



# Addressing Prevention Among HIV-Uninfected Women in PMTCT Programs in South India

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*With nearly one million HIV-infected women in India, prevention of mother-to-child transmission (PMTCT) programs serve an important role. While PMTCT programs focus on mothers living with HIV infection, offering them to uninfected pregnant women may prevent maternal HIV infections. To inform future efforts to offer PMTCT programs to uninfected women, we conducted focus groups with 24 uninfected women in the South Indian state of Karnataka who had given birth within the previous 2 years to explore their perceptions and experiences about HIV education and screening during pregnancy. Although all the participants had undergone HIV testing at a public health facility during pregnancy, they reported little knowledge about HIV transmission or prevention. Revisions are needed in existing PMTCT program curricula and instruction methods before they can be offered to uninfected women as an HIV prevention strategy.*

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In 2017, Asia had the second highest number of HIV infections in the world, with 5.1 million individuals living with HIV ([United Nations Programme of HIV](#)

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and AIDS [UNAIDS], 2017). India accounted for more than 2.1 million of those cases, with the highest prevalence recorded in Nagaland, Mizoram, and Manipur in the northeast and Andhra Pradesh and Karnataka in the south (National AIDS Control Organization [NACO], 2017). Women account for 40% of the cases. The primary mode of HIV transmission to women is heterosexual activity and has spread from high-risk populations to the general population. Reports have indicated a staggering 75% of Indian women with HIV infection contracted it within a few years of their marriage (Solomon, Chakraborty, & Yephthomi, 2004).

Pregnancy has, therefore, been identified as a unique opportunity and point of entry to engage women who otherwise have limited access to HIV screening and care. In recent years, the global health community has set goals of increased prevention of mother-to-child transmission of HIV (PMTCT) programs (Figure 1) in a valiant effort to drastically reduce HIV. NACO in India recognized the importance of PMTCT programs, and nearly doubled its testing and counseling centers from 2,815 centers in 2005 to 5,135 centers in 2009 (Merchant & Lala, 2005). Much emphasis has been placed on hospital-based screening and prevention programs. For pregnant women diagnosed with HIV, intensive anti-retroviral therapy is available and can lower the likelihood of transmission to the infant from 40%, if untreated, to less than 2% (United Nations General Assembly Special Session, 2010) (Figure 2).

PMTCT programs have made great strides in keeping mothers and their children alive. Below is a broad four-pronged strategy to inform national guidelines for preventing transmission to children and keeping mothers alive, outlined by the UNAIDS (2011, p. 12):

Prong 1: Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care, and other health and HIV service delivery points, including working with community structures.

Prong 2: Providing appropriate counseling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.

Prong 3: For pregnant women living with HIV, ensure HIV testing and counseling and access to the anti-retroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery, and breastfeeding.

Prong 4: HIV care, treatment and support for women, children living with HIV and their families.

Building on these guidelines, NACO (2013) of India outlined a detailed approach to PMTCT protocols and services to be offered to pregnant women who were diagnosed with HIV, as well as instructions for women without an HIV diagnosis. Guidelines for HIV-uninfected women include safe sex counseling, linkages to family planning services, and behavior change communication for high-risk women and partners (NACO, 2013). This study addresses pregnant women who are found to be HIV-uninfected in a PMTCT program.

Based on the NACO Technical Estimates Report (NACO, 2016), approximately 47% of pregnant Indian women accessed some form of PMTCT screening or care. Of the 12.7 million pregnant women who were tested, 11,900 were found to be infected with HIV. Many studies have focused on ways to increase the number of pregnant women getting tested (Thompson et al., 2012), barriers to PMTCT programs (Busza et al., 2012), and loss to follow-up (Msellati, 2009). However, little is known about the impact of PMTCT programs on the vast majority of women undergoing education and testing in PMTCT programs. Considering the extensive resources invested in PMTCT and the sheer number of women tested through PMTCT programs, we know very little about the quality of HIV education for women who are found to be uninfected after undergoing pretest education and counseling in PMTCT programs. It is also unclear whether pregnant women who test HIV negative are in a better position to prevent HIV infection in the future. The goal of our study was to interview HIV-uninfected women who had participated in PMTCT programs to assess their knowledge, comprehension, and/or retention of information provided in these programs. In doing so, we aimed to identify barriers to HIV awareness and prevention within PMTCT programs and ways to improve these programs to have a greater impact.

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