

## Factors influencing HIV positive expectant mothers' adherence to ARV prophylaxis (PMTCT), in a healthcare facility in the Hhohho region, Swaziland

**Tengetile R. Mathunjwa-Dlamini**  
University of Swaziland, South Africa

The availability of antiretroviral (ARV) prophylactic medications has transformed the lives of so many babies born from HIV positive mothers. Adherence to ARVs is essential to ensure absolute prevention of mother-to-child-transmission (PMTCT) of HIV. However, poor adherence to ARV prophylaxis by expectant HIV positive mothers has had negative effects as some babies became infected during the course of pregnancy. The purpose of this study was to describe factors influencing HIV positive expectant mothers' adherence to ARV prophylaxis. The descriptive correlational study design was utilized. The patient Medication Adherence Questionnaire (PMAQ V\_1.0) was adapted and used to collect data. The sample comprised N=30 HIV positive expectant female participants, aged between 19 and 44 years. The participants reported that they had taken ARV prophylaxis for a mean period of 12.9 months. Most (n=27, 90%) of the participants reported that they had disclosed their HIV status to at least one person. Half (n=15, 50%) of the participants reported that they did not take their medication as expected in the past week, 80% (n=24) reported that taking ARVs resulted in a better sense of health. A majority (n=28, 93.3%) of the participants reported that they did not discontinue taking their medication when their health had improved. A majority (n=27, 90%) of the participants reported that they had a good relationship with health care providers that facilitated discussion and decision making about their medication. However, 63.3% (n=19) of the participants reported that they had difficulty taking their medication when privacy was compromised. Other reported barriers to taking ARVs were: a busy schedule, being far away from home, stigma, lack of food, and unavailability of a watch. There was a significant correlation ( $r=-.822$ ,  $p=0.01$ ) between familiarity with prescribed medication and difficulty in swallowing medication, between education and medication not resulting in a better sense of health ( $r=.422$ ,  $p\leq 0.05$ ), and between education, and taking medication when tired ( $r=.392$ ,  $p\leq 0.05$ ). It is recommended that expectant mothers' education on coping with stigma be strengthened, and the need to follow-up the clients' adherence through telephone at least on a weekly basis, and further research on expectant mothers adherence to ARV prophylaxis because most of the factors are subtle.

[tmathunj@uniswa.sz](mailto:tmathunj@uniswa.sz)