DETERMINANTS OF ADHERENCE TO PREVENTION OF MOTHER-TOCHILD TRANSMISSION (PMTCT) OF HIV PROTOCOLS AMONG SEROPOSITIVE MOTHERS AT CHUKA REFERRAL HOSPITAL, KENYA

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DECLARATION AND RECOMMENDATION

Declaration

This thesis is my original work and has not been presented for an award of a diploma or conferment degree in any institution.

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Recommendation

This thesis has been examined, passed and submitted with our approval as University supervisors

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DEDICATION

This thesis is dedicated to my family for their unwavering support and encouragement throughout my academic journey.

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ABSTRACT

Globally, vertical transmission during pregnancy, labour, delivery, and breastfeeding remaining a major route of new HIV infection among children. Prevention of Mother to Child Transmission (PMTCT) protocols aim to reduce these risks. However, despite the government's efforts, adherence to PMTCT protocols in Tharaka Nithi County remain low resulting in increased HIV-related child morbidity and mortality. This study's aim was to assess the determinants of adherence to PMTCT protocols among seropositive mothers in Chuka referral hospital, Tharaka Nithi County. Specifically, the study sought to determine the level of adherence to PMTCT of HIV protocols and the individual-related and sociocultural determinants of adherence. An analytical crosssectional design was used in this study. The study involved 80 participants from among the seropositive mothers attending the PMTCT clinic and 15 healthcare providers at Chuka referral hospital, selected through census and purposive sampling respectively. The study employed a semi-structured questionnaire and key informant interviews to collect quantitative and qualitative data respectively. Statistical package for social scientists (SPSS) 29.90 was used in analysing quantitative data. Descriptive statistics among them mean, standard deviation, frequency and percentages were used to summarizing data. Chi square and binary regression analysis were used for relationship testing at 95%CI. Qualitative data from key informants was transcribed verbatim, and thematically analyzed using NVivo version 14.0 computer software. The study revealed that the mean age of the mothers was 27+ 7.11 years with most mothers (50%, n=40) aged between 22 and 31 years. Almost half of the participants (48.8%, n=39) were married with 47.5%, (n=38) having attained college education. Overall, adherence to PMTCT protocols was 56%. Mothers who were aware of safe delivery practices were 10 times more likely to adhere to PMTC protocols than those who were not aware ($\chi^2 = 5.000$, $p = .025$, aOR=10.029, 95%CI, p=.025). Among sociocultural determinants, social support emerged as the only significant predictor ($\chi^2 = 4.366$, $p = .037$; AOR = 10.366), whereas stigma and religion were non-significant. In conclusion, overall adherence to PMTCT protocols remained below the WHO-recommended 95%. Awareness of PMTCT guidelines and social support increased adherence to PMTCT protocols among HIV-positive mothers. It is recommended that Ministry of Health strengthen policies integrating PMTCT education into routine care, and promote family- and community-based support systems to enhance adherence. Chuka Hospital should prioritize structured awareness programs and actively connect mothers to peer and community networks, as well as innovative support models, to sustain and enhance PMTCT outcomes. The study suggest that future research should explore longitudinal adherence patterns to PMTCT and examine innovative support systems, such as digital tools, peer networks, and family-centered interventions, to strengthen sustainable PMTCT outcomes.