

**WOMEN'S PERCEPTIONS ON ANTIRETROVIRAL (ARV) THERAPY AMONG
PREGNANT AND RECENTLY DELIVERED WOMEN AT HARARE MATERNITY
HOSPITAL ZIMBABWE.**

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By

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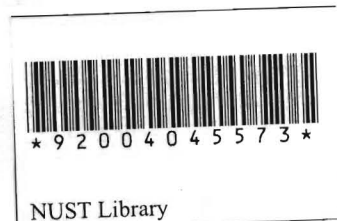
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Abstract

In Zimbabwe use of ARV therapy in pregnancy was necessitated by the fact that huge numbers of new infections in children and HIV-related deaths continue to be recorded in the country. An estimated 10 000 new infections were recorded each year with 90 percent of these being through mother to child transmission (MoHCC, 2013). Furthermore, 21 percent of under five deaths were also associated with HIV infection; a situation that can be prevented through use of ART. The study therefore unveils the perceptions of pregnant women towards ARV therapy as strategy for PMTCT to prevent MTCT

The study explored the perceptions of pregnant women towards ARV therapy at Harare Maternity Hospital as a strategy for elimination of new HIV infection in children and creating an AIDS free generation. Challenges associated with adherence to ARV therapy for PMTCT program were identified.

A qualitative phenomenological research design was utilized for this study to capture life experiences as they are lived by the participants. Data was collected using semi structured in-depth interviews. The sample size was not easy to predetermine but data were gathered until saturation took place at 20 participants. Thematic analysis adopted from Colaizzi was used to analyse data.

Findings revealed that most women have positive perceptions towards ARV therapy though some expressed negative perceptions. There were some challenges associated with adherence such inability disclosure constraints, poor social support and taking of drugs were cumbersome.

The study recommended that ARV therapy remains the best way of preventing Mother to Child Transmission of HIV in Zimbabwe and Counselling sessions should be continued even after the woman has been commenced on ART. The ministry should intensify program awareness initiatives at community level since social stigma is so deep rooted that support groups should be established to provide psycho-social support to pregnant women on ARV therapy. Midwives should intensify follow-up mechanisms in order to support those on ARV therapy and prevent "Loss to follow up". This should encompass maintaining registers to capture statistics.