

Factors Affecting Health Workers in Implementation of EMTCT Services at Bushenyi Health Centre IV Bushenyi District

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ABSTRACT

This study focused on factors affecting health workers in the implementation of EMTCT services at Bushenyi Health Centre IV. The objectives of the study were, to find out the health worker-based factors affecting health workers in the implementation of EMTCT services, to establish maternal-based factors affecting health workers in the implementation of EMTCT services and to assess mothers, knowledge in relation to participating in EMTCT services at Bushenyi health centre IV. The study was carried out at Bushenyi Health centre IV which is located in Bushenyi municipality in Bushenyi district which basically serves people from Bushenyi district with a few others from neighbouring districts. It was descriptive and cross-sectional in which quantitative and qualitative methods of data collection were used and the study included health workers offering EMTCT services to the mother and mothers receiving EMTCT services who were around during the period of the study. The study found that 81.25% of the health workers, had ever attained an EMTCT reinforcement workshop and only 3(18.75%) had not attended any workshop of that nature since they were transferred to Bushenyi health centre IV. The study found out that a bigger percentage of mothers at 93.75% have knowledge on various methods in which HIV can spread from the mother to the baby and only 6.25 percentage said she didn't know of such ways and regarding knowledge on importance of VCT, study found out that all the 16 mothers who took part in the study knew that its of health importance to attend a VCT, but they didn't have a detailed information about how EMTCT could help a mother who is found HIV positive. In conclusion, from the study health workers and mothers who participated in the study acknowledge that EMTCT is an essential service to the health of the mother and the baby, but is being hindered by fore mentioned challenges which are controllable if timely intervention is put in place. The following are therefore recommendations made for a better EMTCT service delivery, the government through the ministry of health should organize more workshops and short course training on EMTCT to enable health workers to acquire knowledge of the service also the government should sensitize people through public media to make use of EMTCT services from health facilities, the management of Bushenyi health centre IV should make outreaches for EMTCT services to mothers who may be able to come to the health facility quite often, health workers should always do follow up on their EMTCT clients so as to reduce the number of defaulters and lastly pregnant mothers should be encouraged to attend ANC services in which those who need EMTCT services can be identified.

Keywords: EMTCT services, health workers, Pregnant mothers, HIV positive, Health facility

INTRODUCTION

Globally about 1.4 million pregnant mothers are living with HIV in low and middle countries and of these 1000 babies are infected every day during pregnancy, birth and breastfeeding. However, it is only 26 per cent of the women have received HIV/AIDS testing in East and Southern Africa which is most hit by the epidemic and only half of the pregnant women were tested for the virus [1, 2, 3] an alternative type of testing (routine), where women are told that HIV testing is a standard part of Antenatal care to opt-out if they want to, makes it more acceptable. UNICEF found that switching from VCT to routine testing dramatically improved the take-up of testing in EMTCT programmes. For example, at one hospital in rural Uganda, the proportion of pregnant women with documented HIV status at discharge more than doubled from 39% to 88% after routine testing was introduced [4, 5, 6]. In Botswana, there has been successful progress in the fight against HIV/AIDS in relation to EMTCT. She had some of the highest rates of HIV infection at 37 percent [7, 8, 9]. The success story in Botswana was made possible by grassroots efforts in making treatments and education accessible. To achieve this, the numbers of EMTCT health clinics were

raised significantly. This allowed the people living in rural areas to have access to EMTCT, education, counseling and testing [10, 11, 12, 13]. HIV transmission in Uganda is believed to be around 21 percent due to mother to child transmission [14, 15, 16, 17]. Uganda has been implementing strategies for Elimination of mother to child transmission (EMTCT). It should be noted that some of the precondition for reducing mother to child transmission is to know that HIV can be transmission from mother to child and knowing that the use of antiretroviral drugs by the mother can reduce the risk of transmissions [18, 19, 20, 21]. This is applicable to Uganda and therefore it is deemed to face serious EMTCT challenges given its high fertility rate and the high prevalence of HIV among women of reproductive age. National HIV prevalence among women is 8 per cent Uganda HIV/AIDS sero prevalence survey 2004/05 and 67000 HIV infected women are expected to become pregnant annually. Reducing an intended pregnancy among HIV-infected women by 16 per cent would yield an equivalent reduction in HIV-positive infant cases as would the implementation of a national Prevention of mother-to-child Transmission [18, 22, 23, 24].

Statement of Problem

Worldwide, approximately 39.5 million people are living with HIV/AIDS, including an estimated 17.7 million women and 2.3 million children under the age of 15 [25, 26, 27]. Women currently represent the population which reflects the fastest increase in HIV infection rates; in the hardest-hit countries of sub-Saharan Africa, more than 60% of all new HIV infections are occurring in women, infants, and young children with 1 400 children under the age of 15 being infected with HIV every day [28, 29, 30]. In 2005 alone, an estimated 540 000 children were newly infected with HIV, with approximately 90% of these infections occurring in sub-Saharan Africa [31, 32, 33]. Without appropriate care and treatment, more than 50% of newly infected children will die before their second birthday [34]. In Africa

studies indicates that in regions with a high prevalence of HIV infection, the low levels of contraceptive use and high value of child bearing such as Sub-Saharan Africa, addressing fertility issues among people living with HIV is critical for prevention of unwanted pregnancies and prevention of HIV transmission of mother to child. Without such interventions the problem of mother to child transmission is expected to last for a long period of time [35]. In East Africa approximately 90% of HIV infection among children is acquired through mother to child transmission of HIV (MTCT). Transmission from an HIV-positive pregnant woman to her child can occur during pregnancy, labour and delivery, or through breastfeeding [36]. The risk of MTCT can be reduced to less than 2% with a package of evidence-based

interventions including ARV prophylaxis and treatments combined with elective caesarean section and avoidance of breastfeeding. Infant feeding patterns are a very important determinant of MTCT. For mothers using replacement feeding, there is obviously no transmission through breastfeeding [37]. Breastfeeding during a period of 6 months leads to approximately 10% extra transmission (from 20% to 30%), while breastfeeding during a period of 18-24 months leads to approximately 17.5% extra transmission (from 20% to 37.5%), compared to no breastfeeding [38].

In Uganda the factors influencing the utilization of EMTCT for HIV/AIDS are limited by inadequate data, there is underreporting especially in villages due to poor health administration that cannot identify mother-to-child transmission (MTCT) as a disease. Despite this shortfall, it is necessary to examine the utilization of EMTCT, thus HIV/AIDS is likely to affect adults in the reproductive age group or distort the age structure by depleting the

population in age group 15-49 years, this can also lead to increased number of children born to HIV if there is no treatment and it is estimated that around 15-30% of babies born to HIV positive women will become infected with HIV during pregnancy and delivery. A further 5-20% will become infected through breastfeeding [39]. A report by the Lot Quality Assurance Survey (LQAS) Bushenyi district funded by USAID in 2016 indicated an improvement from 57 percent in 2005 to 71 percent in 2016 on EMTCT service provision and awareness by mothers of children under five years in Bushenyi district. Although a number of studies have been done in Uganda and Bushenyi in particular about the EMTCT utilization services, there is no such a study conducted to assess the factors affecting health workers in implementation of EMTCT services at Bushenyi health centre IV and therefore this study is intended to provide the information to bridge this gap.

To determine the factors affecting health workers in the implementation of EMTCT

Aim

services at Bushenyi Health Centre IV Bushenyi District.

Specific objectives

- To find out the health worker-based factors affecting health workers in the implementation of EMTCT services at Bushenyi health centre IV.
- To establish maternal based factors affecting health workers in

implementation of EMTCT services at Bushenyi health centre IV

- To assess mothers, knowledge in relation to participating in EMTCT services at Bushenyi health centre IV.

Research questions

- ❖ What are the health workers based factors affecting health workers in the implementation of EMTCT services at Bushenyi health centre IV?
- ❖ What are the maternal based factors affecting health workers in

implementation of EMTCT services at Bushenyi health centre IV?

- ❖ What is the mothers' knowledge in relation to participating in EMTCT services at Bushenyi health centre IV?

Justification of Study

Nursing practice, the findings of this study will help nurses learn and identify better approaches to encourage mothers to actively participate in EMTCT services. This will simplify health workers task in implementation of the program. Nursing education, the finding of the study may

help tutors and students in nursing to come up with new approaches in the implementation of EMTCT services as health workers. Nursing Research, this research shall provide information that may create new knowledge for studies in related phenomena aimed at easing

implementation of EMTCT services by health workers. Nursing Management, the research finding will be used by school

administrators and relevant authorities to cooperate with nursing staff in implementation of EMTCT programs.

METHODOLOGY

Area of Study

The study was carried out at Bushenyi Health centre IV which is located in Bushenyi municipality in Bushenyi district. The centre basically serves people from Bushenyi district with a few others from neighboring districts. Bushenyi district is found in south western region of Uganda about 300km from Kampala the capital city by road. During the 2012 Uganda

population census the population of Bushenyi was estimated to be 251400 people [40]. The major economic activities of people served by Bushenyi health centre IV are trade and farming. The area was chosen because it is a focal point and a centre for most mothers attending EMTCT programs from across the district.

Study Design

The design was descriptive and cross sectional in which quantitative and qualitative methods of data collection was

used. The design was used because detailed subjective data was needed to find out the factors.

Study Population

The study included health workers offering EMTCT services to the mother and mothers receiving EMTCT services that will

be around during the period of the study. This population gave the required information for the study.

Sample size Determination

The sample size was determined using [41] formula. The formula was used to estimate the smallest possible categorical sample

size for the respondents to participate in the study at Bushenyi Health Centre IV. It is given in an expression as;

$$n = \frac{z^2 p (1-p)}{d^2}$$

Where

d = margin of error; z=standard normal deviation set at 95% confidential level corresponding to 1.96

p=prevalence (UDHS, 2010); n= minimum sample size

p = 2.1% = 0.021; z = 1.96

Therefore, taking

1-p = 0.979; d= 5% = 0.05

Thus $n = \frac{(1.96)^2 \times 0.021 \times (1-0.021)}{(0.05)^2}$

n=32 respondents.

32 respondents were recruited in the study, these were 16 health workers and 16 mothers

Sampling procedure

The study was carried out among health workers at Bushenyi health Centre IV and mothers seeking EMTCT services during the period of study. 32 respondents were

be considered and those who were available and willing to participate in the study were considered using a simple random sampling technique.

Pre visiting before the actual study

A pre visit study was conducted prior to the study so as to get accustomed to the study area before actual study is carried out. This helped the researcher to get

accustomed to the study area so as to commence on the study immediately when the time reaches as stipulated in the time frame without any delays.

Pre testing of the questioner

A pre testing survey was conducted at KIUTH prior to study in which any errors in the questioner were noticed and collected

before the actual study. Any other adjustments deemed necessary into the questioner after a pre testing study were made with sample questioner.

Inclusion criteria

The study included health workers and mothers being provided with EMTCT services who were available during time of

the study, those that will accept to give consent.

Exclusion criteria

Health workers who were transferred in to Bushenyi Health Centre IV from other health facilities during were excluded from the study. Mothers who never accepted to

give consent were excluded from the study. Mothers who were ill and needed urgent medical attention shall be excluded from the study.

Definition of variables

This includes both dependent and independent variables. The dependent variable for this study was the EMTCT

service while the independent variables were the factors affecting health workers in provision of the service.

The dependent variable

EMTCT (Elimination of Mother to Child Transmission) is a set of programmes

intended to eradicate transferring HIV from the mother to the baby.

The independent variable

Factors affecting health workers refer to variables which have an impact directly or indirectly on the health workers providing EMCTC services to the mothers. These include health worker based factors such

as human resource (staffing), availability of resources to do follow up drug availability, it also involves maternal based factor and mother's knowledge on EMTCT service utilization.

Data collection tool/research instruments

A semi-structured questionnaire, observing checklist and writing materials (pencils & pens) were used.

Data collection procedure

Data collection followed after permission from the District Health Officer and the in charge of the health centre. Data was collected using a questionnaire. The questionnaire included both structured and non-structured questions, these questions were both open and closed ended to enable respondents to exhaust

every question that was paused, Responses of the participants were filled into the questionnaire by the researcher and research assistants, This method was used because it allowed accurate recording of responses from both illiterate and literate respondents.

Data management

Questions in the tools (questionnaire and key informants interview guide) were pre-coded to help the researcher to get uniform qualified data, coding frames were met, facilitated by the codes given to responses given in the tool (questionnaire). This made the process of

presentation and analysis easy. The research instruments were checked for errors and omissions in order to ensure consistency, completeness and accuracy in filling the interview guide. This was done in the field before going the next the respondent.

Data analysis and presentation

Data was analyzed manually and coding frames were made for each question, Respondents responses were tallied

counting frequencies and computed into percentages using a manual calculator was done. The data was then presented

using variant tables, pie-charts, line graphs, and put in representative figures

to ease the process of interpretation of findings.

Ethical considerations

The research proposal was first approved by my supervisor before proceeding to data collection. The researcher sought permission from the research committee after approval. The dean school of nursing then issued out an introductory letter to the researcher. The introductory letter was then presented to District Health Officer, who then introduce the researcher to in charge of Bushenyi Health Centre IV, who later introduced the researcher to the staff and mother's respondents. The researcher

then explained the importance of the research and its objectives to the respondents. The researcher sought consent from the respondents and requested them to participate in the interview in order to collect data from them. The researcher ensured the respondent's maximum confidentiality of the results. And the researcher promised not to reveal any information after tallying the questionnaire.

RESULTS

Demographic characteristics

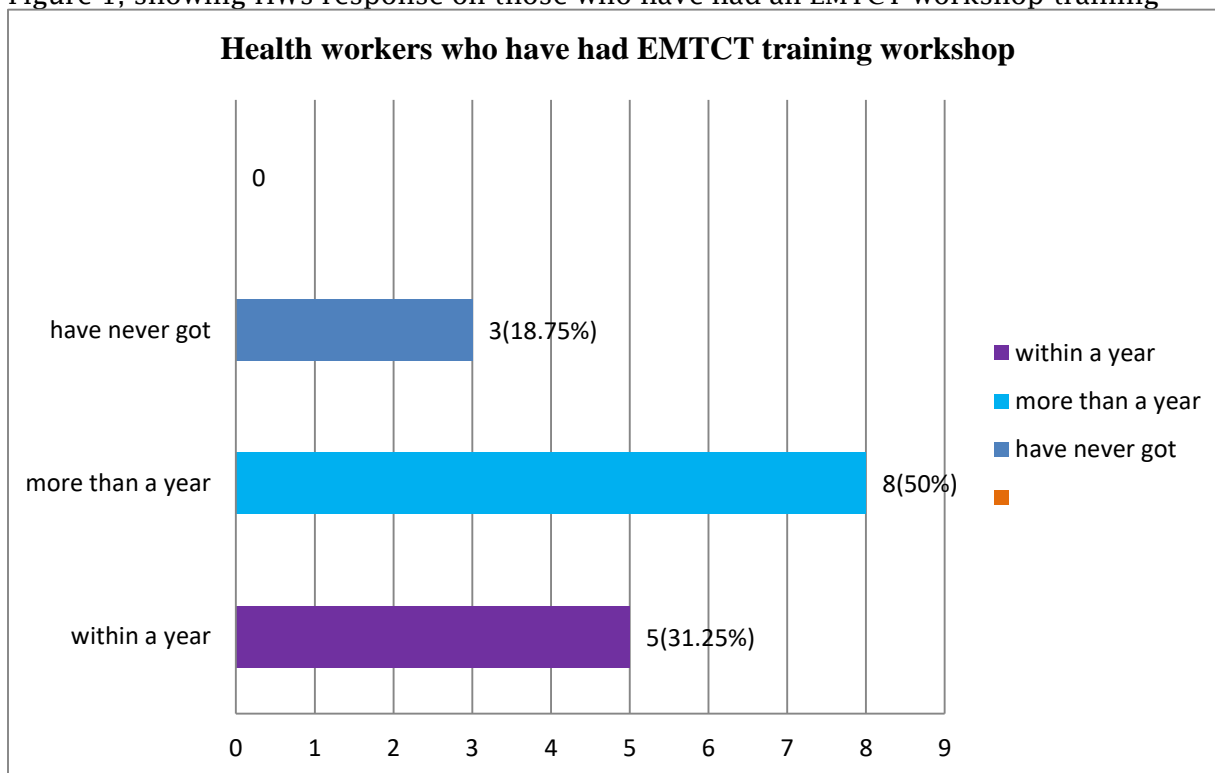
Table 1; showing characteristics of nurses

Characteristics	Category	Frequency	Percentages
Age	21 to 30 years	9	56.25
	31 to 40 years	4	25.00
	41 to 50 years	2	12.50
	Above 50 years	1	6.25
Cadre	Medical officer	2	12.50
	Clinical officer	1	6.25
	Nurse	11	68.75
	Midwife	2	12.50

From the table 1 above, the majority 9(56.25%) health workers were between 21 to 30 years, 4(25.00%) were between 31 to 40 years. In the same 2(12.50%) were in the ages of between 41 to 50 years while the lowest only one (6.25%) was above 50

years. Concerning professional cadre of health workers, the highest participants 11(68.75%) were nurses, 2(12.50%) medical officers who participated in the study, 2(12.50%) were midwives the least was 1(6.25%) medical clinical officer.

Health worker based factors affecting health workers in implementation of EMTCT services
Figure 1; showing HWs response on those who have had an EMTCT workshop training



From the figure 1, above regarding the response of health workers on when they were last called for EMTCT training workshop to update their forms of management, 5(31.25%) of the health workers said they had attended such a workshop within a period of one

year, 8(50%) said they last attended such a training workshop in a period of more than one year previously while the rest 3(18.75%) have not attended a workshop of that nature since they were transferred to Bushenyi health centre IV.

Figure 2, showing HWs response on the challenges they face in implementing EMTCT challenges face by health workers in effecting EMTCT programs

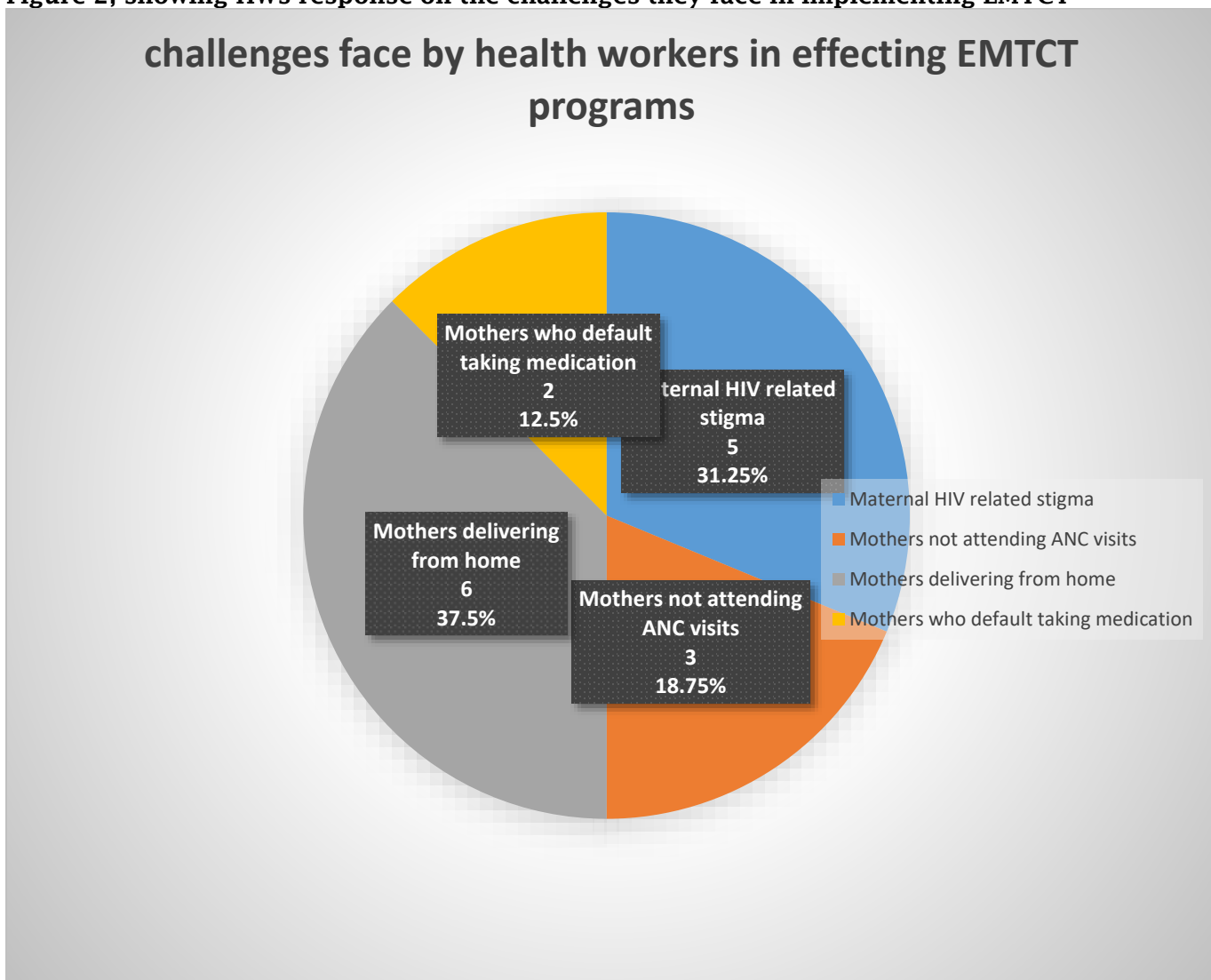
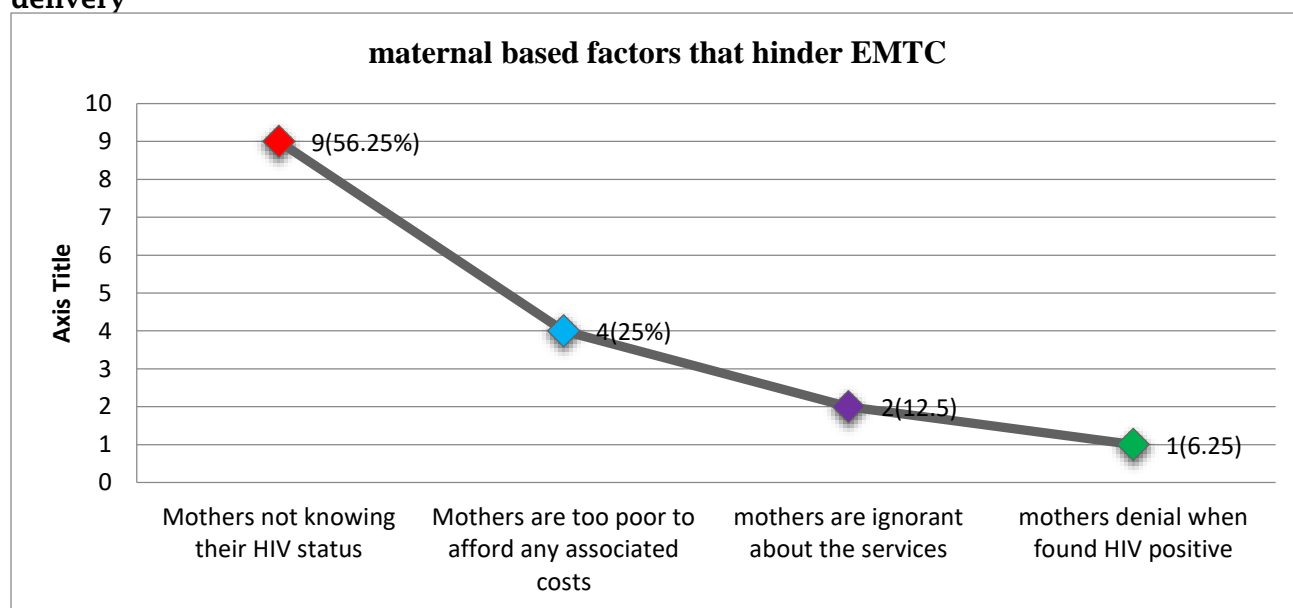


Figure 2, above shows health workers response on the challenges they in implementation of EMTCT in which according to HWs, 3(18.75%) said that mothers not attending ANC visits is a hindrance to offering EMTCT, 5(31.25%) said that mothers have HIV related stigma so they don't comply with EMTCT guidelines. 2 (12.5%) of the health workers said they had always

had a challenge when their clients say they forgot to take their medication and defaulted the doze and Majority of the health workers said that mothers delivering from home is also a setback to effective delivery of EMTCT programs.

Maternal based factors affecting health workers in implementation of EMTCT services

Figure 3, showing HWs response on maternal based factors that affect EMTCT service delivery

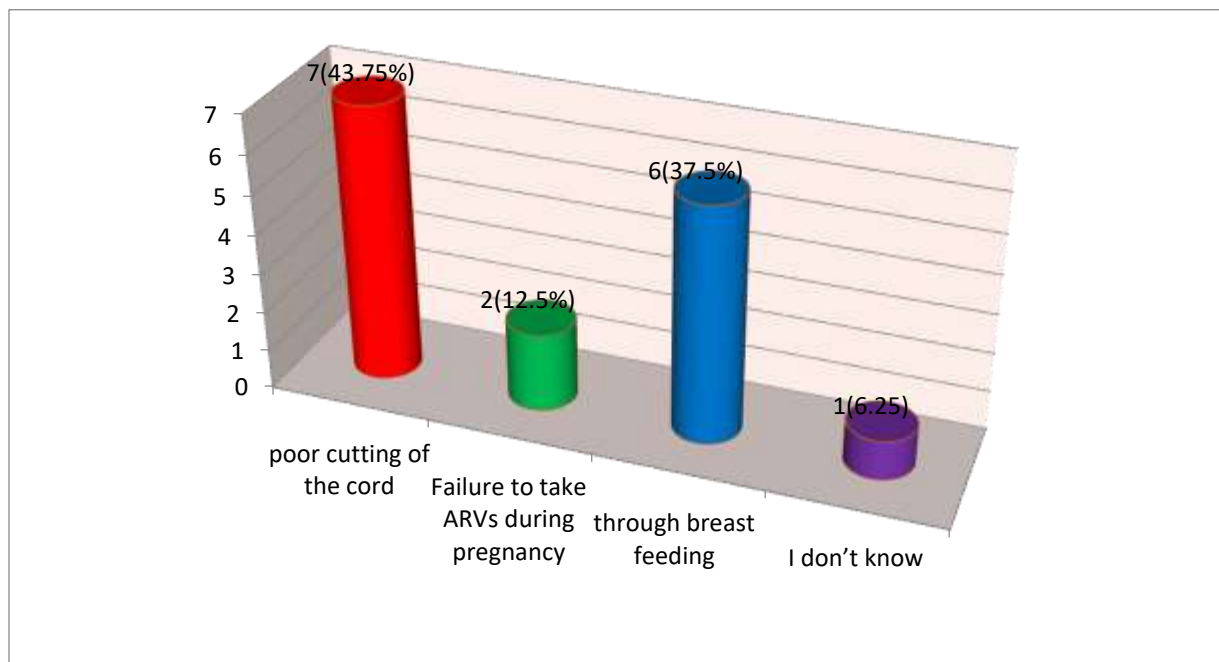


From the figure 3, above when asked about mother based factors that hinder EMTCT, 9(56.25%) said that pregnant mothers don't know their HIV status and this makes them reluctant to seek this service, 4(25%) said that some mothers are poor and can't afford any associated costs in seeking the service like transport. Furthermore

2(12.5%) health workers said some mothers are ignorant and have no knowledge on EMTCT services and lastly only one health worker (6.25%) noted that some mothers usually undergo denial stage when found HIV positive even after thorough counseling and this delays her being initiated for the service.

Mothers, knowledge in relation to participating in EMTCT services

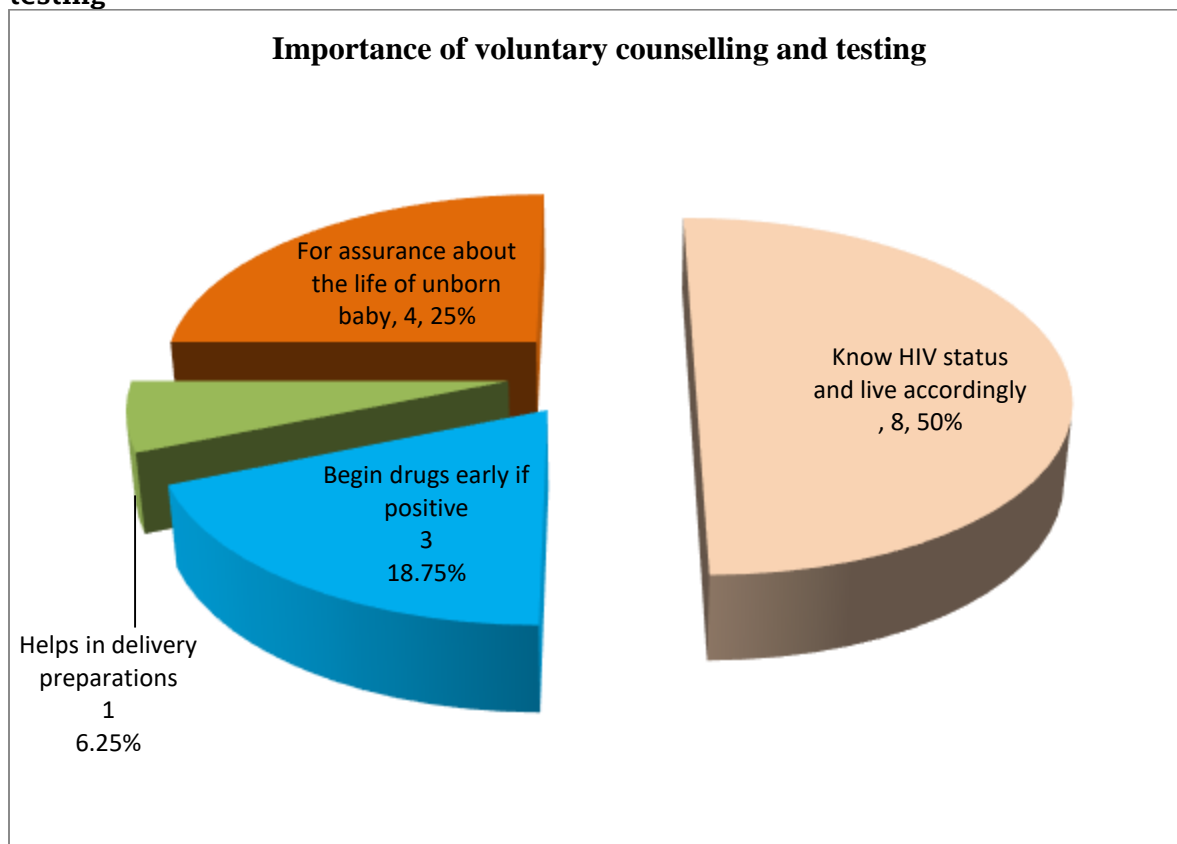
Figure 4; showing mothers response on ways how HIV can be transmitted from the mother to her baby



From the Figure 4 above, mother's response on ways how HIV can be transmitted from the mother to her baby, out of the sixteen mothers who took part in the study, 7(43.75%) said that poor cutting of the cord at delivery can lead to mother's blood getting in contact with of the baby in which HIV transmission can occur. More so, 2(12.5%) of the mothers

said mothers' to take ARVs for those who are positive increases the chances to transmit it to their babies during or after delivery, 6(37.5%) said HIV transmission from the mother to the baby can't during breastfeeding and one mother (6.25%) said she didn't know ways on how HIV can be transmitted from the mother to the child.

Figure 5: showing mothers response on importance of voluntary counseling and testing



The Figure 5 above shows mothers response on importance of voluntary counseling and testing in which 8(50%) the majority said it helps mothers to know their HIV status and plan to live accordingly. Also to note is that 4(25%) said it helps mothers to have assurance of their unborn babies, one mother said

that knowing your HIV status helps to make delivery preparations for example HIV positive mothers delivering from health facilities, the rest 3(18.75%) VCT will help mothers to begin early medication such that they remain health even after delivery.

DISCUSSION

Social demographic characteristics

Regarding demographics of health workers, 9(56.25%) health workers were between 21 to 30 years, 4(25.00%) were between 31 to 40 years, 2(12.50%) were in the ages of between 41 to 50 years while only one (6.25%) was above 50 years. These study findings show that the majority of health workers are youthful in age who have finished medical studies in recent years so there is a need to enrich them with experience as far as EMTCT programs are

concerned. Concerning professional cadre of health workers, there were 2(12.50%) medical officers who participated in the study, 1(6.25%) medical clinical officer, 11(68.75%) were nurses and the rest 2(12.50%) were midwives. The majority being nurses is not surprising because mothers are first received at the nursing stations before they can be guided to MCH clinics for maternal services.

Health worker based factors affecting health workers in implementation of EMTCT services

About the response of health workers on when they were last called for EMTCT training workshop to update their forms of management, 5(31.25%) of the health workers said they had attended such a workshop within a period of one year, 8(50%) said they last attended such a training workshop in a period of more than one year previously. The rest 3(18.75%) have not attended a workshop of that nature since they were transferred to Bushenyi health centre IV, EMTCT regular workshops are necessary for health workers because it enables them to have a current regimen as per MoH / WHO guidelines. In comparison with other studies done in on a related field [42], in their findings from the study done in Eastern Uganda while listening to the health workers on ways of strengthening the EMTCT programme - showed that many health workers interviewed mentioned the need of more training on EMTCT to update their own knowledge and skills. The participants emphasized the importance of continuous skill development and updating of health workers on the latest developments and knowledge in EMTCT and HIV/AIDS fields as vital measures for effectively managing EMTCT programmes. The same study indicated the need for adequate numbers of health workers to minimize the ever expanding heavy load in order to strengthen the EMTCT programme. Furthermore, is that as pertain health workers response on the challenges they in implementation of EMTCT in which according to HWs, 3(18.75%) said that mothers not attending

Maternal based factors affecting health workers in implementation of EMTCT services

Considering mother based factors that hinder EMTCT, 9(56.25%) said that pregnant mothers don't know their HIV status and this makes them reluctant to seek this service, 4(25%) said that some mothers are poor and can't afford any associated costs in seeking the service like

ANC visits is a hindrance to offering EMTCT, 5(31.25%) said that mothers have HIV related stigma so they don't comply with EMTCT guidelines, 2(12.5%) of the health workers said they had always had a challenge when their clients say they forgot to take their medication and defaulted the doze. Majority of the health workers 6(37.5%) said that mothers delivering from home is also a setback to effective delivery of EMTCT program, home deliveries are a setback to EMTCT service delivery because the mother and the exposed baby will not be able to receive care and medication as per EMTCT guidelines. In comparisons to other studies, studies done by United Nations International Children Emergency Fund in 2010 showed that many women attend antenatal (ANC) and also MCH clinics during pregnancies but still many deliver at home and so is difficult to ensure that drugs provided were really taken, UNICEF has been analyzing the challenges in the prevention of Mother to child transmission of HIV in Africa. Its report documented some findings from Cameroon which showed that the ANC prevalence of HIV was 22% but that of the delivery room was only 8.7% indicating that a large number of deliveries have been conducted at home with many HIV-positive women not delivering at the hospital. With home deliveries mothers missed out on their drugs which are supposed to be taken during labor and after delivery, children are brought late or completely miss the Nevirapine (NVP) prophylaxis syrup, which is recommended 72 hours post-delivery.

transport, many of the mothers who need EMTCT services are usually poor mothers and this therefore makes them fear to go to health facility for treatment because they think they will be required to buy some necessities and this make the work of health workers hard in offering the

services. These findings have a correlation with findings from the studies by national housing census, Uganda bureau of statistics and Uganda demographic health survey in [40], which cited that poverty and lack of funds as a leading obstacle by mothers from accessing hospital deliveries and subsequent utilization of EMTCT services. This according to Uganda Ministry of Health has limited health workers from accessing those in need of the services. Furthermore 2(12.5%) health workers said some mothers are ignorant and have no knowledge on EMTCT services and lastly only one health worker (6.25%) noted that some mothers usually undergo denial stage when found HIV positive even after thorough counseling and this delays her being initiated for the service. Some mothers usually prime gravid mothers usually don't have information about EMTCT programs because they have not

Mothers, knowledge in relation to participating in EMTCT services

From the study on mothers response on ways how HIV can be transmitted from the mother to her baby, out of the sixteen mothers who took part in the study, 7(43.75%) said that poor cutting of the cord at delivery can lead to mothers blood getting in contact with of the baby in which HIV transmission can occur, 2(12.5%) of the mothers said mothers' to take ARVs for those who are positive increases the chances to transmit it to their babies during or after delivery, 6(37.5%) said HIV transmission from the mother to the baby can't during breastfeeding. One mother (6.25%) said she didn't know ways on how HIV can be transmitted from the mother to the child from this study, a bigger percentage of mothers 93.75% have knowledge on various methods in which HIV can spread from the mother to the baby, however the remaining 6.25 percentage is of health concern. There are still mothers in Uganda who have little knowledge on HIV transmission to their babies, the findings of this research study support the observations of Centre for Global development, in Kisenyi a Kampala suburb, its survey in 2008 where only 16% of the women were aware that medicine from the hospital could prevent EMTCT of

been exposed to such facilities when they are girls, others are not usually aware of their HIV status up to when they get tested during their ANC services, thus positive mothers usually live in denial and frustration before they can cope up with life of positive living meanwhile. According to [43] while analyzing the challenges in the prevention of Mother to child transmission of HIV in Africa and in its report documented some findings from Uganda. It showed that stigma and discrimination is still high in the communities and many viewed ones with HIV/AIDS as having received a death sentence. It was pointed out that some women who can afford formula feeding still decided to continue breastfeeding so as to avoid being stigmatized. As results the rate of acceptance of formula feed is very low (<30%) amongst women who received EMTCT treatment in Uganda.

HIV, compared to 34% at follow-up, whilst 20% of the women at baseline and 58% at follow-up had the same knowledge. More so on mother's response on importance of voluntary counseling and testing in which 8(50%) the majority said it helps mothers to know their HIV status and plan to live accordingly, 4(25%) said it helps mothers to have assurance of their unborn babies, one mother said that knowing your HIV status helps to make delivery preparations for example HIV positive mothers delivering from health facilities. The rest 3(18.75%) said VCT could help mothers to begin early medication such that they remain health even after delivery from this study it can be observed that all mothers knew that its of health importance to attend a VCT, but they didn't have a detailed information about how EMTCT could help a mother who is found HIV positive. In a related, a study on HIV and AIDS awareness and risk behavior among pregnant in rural areas in Kisoro western Uganda, by [44-47] had observed that women had difficulties in distinguishing HIV from AIDS and only 16% could mention symptoms of HIV/AIDS. He also found that women's knowledge in general was superficial with less understanding of the

details and the nature of the EMTCT services, in a similar study by USAID, a survey done in rural Zimbabwe areas to assess the level of HIV/AIDS knowledge amongst pregnant women and the acceptability of an EMTCT programme

Nabaasa showed that although there was a good level of HIV/AIDS knowledge among pregnant women at 61 percent, a demand still existed for a more comprehensive EMTCT programme.

CONCLUSION

In conclusion, the study concludes that, there was a positive indicator for health workers offering EMTCT services with current knowledge since the majority of the health workers at 81.25%, had ever attained EMTCT reinforcement workshop however the remaining 3(18.75%) who have not attended any workshop of that nature since they were transferred to Bushenyi health centre IV should be of concern, because it is through such workshops that health workers get new approaches and regimens for offering EMTCT as per MoH/WHO guidelines. The study also concludes that mothers delivering from home is one of the setbacks to effective delivery of EMTCT program, home deliveries are a setback to EMTCT service delivery because the mother and the exposed baby will not be able to receive care and medication as per EMTCT guidelines in comparisons to other studies, this was cited by 6(37.5%) of the

health workers who participated in the study. Furthermore, they concludes that HIV related stigma and denial have affected health workers in giving EMTCT services. This is because some mothers are not usually aware of their HIV status up to when they get tested during their ANC services, thus positive mothers usually live in denial and frustration before they can cope up with life of positive living. The study concludes that a bigger percentage of mothers at 93.75% have knowledge on various methods in which HIV can spread from the mother to the baby, however the remaining 6.25 percentage is of health concern and needs to be addressed. Regarding knowledge on importance of VCT, study concludes that all mothers knew that its of health importance to attend a VCT, but they didn't have a detailed information about how EMTCT could help a mother who is found HIV positive.

RECOMMENDATIONS

The government through ministry of health should organize more workshops and short course trainings on EMTCT to enable health workers acquire knowledge of the service. The government should sensitize people through public media to make use of EMTCT services from health facilities. The management of Bushenyi health centre IV should make outreaches

for EMTCT services to mothers who may be able to come to the health facility quite often. Health workers should always do follow up on their EMTCT clients so as to reduce the number of defaulters. Pregnant mothers should be encouraged to attend ANC services in which those who need EMTCT services can be identified

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