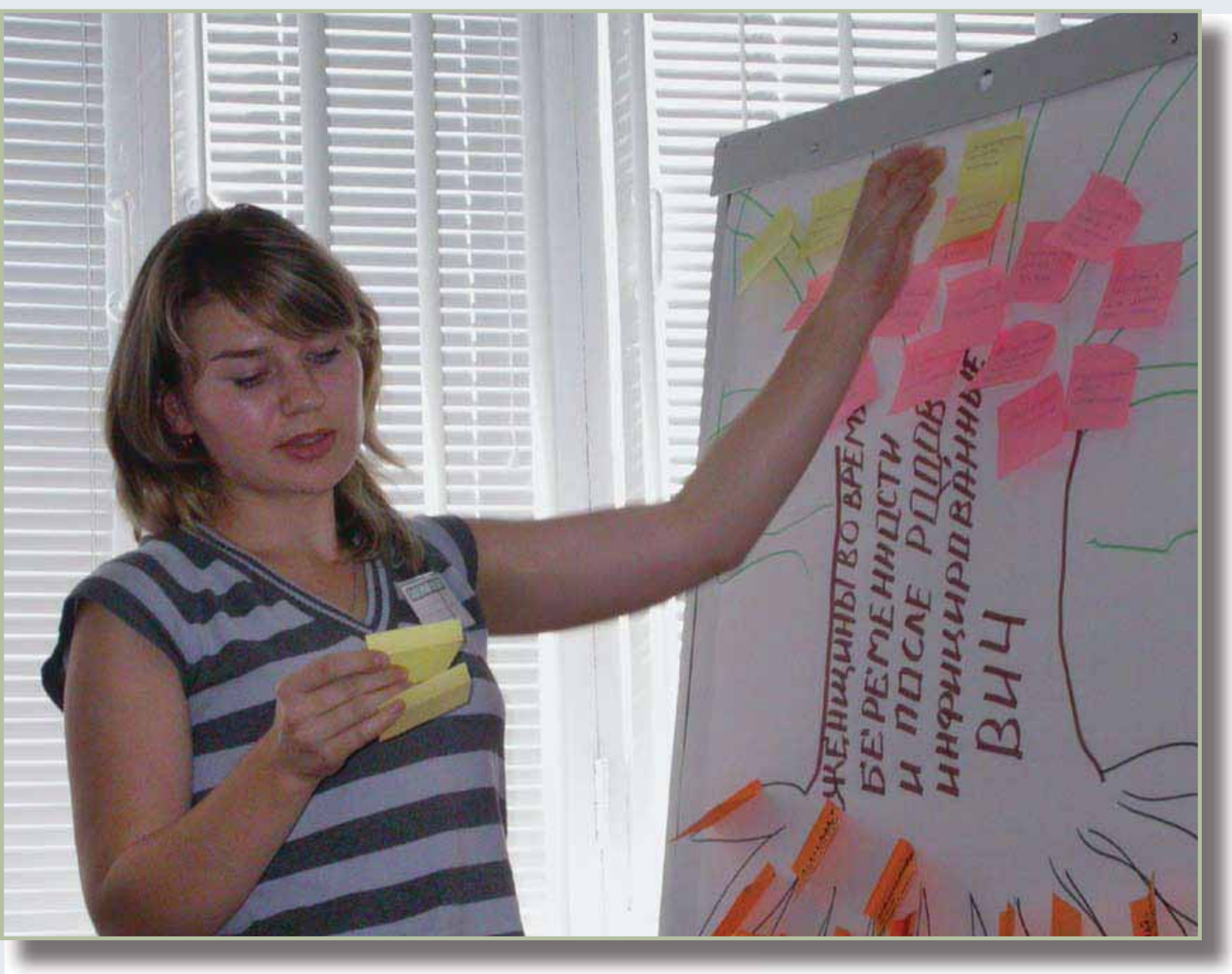
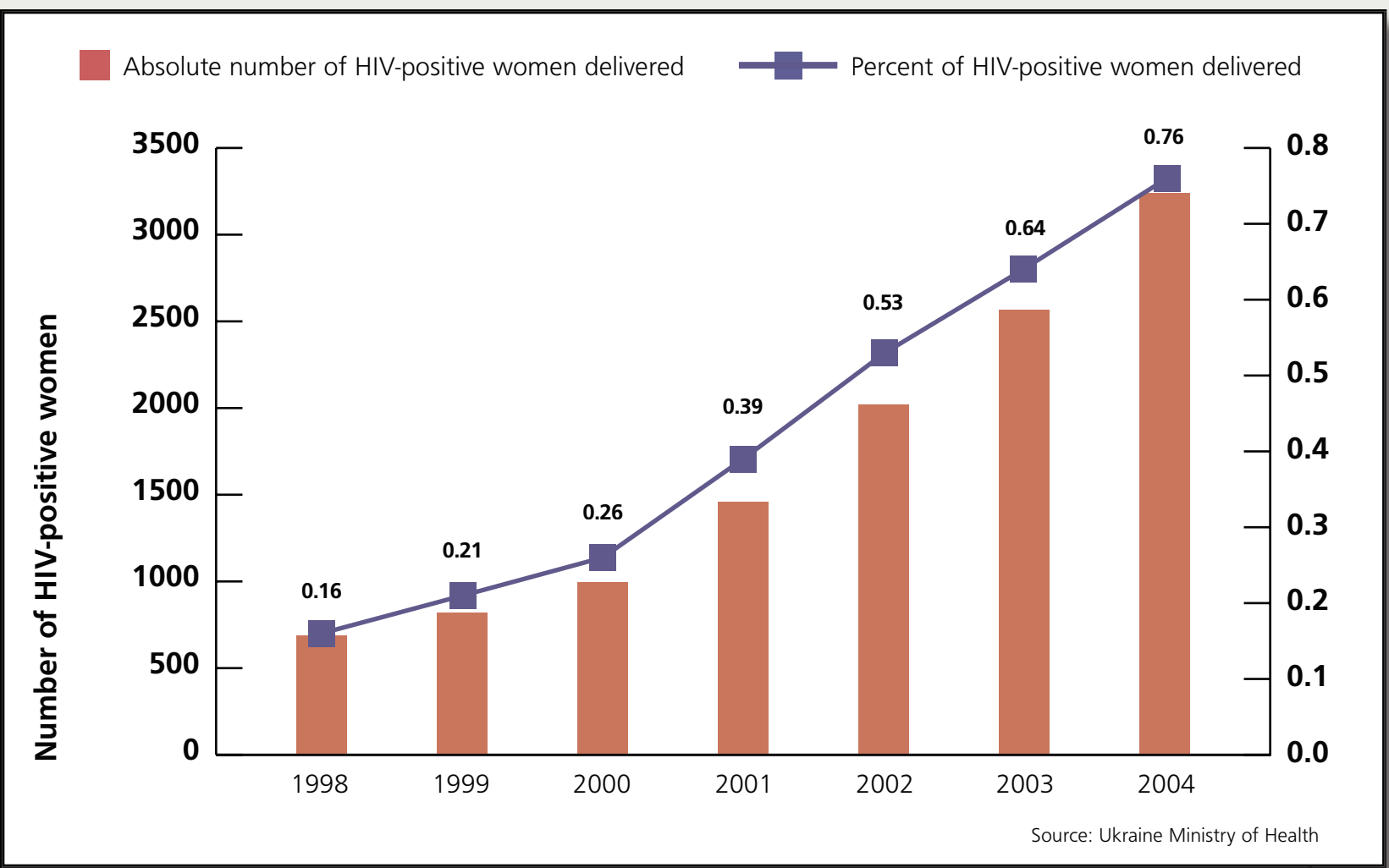


FIGURE 3. Providers' knowledge of ways that HIV cannot be transmitted from HIV-positive mother to child

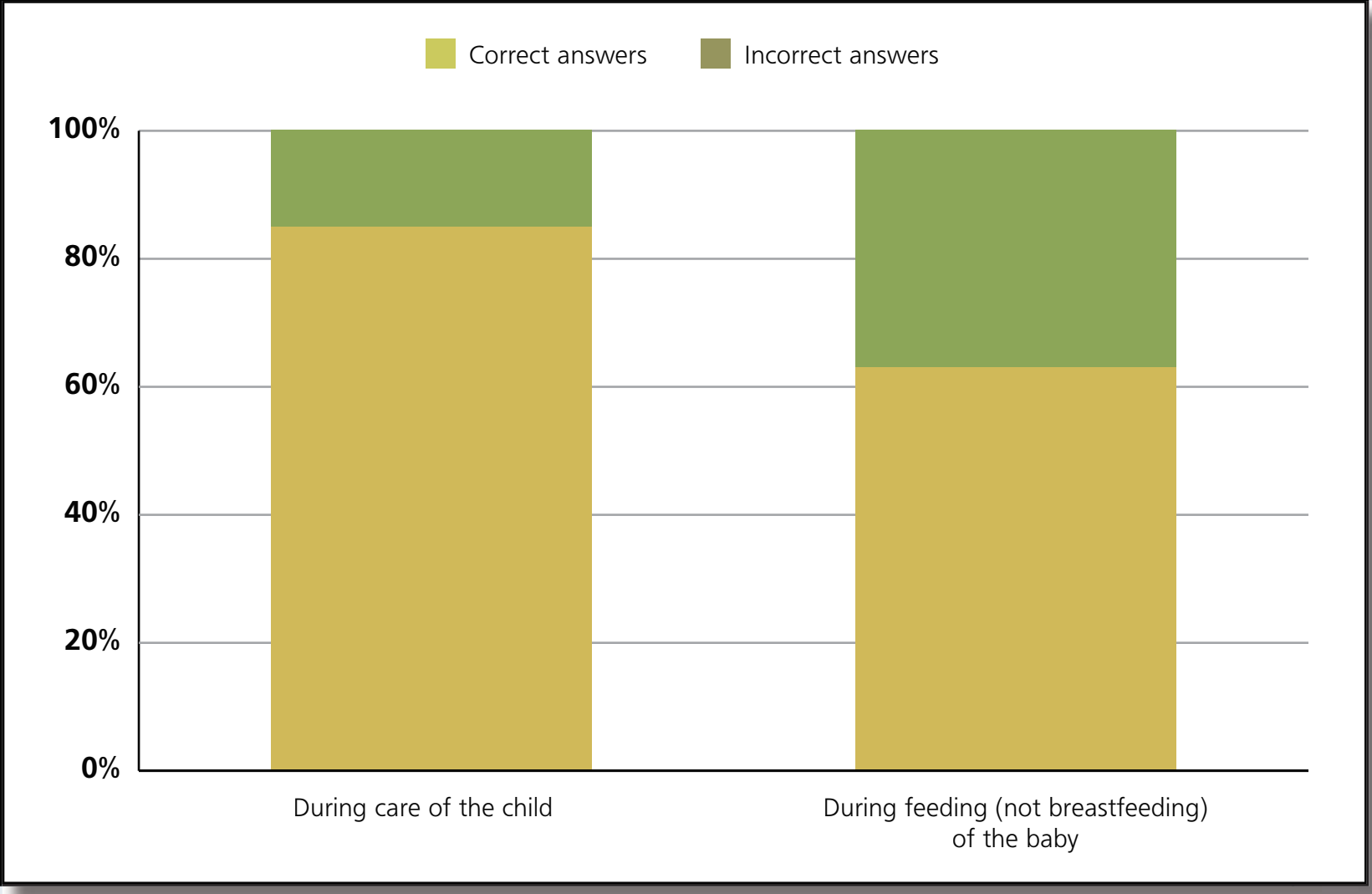


FIGURE 5. Providers' knowledge of risk of HIV transmission during breastfeeding

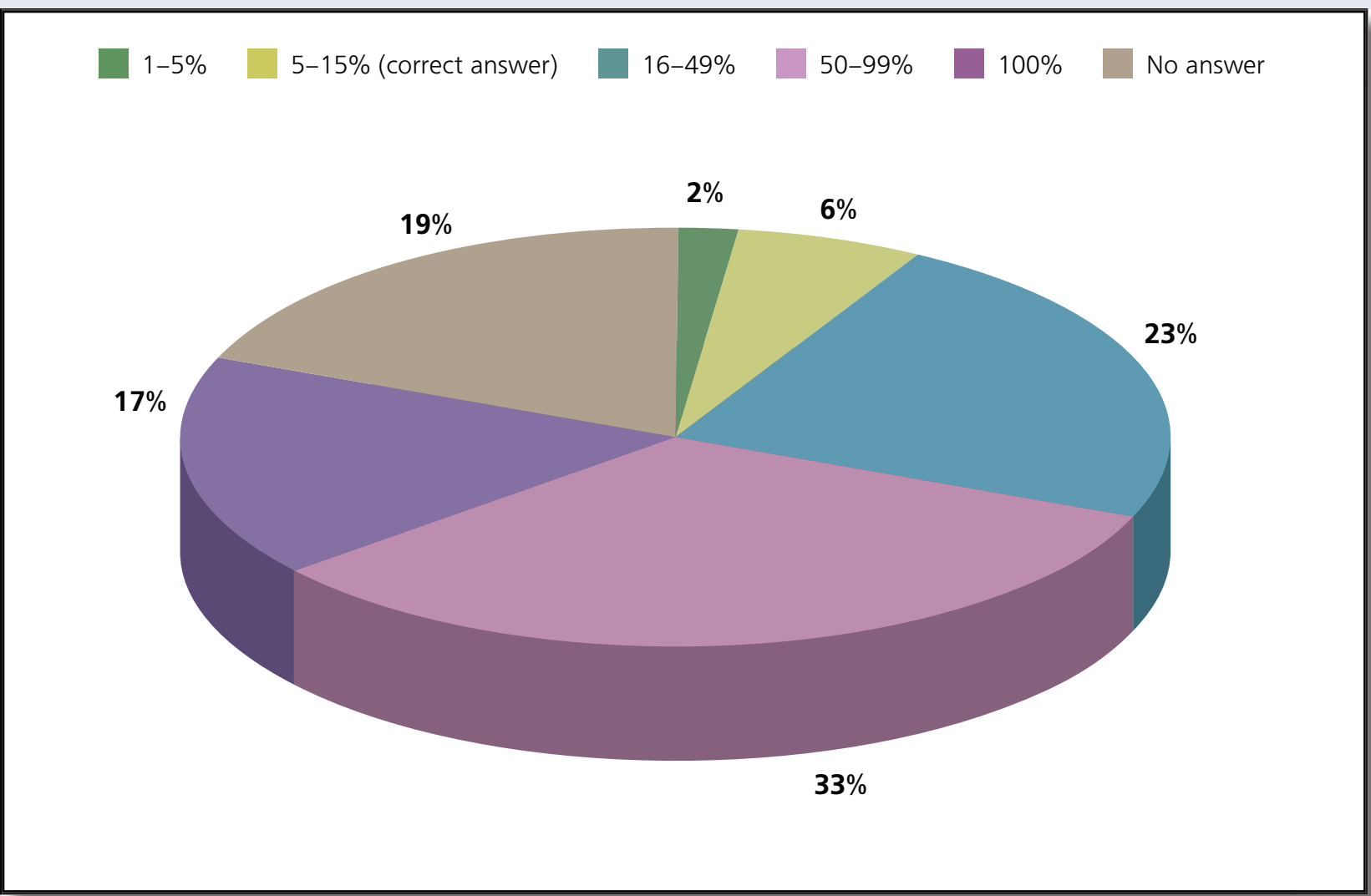


FIGURE 7. Providers' knowledge of ways that HIV cannot be transmitted

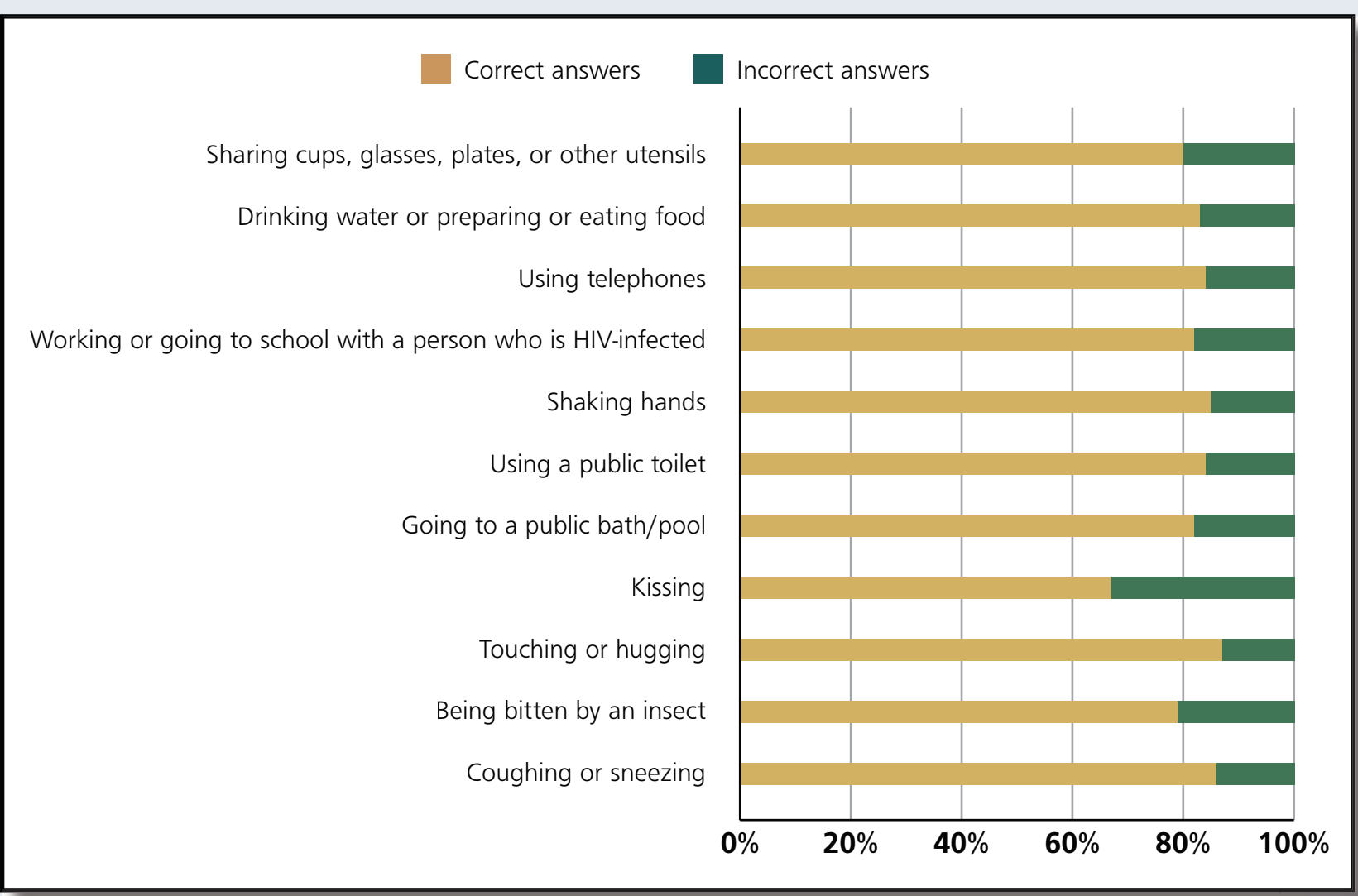


TABLE 1. Percent of providers who report training in HIV-related topics (N=517).

Subject of training	Percent
HIV counseling	30.2
Demonstration and promotion of condoms	16.4
Reducing stigma and discrimination	6.8
VCT	13.7
PMTCT	28.2
MTCT Plus	18.0
Universal precautions	44.7
Record-keeping practices for PMTCT services	10.6
Counselor supervision	4.3

FIGURE 2. Providers' knowledge of ways that HIV can be transmitted from HIV-positive mother to child

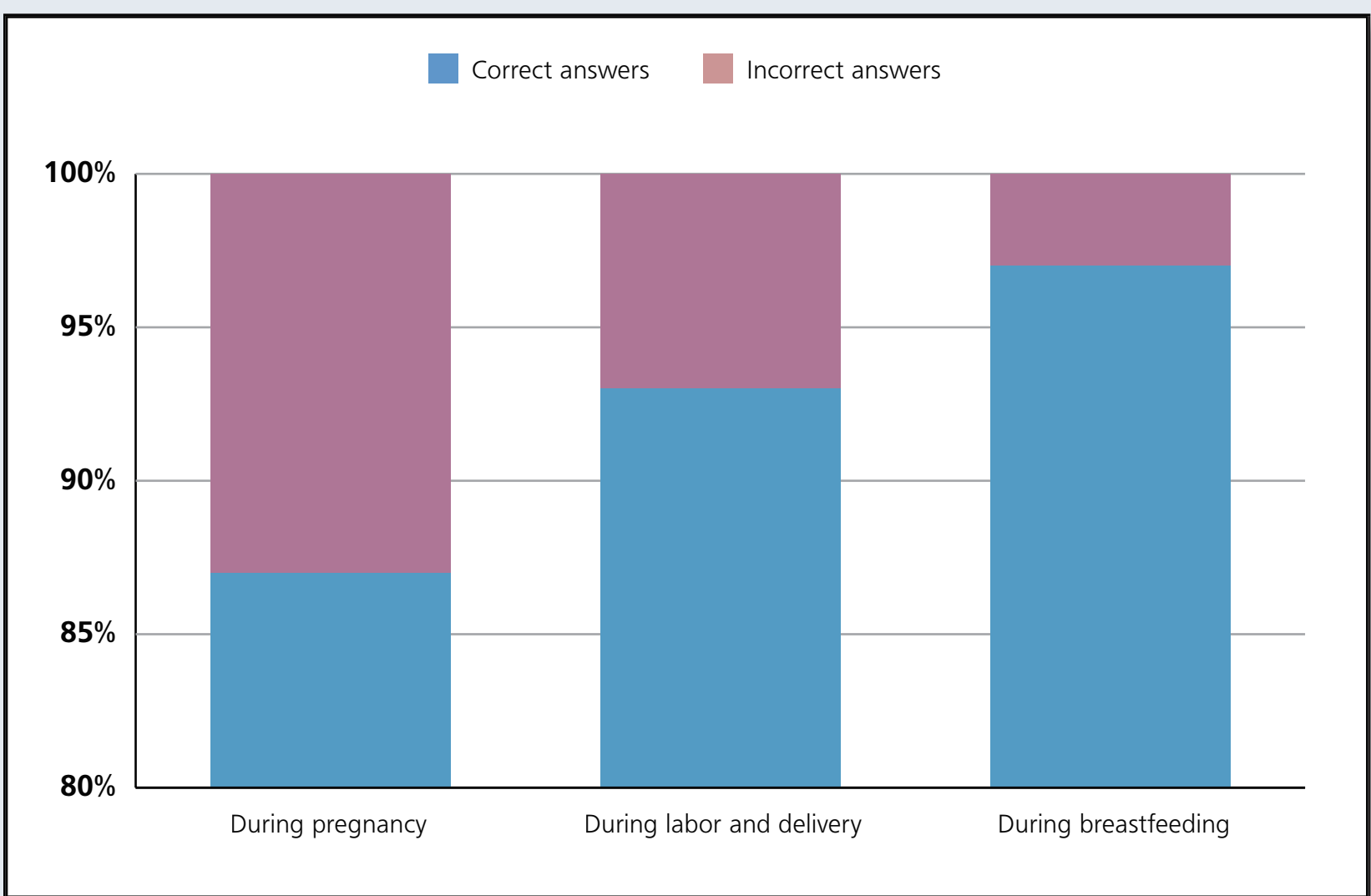


FIGURE 4. Providers' knowledge of risk of HIV transmission during pregnancy and childbirth

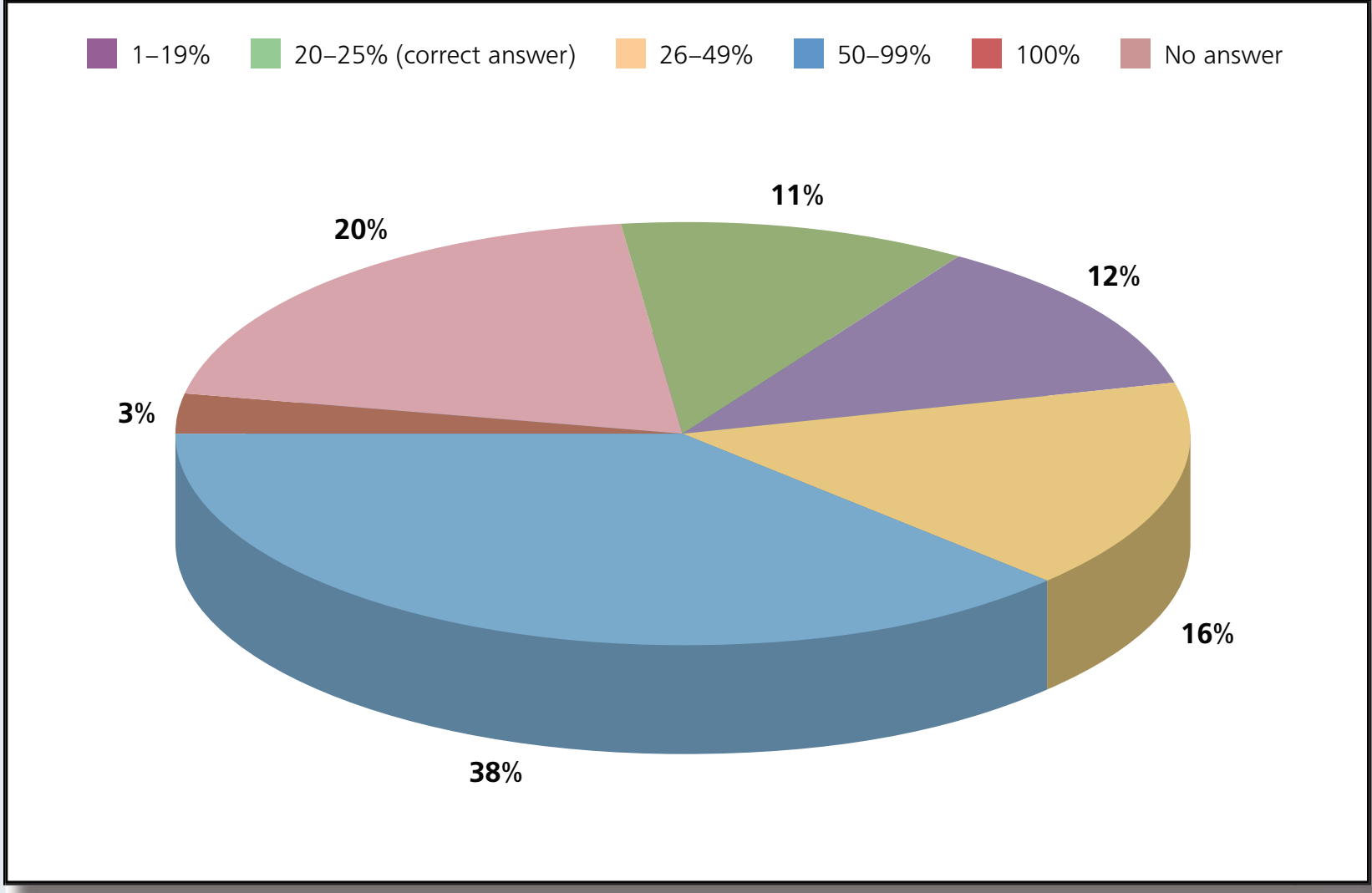


FIGURE 6. Providers' knowledge of ways that HIV can be transmitted

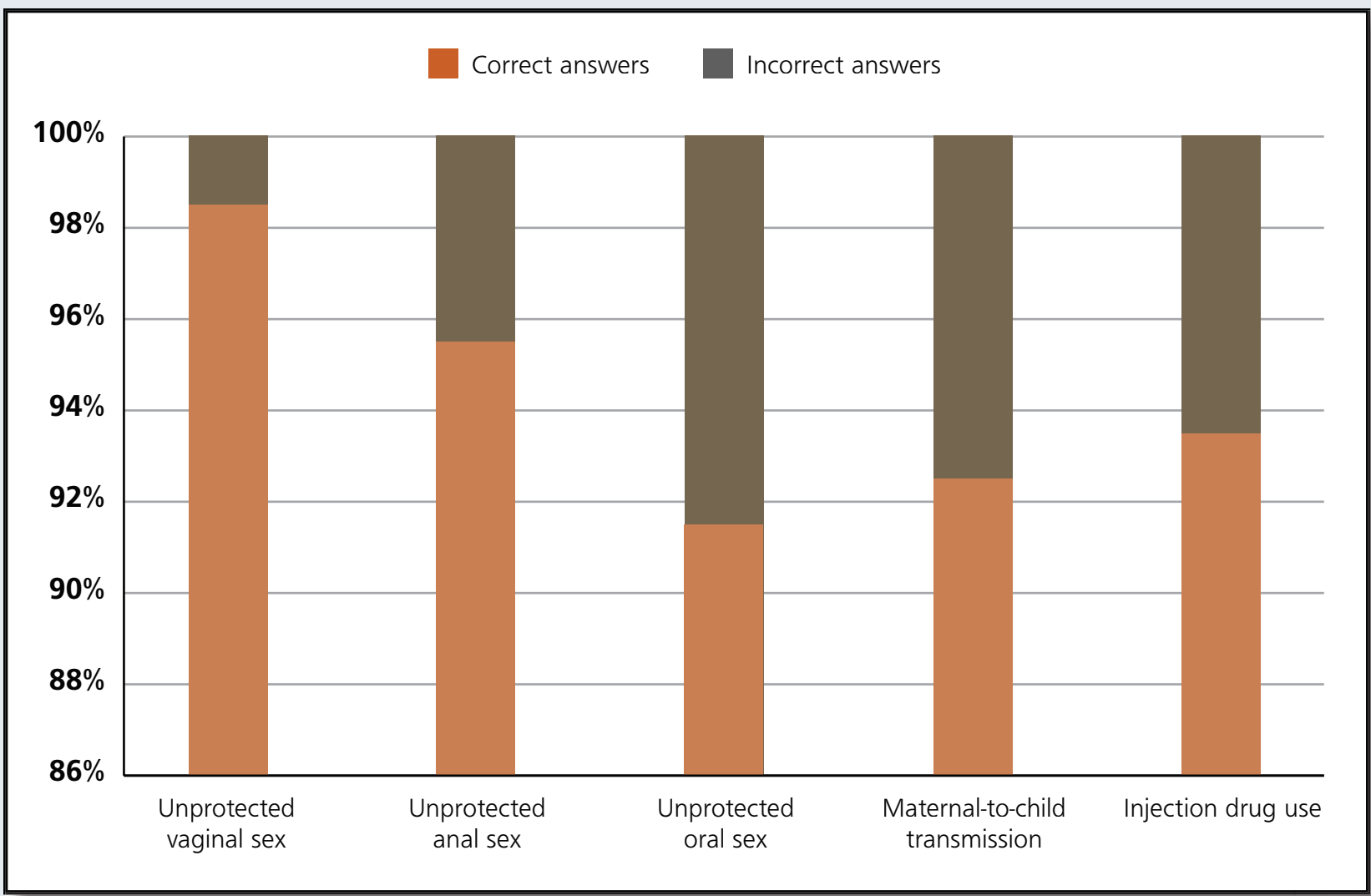


FIGURE 8. Provider's knowledge of meaning of negative HIV test result

