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An Implementation Research Problem: Poor Knowledge of HIV/AIDS among Adults of Reproductive Age in Rural Communities and its Effects on PMTCT Retention in Bayelsa State, Nigeria. Ogregade Ileimokumo E.Bayelsa State Agency for the Control of HIV/AIDS

Dr. Ileimokumo E. Ogregade, Dr. Iteimowei Major
Bayelsa Medical University, Nigeria

Abstract:- Implementation Research (IR) is solving implementation problems for proven interventions. Prevention of mother to child transmission of Human immunodeficiency virus (PMTCT) is one of the modes of HIV prevention amongst abstinence from sex, being faithful to a mutual faithful partner that is not infected, consistent and correct use of condoms and use of sterilized sharp objects. Nigeria being ranked as the second highest burdened HIV infected nation has a national prevalence of 1.4% while Bayelsa state in the South-South geopolitical zone, and in the Niger Delta region has a prevalence of 1.9% resulting in about 45, 866 person living with the virus in the state. A global and best practice is therefore required for all positive clients to be on retention which is the act to be on anti – retroviral therapy or treatment which can be achieved by stakeholders' processes, community engagement, stakeholders' mobilization, advocacies for intervention, support by PHC in the community, health systems dynamics, empowering communities, Engagement of implementers and broader systems effects all geared to improved knowledge on HIV/AIDS, increase HCT/HTS retention in care and prevention. UNAIDS vision of 90:90:90 and to end AIDS by 2030 can only be achieved if the entire population have in-depth knowledge of HIV/AIDS and all stakeholders collectively continue to strive for quality in the midst of any challenge, protection of human rights and zero discrimination. With community support and other partners, the response can be fast-tracked both at the local, state, national and the global level. Together, we can end AIDS epidemic by 2030.

Keywords:- *Implementation research, Prevention of mother-to child transmission of HIV (PMTCT), Retention, Human immunodeficiency virus/ Acquired immunodeficiency syndrome (HIV/AIDS) Antiretroviral therapy, HIV counseling and testing/ HIV testing services (HCT/HTS), Information, education and communication (IEC) materials.*

I. INTRODUCTION

Implementation Research (IR) is solving implementation problems for proven interventions, addressing proven health interventions that do not have the expected impact because of implementation problems and also new efficacious health interventions for which major implementing complications are anticipated. It identifies and addresses problems that prevent implementation of the intervention and it develops and tests implementation strategies that provide solutions to implementation problems thereby focusing on finding evidence-based solutions (Peter *et al*., 2013).

Until the emergence of COVID -19, HIV/AIDS, malaria and tuberculosis are considered the most important global public health problem. Acquired immunodeficiency syndrome (AIDS) caused by Human immunodeficiency virus has devastating effects and burden on the world's population more especially sub- Saharan Africa where 12-24 % of the population are living with HIV and 47 % of people living with HIV are women and five in six new infections among adolescents aged 15-19 years are among young girls. (UNAIDS 2020). Globally, in 2020, UNAIDS reported that 38 million people are living with HIV, only 26 million people were accessing antiretroviral drugs, 75.7 million persons have become infected with HIV since the start of the epidemic till the end of 2019, 1.7 million were newly infected in 2019 and 690, 000 people died from AIDS – related illnesses in 2019. 150,000 children less than fifteen years acquired HIV, 1.8 million children were living with HIV, 6,300 HIV new infections a day, 260,000 new HIVinfection among children and 95 % HIV infection are in low income and middle-income countries while only 85% of pregnant women living with the HIV has access to antiretroviral drugs to prevent transmission of HIV to their children. (UNAIDS, 2020).

Nigeria is ranked second highest burdened HIV Infected nation because of its large population with about 3.6 million positive persons (National HIV/AIDS Strategic Plan (2017-2021). National prevalence of 1.4 % while Bayelsa state has a prevalence of 1.9% (NAIIS, 2019).Bayelsa state has a population of 2,414,028 persons.

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(NPC& NBS Estimated Report, 2016). It simply means about 45, 866 persons are living with the virus in the state.

II. HIV PREVALENCE TREND IN BAYELSA STATE

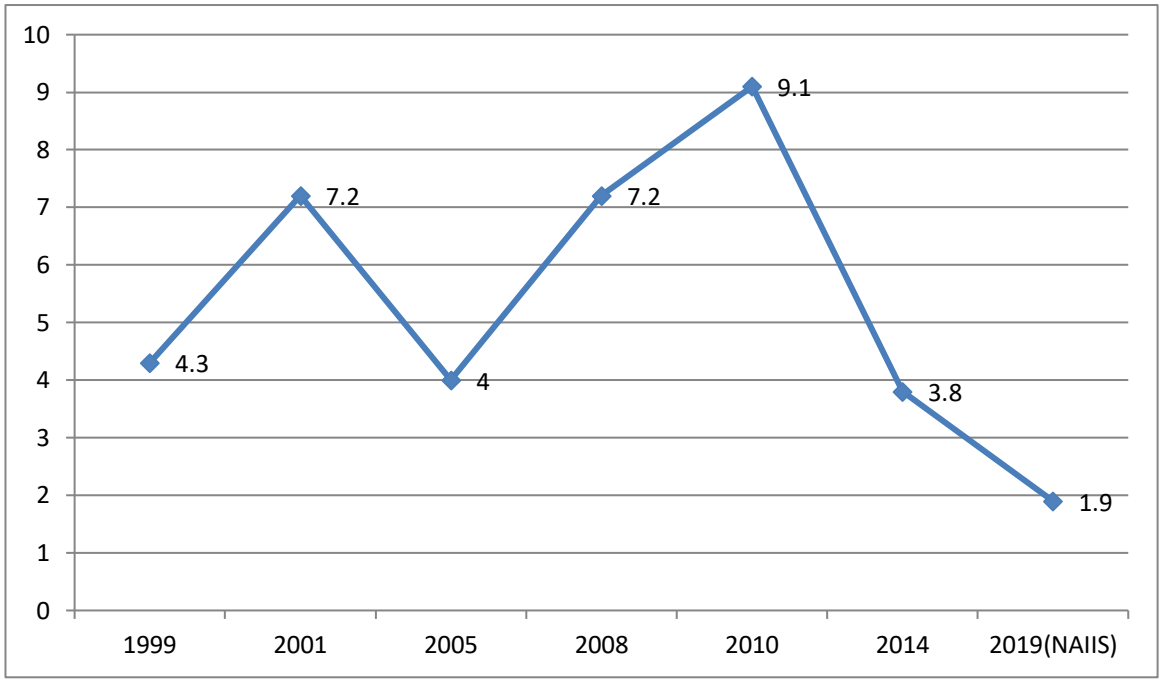

Fig. 1: FMoH ANC Sero-sentinel Survey 1999 – 2014 and NAIIS 2019 for Bayelsa State

Bayelsa state presently has eight local government areas with Delta state, Rivers State and the Atlantic Ocean as his surrounding borders.The state which is one of the lowest wetlands in the world have more riverside communities, rainy season periods from April-November which poses difficulty or no access to road transportation than urban cities in a ratio of 70:30. This gives the challenge of providing efficacious interventions in these communities and even when some interventions are done by government or partners; it may not be on a wider coverage because of constraints such as scope/quality, cost/resources, time/schedule and lack of sustainability.

III. JUSTIFICATION

Only 22.8 % of Bayelsans have in-depth knowledge of HIV/AIDS (NARHS Report, 2013) and a good population of Bayelsans do not know their HIV status. Not having comprehensive knowledge /in-depth knowledge about HIV/AIDS and stigma/discrimination has been known to be a hindrance in HIV prevention interventions because most community dwellers have myths, misconception and beliefs about HIV/AIDS which are wrong, the modes of transmission, modes of prevention, risk reduction strategies are not well known because of lack of comprehensive knowledge on HIV/AIDS which has negatively affected prevention of mother to child transmission of HIV retention.

Similarly, as a result of belief on traditional medicines and faith/ religious beliefs, there has being great effect on PMTCT retention.

Correspondingly, even when communities have a primary health care centre, it may not be functioning because of human resource issues, quest for urban posting, attrition and lack of commodities to provide efficacious intervention and access to antiretroviral drugs for prevention of mother to child transmission. This creates the problem of pregnant women in such community delivering more at the traditional birth attendant centres and not necessarily linked to the facility to have knowledge from health education and promotion and other activities. Other pertinent barriers to health services includes service location, household location, availability of health care workers, commodities, demand for service, affordability of services, acceptability which includes characteristics of health services, attitudes and expectations etc (Jacobs. *et al.*, 2012).

IV. MATERIALS AND METHODS

A. Study Area

The study area for this implementation research was a community in a riverside area in Bayelsa state with no access by road but by water or air which is exclusive.

B. Implementation Approach:

A Community Directed Approach of Robust Community Based HIV/AIDS Sensitization / Awareness Campaigns.

- Community engagement is very important in improving knowledge of HIV/AIDS by awareness creation and increase up - take of PMTCT services by providing the community with information, education and communication in advance about the health services to be delivered into the community and good distribution of I.E.C materials.

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- Community engagements building trust between organization and the community, mitigating possible doubts, suspicion and avoiding language/ communication barriers.
- Needs of the community are foremost to ensure that interventions and services delivered are of priority to that community.
- Community based systems also gives the community opportunity to contribute to the implementation of HIV/AIDS awareness campaigns and prevention of mother to child transmission of HIV and other health services.
- However, if the intervention is not considered a priority to the community, but of health emergence to the state, community engagement can assist in adapting services contextually for optimal uptake.
- Community engagement gain support buy in from the community for the intervention services any institution or organization will be delivering.
- Community engagement also enables the community to take proper ownership and sustainability of interventions that will be offered.

This participatory approach is simply based on ability of the people to address and resolve their problems and seek health seeking behaviors by improving their knowledge. This approach will intensify mass media campaigns and community campaigns which will open up discussions on HIV/AIDS and in-turn support in developing and strengthening exiting household- coping strategies and emphasizes alternative ways for health care professionals to play a supportive, proactive and constructive role at the community level. However, for any community directed interventions or a successful community engagement some critical factors must be adhered to as in this case

- Stakeholders Processes – stakeholders' mobilization at multiple and all levels, Advocacy for specific interventions and perception of the intervention among health systems and partners.
- Health system dynamics –supportive policy, support from Federal and state ministry of health, procurement and supply chain system, health worker attitude and motivation for outreach and collaboration and synergy.
- Engaging communities – Year round geographical accessibility of the community, participatory approaches to community mobilization, community perception of the value of the intervention and the delivery approach and political leadership in the communities. ❖ Empowering communities – information sharing, communal interest in the community directed/ community-based focal issues, self-help spirit as reflected in the community ownership, trust among community members and community selection of implementers.
- Engaging CDI/Community based implementers – Willingness to take initiative, selection by community, skills and relevant experience, motivation by extrinsic and intrinsic incentives.
- Broader systems effect. Stakeholders' processes, Community engagement, stakeholders' mobilization, advocacies for intervention, support by PHC in the community, health systems dynamics, empowering communities, Engagement of implementers and broader systems effects.

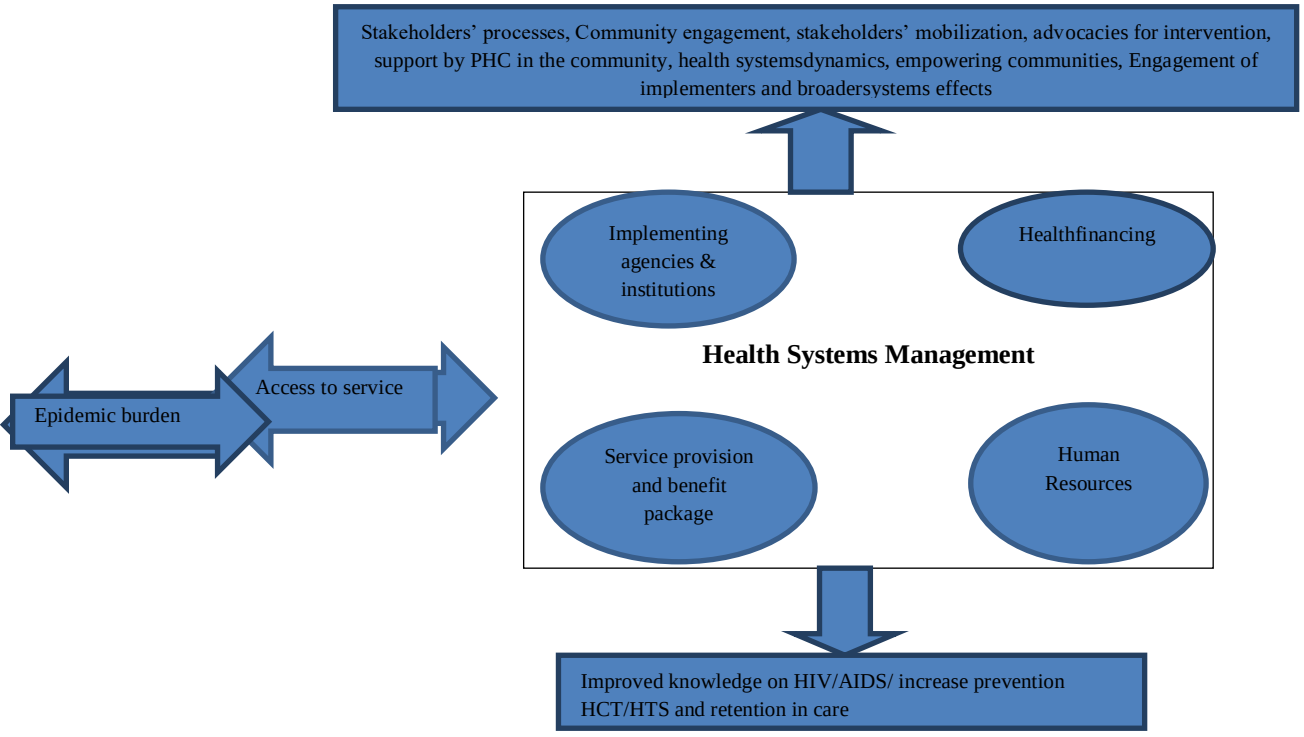

Fig. 2: A Conceptual Diagram of HIV/AIDS – Related Problems and Services in a Community Context of Resource Limitation.

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V. RESULTS AND OUTCOMES TO BE ASSESSED

- **Acceptability** – This is the perception among stakeholders(Community, Health care workers, policy makers) that to improve knowledge of HIV/AIDS and increase in prevention of mother to child transmission of HIV is agreeable looking at its benefit of having comprehensive knowledge on HIV/AIDS and four prongs benefit of PMTCT which are primary prevention of new infection, prevention of unintended pregnancies from people of reproductive age, prevention of lateral transmission from mother to child and provision of care, treatment and support to mothers, husbands , partners and children.(Mandala 2009).
- **Adoption** –This is the intention and initial decision trying employing a new intervention which brings about uptake and utilization of services in the community.
- Appropriateness-Relevance or perceived usefulness of the intervention
- Feasibility-The extent to which this particular intervention could be carried out in this particular community of context.
- Fidelity-The degree to which an intervention adheres to the implementation plan.
- Implementation cost –The marginal cost and total cost of the implementation strategy.
- Penetration/ coverage -The degree to which an intervention or practice is integrated to the service setting and system and also the degree to which the intended population to benefit from an intervention actually benefits. In this context are most people knowledge improved on HIV/AIDS and has PMTCT uptake increased.
- Sustainability- This is the extent to which an intervention is maintained and institutionalized within a given setting.
- Impact of real life condition at a larger scale.

These outcomes can be measured qualitatively using direct observation, in- depth interviews, focus – group discussions, and quantitative measurements using population surveys, assessment of cost safety and tolerability monitoring and data generated will be used for monitoring and evaluation while qualitative measurements can be done by population surveys, assessment of cost, safety and tolerability.

VI. CONCLUSION

In conclusion, UNAIDS vision of 90:90:90 and to end AIDS by 2030 can only be achieved if the entire population have in-depth knowledge of HIV/AIDS and we collectively continue to strive for quality, protection of human rights and zero discrimination. With community support and other partners, the response can be fast-tracked both at the local, state, national and the global level. Together, we can end AIDS epidemic by 2030.

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