KNOWLEDGE ON THE PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS AMONG PREGNANT WOMEN IN EKIADOLOR COMMUNITY IN OVIA NORTH EAST LOCAL GOVERNMENT AREA OF EDO STATE

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BENIN CITY

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH AND ENVIOIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF BACHELOR OF EDUCATION (B.A (Ed) IN HISTORY EDUCATION

OCTOVER, 2023

CERTIFICATION

This is to certify that this study was carried out by **ONYEDINMA KALUPOGBITI** with Matriculation Number: **EDU1511677** in the Department of HEALTH SAFETY AND ENVIRONMENTAL EDUCATION, Faculty of Education, University of Benin, Benin City. It is adequate in scope and quality for the partial fulfillment for the award of the Degree of Bachelor of Arts (Ed) in History Education

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Date

DEDICATION

I dedicate this project to God Almighty, the source of my strength throughout this program. I also dedicate this work to my mother Mrs. Ibeazor Nkiriuka Esther ,who made sure that I give all it takes to finish this work.

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I would like to extend my sincere and heartfelt thanks towards all those who helped me in making this project, My project supervisor Dr. (Mrs.) P.Y. Iordye for her guidance, support and valuable feedback throughout the course of this project, the success of this project work wouldn't have been possible without her efforts and constructive criticism.

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ABSTRACT

This study examined factors associated with mass failure in History in University of Benin. Four research questions were raised to guide the study. The study employed a descriptive survey research design.

The population of this study consist of the entire students in the Department of Educational Foundations, Faculty of Education, University of Benin, Ugbowo Campus with a total of nine hundred and eight (908) students. The sample size of the study was made up of 100 students which was selected through simple random sampling technique. The research instrument used to elicit opinions and facts from students was structured questionnaire. It was however subjected to face validity by the researcher's supervisor.. The data collected was analyzed using mean(×), standard deviation(SD)

The findings generally showed that learning environment, unavailability of qualified History teachers/lecturers, method of teaching adopted by lecturers and unavailability of instructional materials. Based on the findings, it was therefore recommended amongst others that the learning environment across the schools in Nigeria should be improved by renovating and repainting old and dilapidated classroom buildings to make them more attractive and conducive. Also, government should employ qualified History teachers in

universities to teach the course and all the history teachers should be trained regularly

CHAPTER ONE

INTRODUCTION

Background to the Study

Human immunodeficiency virus (HIV) infection is still a disease of public importance. By the end of the year 2018, it was estimated that about 37.9 million people were living with HIV and more than half a million people died from HIV related causes (The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2019). HIV is a global public health crisis with Sub Saharan Africa having a disproportionately high burden of the epidemic. The HIV pandemic till date remains an issue of major concern on a global scale. The UNAIDS (2011) report indicated an estimated 34 million people worldwide are infected with HIV with women accounting for 52% of this burden. Sub Saharan Africa accounts for more than two-third (68%) of the global infected population. Children under the age of 15 make up 3.4 million of the global number of infected while Sub Saharan Africa alone accounts for 90% of this burden (World Health Organization, 2011).

Human Immunodeficiency Virus (HIV) is still a major challenge in the world, especially in developing countries (World Health Organization,

2011). A report in 2012 reported about 35.3 million people are living with HIV of which 2.3 million are new infections whereas an estimated 3.3 million infected people are less than 15 years of age. Worldwide, there are about 6,300 new infections and 700 HIV-related deaths daily. Nigeria with a current estimated population of over 162 million and a growth rate of 3.2% according to World Bank report (2011) have an HIV prevalence of 4.1% (Federal Ministry of Health (FMOH, 2010). According to Awofala & Ogundele, (2018), Nigeria has the second highest burden of HIV infection globally second to South Africa. In Nigeria, the prevalence of HIV in women aged 15-49 years is 1.9 % which is higher than the prevalence of HIV in men of the same age group (National Agency for the Control of AIDS [NACA], 2019).

The transmission of Human Immunodeficiency Virus (HIV) from mother to child contributes largely to HIV prevalence amongst children. Efforts to reduce this mode of spread include increasing the number of persons who know their HIV status and increasing the number of HIV positive women who when pregnant take instructions and act on them to protect their children from the possibility of infection. HIV infected women

can transmit HIV to their babies during pregnancy, delivery, or breastfeeding. Globally, about 90 % of HIV infections in children less than 15 years are from mother to child transmission (Namara-Lugolobi, 2017). According to Chrismba (2021) most children who have HIV, got it from their mother when she was either pregnant, during the birth process, or during the breastfeeding period. They can also get infected through sexual abuse or rape.

Mother-to-child transmission (MTCT) of Human Immune Deficiency Virus (HIV) infection is the transmission of the virus from an HIV-infected mother to her child during pregnancy, labor, delivery or breastfeeding. Prevention of MTCT of an HIV infection is a politically and scientifically accepted approach to reduce the impact of HIV, especially on children. The prevention plays a major role in limiting the number of children being infected by HIV to less than 2%. The services provided by Prevention of Mother to Child program includes; HIV counselling and testing (HCT) for HIV in antenatal clinics and maternity wards, Antiretroviral drug therapy, comprehensive antenatal care and safer delivery practices, appropriate infant feeding, Counselling and support The comprehensive approaches

Prevention of Mother to Child program are the four elements namely Primary prevention of HIV among women of childbearing age and their partners, prevention of unintended pregnancies among women with HIV, prevention of HIV transmission from mothers to their infants, provision of treatment, care and support to women infected with HIV and their partners, infants and families (Muala, 2014). Hence, without any intervention, the risk of a baby getting HIV infection from an infected mother ranges from 15% to 25% in the developed nations and from 25% to 35% in developing countries. HIV transmission rate and timing are estimated to be 5% to 10% during pregnancy, 10% to 15% during delivery and 5% to 20% through breast-feeding.

In general mother to child transmission contributes 15-45% of HIV acquisition for children. However, the prevention of Mother-To—Child-Transmission (MTCT) of HIV is dependent on the knowledge of the mothers of the timing of possible transmission periods. However, knowledge of women on transmission periods of HIV from mother to child varies from country to country and it seems that most pregnant women in rural areas lack adequate knowledge about it. Hence this study is directed at examining

knowledge on the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community in Ovia North East local Government Area of Edo State.

Statement of the Problem

Mother to Child Transmission of HIV is an overwhelming source of HIV infections in young children and is also the cause of high infant mortality rates. According to the 2013 progress report of the Global plan towards elimination of maternal to child transmission of HIV, Nigeria had 60,000 new paediatric infections in 2012 which is equivalent to one third of new infections among children in the 21 Sub Saharan priority countries. The country's mother to Child coverage at the end of 2020 stands at just 13% as reported by the National Programme on Mother to Child Scale up plan document. This seem to be grossly inadequate and falls short of what is needed to reach the goal of eliminating maternal to child transmission of HIV in the country. On the other hand, Health facilities in centres where the services are provided are barely enough. Thus, Ante natal care (ANC) centres where interventions are designed to take place may record low patronage from pregnant women. Report from the scale up plan also

indicates only 58% of pregnant women attend ANC clinics at least once during their pregnancy while just 45% have up to 4 ANC attendances during their pregnancies. From the foregoing, one wonders if the above scenario could contribute to pregnant women knowledge on mother to child transmission of HIV/AIDS? In addition, the researcher having completed her practicum observed that despite the large challenge of vertical transmission of HIV, there seem to be limited studies on women knowledge on mother-to-child transmission of HIV. Hence, this study attempts to fill the gap through assessing the examining knowledge on the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community in Ovia North East local Government Area of Edo State

Research Questions

The following research questions were raised to guide the study.

1. What is the level of HIV/AIDS awareness among pregnant women in Ekiadolor community?
2. What is the level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community?

3. What is the attitude of pregnant women towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community?
4. Does the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community differ based on the place of residence?
5. Does the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community differ based on religious beliefs?

Research Hypotheses

1. the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community may differ based on the place of residence
2. the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community may differ based on religious beliefs

Purpose of the Study

The main purpose of this study is to assess the knowledge on the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community in Ovia North East local Government Area of Edo State. Specifically, the study sought to examine:

1. the level of HIV/AIDS among pregnant women in Ekiadolor community
2. the level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community
3. the attitude of pregnant women towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community
4. if the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community differ based on the place of residence
5. if the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community differ based on religious beliefs

Significance of Study

The findings of this study would be of immense benefit to pregnant women and the womenfolk in general, Ministry of Health, Health education curriculum planners and the general society. The result from this study will increase the understanding and knowledge of women particularly pregnant women in knowing what to do as regards the prevention of transmission of HIV.AIDS to their unborn children either during pregnancy or during

breastfeeding. This in turn will help in having their unborn baby to be healthy during and after delivery. Hence, the finding of this study would help in reducing child mortality and a happy society at large, The findings of this study would assist the State and Federal Ministry of Health to plan intervention programme for primary prevention of HIV/AIDS in pregnancy such as a health education programme for registered pregnant women attending antenatal care

The findings from this study will be useful to the Academic Planning Units of tertiary institutions in including knowledge of transmission of HIV/AIDS in instructions as well as instructions about other diseases affecting women and pregnant women in particular in the curriculum for teacher's education, regardless of the discipline pursued by prospective teacher. It can also be handy to Health Education curriculum planners in inclusion of Instructions. Findings from this study could also serve as baseline information on the awareness and prevention practices of HIV/AIDS among pregnant women as well as women in general.

Scope/ Delimitation of the Study

This study is directed at assessing the knowledge on the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community in Ovia North East local Government Area of Edo State. The study will be delimited to women of child bearing age from 20 – 40 attending antenatal care at Ekiadolor Health Centre, Benin City.

Limitation of the Study

Crrying out thius study along side with academic work and respondents reluctance to respond to questions posed a challege to this study.

Definition of Terms

AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.

HIV (Human Immunodeficiency Virus) is a virus that attacks the body's immune system.

Pregnancy: is the time during which one or more offspring develops inside a woman

Pregnant Women: This refers to a woman or women carrying one or more offspring inside her womb.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviews related literatures under the following sub-headings:

- Concept of HIV/AIDS
- Mother to Child Transmission of HIV/AIDS
- Knowledge of Mother to Child Transmission of HIV/AIDS
- Factor Influencing Attitude Toward Mother To Child Transmission Of Hiv/Aids
- Summary of revieweed Literature

CONCEPT OF HIV/AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a chronic disease state which is caused by Human Immunodeficiency Virus (HIV). There are two types of HIV namely HIV-1 and HIV-2. HIV-1 is more common, infects people worldwide and causes AIDS. HIV-2 is less aggressive and found mainly in West Africa causes a similar illness. HIV is the human immunodeficiency virus; it is the virus that causes humans to develop AIDS which stand for acquired immune deficiency syndrome. It is a virus that can be transmitted from one person to another through the under listed means;

- Unprotected sexual intercourse
- Use of infected body piercing materials
- The use of infected blood and blood products

From an infected mother to her baby during pregnancy, childbirth and breast feeding. Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging your immune system, HIV interferes with your body's ability to fight

infection and disease. HIV is a sexually transmitted infection (STI). It can also be spread by contact with infected blood and from illicit injection drug use or sharing needles. It can also be spread from mother to child during pregnancy, childbirth or breastfeeding. Without medication, it may take years before HIV weakens your immune system to the point that you have AIDS.

HIV (Human Immunodeficiency virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). A person may be HIV positive but not have AIDS. An HIV infected person may not develop AIDS for ten years or longer. A person who is HIV Positive can transmit the virus to others when infected blood, semen, or vaginal fluids come in contact with

broken skin or mucus membranes. An AIDS infected person cannot fight off diseases as they would normally and are more susceptible to infections, certain cancers, and other health problems that can be life threatening or fatal.

HIV is a slow replicating virus (lentivirus) that causes Acquired Immune Deficiency Syndrome (AIDS), a condition leading to gradual collapse of the human immune system allowing invasion by lethal opportunistic pathogens and cancers . HIV infection leads to low levels of CD4+ T-cells. Infection with HIV occurs via contact with infected blood, semen, vaginal fluid, pre-ejaculate or breast milk. People who have become infected with HIV may be asymptomatic for up to ten years though they remain able to infect others. Symptoms related to HIV are usually due to the different opportunistic infections in the body. These symptoms range from diarrhoea, fatigue, fever, frequent vaginal yeast infections and headaches to seborrheic dermatitis, psoriasis, thrush, muscle stiffness and numbness HIV/ AIDS has claimed more than 35 million lives since its characterisation in 1981 . As at 2017, the number of individuals estimated to be living with HIV/ AIDS worldwide was 31.1 million – 43.9 million counting 1.8 million

new infections in that same year. The symptoms of HIV and AIDS vary, depending on the phase of infection.

Primary infection (Acute HIV)

Some people infected by HIV develop a flu-like illness within 2 to 4 weeks after the virus enters the body. This illness, known as primary (acute) HIV infection, may last for a few weeks.

Possible signs and symptoms include:

- Fever
- Headache
- Muscle aches and joint pain
- Rash
- Sore throat and painful mouth sores
- Swollen lymph glands, mainly on the neck
- Diarrhea
- Weight loss
- Cough
- Night sweats

These symptoms can be so mild that you might not even notice them. However, the amount of virus in your bloodstream (viral load) is quite high

at this time. As a result, the infection spreads more easily during primary infection than during the next stage.

Clinical latent infection (Chronic HIV)

In this stage of infection, HIV is still present in the body and in white blood cells. However, many people may not have any symptoms or infections during this time. This stage can last for many years if you're receiving antiretroviral therapy (ART). Some people develop more severe disease much sooner.

Symptomatic HIV infection

As the virus continues to multiply and destroy your immune cells — the cells in your body that help fight off germs — you may develop mild infections or chronic signs and symptoms such as:

- Fever
- Fatigue
- Swollen lymph nodes — often one of the first signs of HIV infection
- Diarrhea
- Weight loss
- Oral yeast infection (thrush)
- Shingles (herpes zoster)
- Pneumonia

Progression to AIDS

Access to better antiviral treatments has dramatically decreased deaths from AIDS worldwide, even in resource-poor countries. Thanks to these life-saving treatments, most people with HIV in the U.S. today don't develop AIDS. Untreated, HIV typically turns into AIDS in about 8 to 10 years. When AIDS occurs, your immune system has been severely damaged. You'll be more likely to develop diseases that wouldn't usually cause illness in a person with a healthy immune system. These are called opportunistic infections or opportunistic cancers. The signs and symptoms of some of these infections may include:

- Sweats
- Chills
- Recurring fever
- Chronic diarrhea
- Swollen lymph glands
- Persistent white spots or unusual lesions on your tongue or in your mouth
- Persistent, unexplained fatigue
- Weakness
- Weight loss

- Skin rashes or bumps

After over 30 years of identifying the virus, HIV remains a serious global health concern. An estimated 34 million people worldwide are infected with HIV with 52% of them being women (UNAIDS, 2011). In 2011, 2.5 million people were newly infected with HIV which though far less than 3.2million recorded in 2001 still remains on the high side. Sub Saharan Africa which is the most affected region accounts for over two-third of the global epidemic. The virus is also among the leading cause of maternal mortality and infant deaths in the region. Without treatment with lifesaving antiretroviral therapy, one third of children infected with the virus die in their infancy and over half die by their second year of life (WHO, 2006).

Over the last decades, the human immunodeficiency virus (HIV) has been one of the largest public health challenges especially in low and middle income countries (LMICs). Despite decades of sensitization and significant advances in its prevention and management, the pandemic continues to spread as an estimated 2 million global new HIV infections (220, 000 occurred in children) were recorded in 2014 and there were about 36.9

million people living with HIV by the end of 2014. “Every year, globally, an estimated 1.4 million women living with HIV become pregnant. Untreated, they have a 15%-45% chance of transmitting the virus to their children during pregnancy, labour, delivery or breastfeeding. However, that risk drops to just over 1% of antiretroviral medicines are given to both mothers and children born. Annually HIV has almost halved since 2009- down from 400, 000 in 2009 to 240, 000 in 2013. But intensified, efforts will be required to reach the global target of less than 40, 000 new child infections per year by 2015

The HIV pandemic till date remains an issue of major concern on a global scale. The UNAIDS (2011) report indicated an estimated 34 million people worldwide are infected with HIV with women accounting for 52% of this burden. Sub Saharan Africa accounts for more than two-third (68%) of the global infected population. Children under the age of 15 make up 3.4 million of the global number of infected while Sub Saharan Africa alone accounts for 90% of this burden (WHO/UNICEF/UNAIDS, 2011).

Adults account for 86% of this figure. There are 19.6 million (53.1%) people living with HIV/AIDS (PLWHIV) in eastern and southern Africa and

6.1 million (16.5%) in western and central Africa. Approximately 670,000 – 1.3 million deaths from AIDS – related illnesses were recorded across the globe in 2017. Prevalence in Nigeria has fluctuated over the last few decades; from lows of 1.8% in 1991 through 5.8% and 3.0% in 2001 and 2014 respectively to 2.9% in 2016 [5, 6]. Nigeria has the second largest HIV epidemic in the world. The country currently accounts for 3.2million PLWHIV with an average of 160,000 AIDS-related deaths annually. Of the estimated 220,000 new infections in Nigeria, 37,000 were from mother-to-child transmission. As at 2017, Rivers state, Nigeria recorded an HIV prevalence of 4.1 – 6.0%

In Nigeria, since the first official report of HIV/AIDS's occurrence in 1986, the disease has attained unprecedented proportions with a current national sero-prevalence rate of 4.4% (National guidelines, 2007). By the end of 2006, it was estimated that 2.99 million Nigerians were living with HIV, with 305,080 new infections in adults and 75,520 in children (Federal Ministry of Health, 2007). African women of child bearing age have been shown to be particularly vulnerable to HIV infection resulting in a large number of pregnant women in the continent infected with the virus (Ojukwu

and Ibekwe, 2005). Human immunodeficiency virus infection in pregnant women has been shown to have several adverse effects not only on the mother, but also on the fetus. Prematurity, low birth weight, intra-uterine growth restriction, spontaneous abortions, fetal abnormality and neonatal sepsis have all been reported to be increased in HIV affected pregnancies (Ojukwu and Ibekwe, 2005, Segurado and Paiva, 2007). In addition, there is an increased risk of vertical or mother to child transmission (MTCT) of the virus which is currently estimated at 20-45% in sub-Saharan Africa (Asindi and Archibong, 2001). Mother to child transmission of HIV currently accounts for over 95% of infections in children and sadly, most reports indicate that 35-59% of African children infected with HIV die before their second birthday (Onakewhor and Airede, 2006)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2017 launched the 90-90-90 strategy by 2020 and the 95-95-95 target by 2025 (UNAIDS, 2017a). The 95-95-95 aims at 95 of people with HIV knowing their status, 95 % of those identified with HIV linked to effective antiretroviral therapy and 95 % achieving viral suppression by the year 2025 towards the elimination of new HIV infections by the year 2030 (UNAIDS,

n.d.; UNAIDS, 2017a). The HIV testing coverage for young people aged 15-49 years in Nigeria is low. According to UNAIDS, only 34 % of people aged 15-49 years are aware of their status in Nigeria (UNAIDS, 2017b; Odiachi *et al*., 2018). If a woman is infected with HIV/AIDS her risk of transmitting the virus to her baby can be reduced if she stays as healthy as possible. According to the march of dimes, new treatments can reduce the risk of a treated mother passing HIV to her baby to a 5% or less chance.

Mother to Child Transmission of HIV/AIDs

Mother to child transmission is one of the routes of transmission of human immunodeficiency virus infection. Human immunodeficiency virus (HIV) infection is still a disease of public importance. By the end of the year 2018, it was estimated that about 37.9 million people were living with HIV and more than half a million people died from HIV related causes (The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2019). Nigeria has the second highest burden of HIV infection globally second to South Africa (Awofala and Ogundele, 2018).

Mother-to-child transmission (MTCT) of human immune deficiency virus (HIV) infection is the transmission of the virus from an HIV-infected

mother to her child during pregnancy, labor, delivery or breastfeeding [2]. Prevention of MTCT of an HIV infection is a politically and scientifically accepted approach to reduce the impact of HIV, especially on children [3]. The prevention of MTCT plays a major role in limiting the number of children being infected by HIV to less than 2%. Without any intervention, 20-50% of infant would be infected; 5-10% during pregnancy, 10-20% during labor and delivery and 5-20% through breast feeding The services provided by PMTCT program includes; HIV counselling and testing (HCT) for HIV in antenatal clinics and maternity wards, Antiretroviral drug therapy, comprehensive antenatal care and safer delivery practices, appropriate infant feeding, Counselling and support

The comprehensive approaches PMTCT are the four elements namely Primary prevention of HIV among women of childbearing age and their partners, prevention of unintended pregnancies among women with HIV, prevention of HIV transmission from mothers to their infants, provision of treatment, care and support to women infected with HIV and their partners, infants and families In light of the global and country commitments to the elimination of new paediatric infections and new evidence, Ethiopia has

examined its PMTCT program goals and implementation experience to make optimal programmatic choices. Although Ethiopia's experience with option "A" implementation is limited. Option B+ developed and launched the operational plan for the implementation of Option B+ in 2013 to contribute to the national elimination plan(Alabi., 2018)

A four-pronged strategy was introduced by the world health organization (WHO) in 2001 for the prevention of mother to child transmission of HIV (Oyefabi 2018). The first prong involves primary prevention of HIV infection in women of childbearing age. The second prong involves the prevention of unwanted pregnancy in HIV positive women. The third prong involves using antiretroviral drugs and other measures to prevent transmission from mothers to their babies while the last prong involves providing support for HIV infected mothers, their babies, and their families. HIV testing is the entry point for the prevention of mother to child transmission of HIV. After testing for HIV, HIV negative women are counseled on how to take measures to remain negative while HIV positive women are enrolled in prevention of mother to child transmission of HIV (PMTCT) program to prevent transmission to their babies. About 15-40 %

of babies of HIV positive women will become infected with HIV in the absence of intervention, but with effective intervention, the rate of transmission reduces to less than 5 % (WHO, 2020). Studies have shown that HIV testing rate is low in the general population and pregnant women in Nigeria (Oleribe 2018; Olowokere., 2018). HIV is still a public health problem in Nigeria with a high rate of mother to child transmission.

In Nigeria, according to FMOH most children less than 15 years living with HIV acquired the infection through maternal to child transmission. Infection can occur during pregnancy, delivery and during breast feeding. Without intervention a woman with HIV have a 30-45% chance of passing the virus to her baby. Higher prevalence in women of reproductive age, high fertility rate, low uptake of family planning services, prolonged breast feeding culture, as well as poor access to PMTCT intervention all contributes to HIV infection in children. As at 2009 the FMOH reported an annual HIV positive birth of 56,681. The report also indicated transmission of HIV in children has become a critical health problem that is threatening the positive impact of child survival strategies in the country.

In Nigeria, PMTCT services became available to infected pregnant women in 2001 when the Government of Nigeria supported six tertiary hospitals across the six geo-political zones of the country to commence service. Since then, Government supported PMTCT service outlets have increased to 67 in 2004 and 718 in 2010. (NACA PMTCT Fact sheet, 2011) Despite the increase in PMTCT service outlet, reports indicate the country only have a 13% PMTCT coverage of pregnant women in the country. The national scale up plan for PMTCT (2010 -2015) also indicated only 12% of pregnant women who require antiretroviral therapy (ARVs) to prevent mother to child transmission actually receive the drugs; This makes scaling up of services of high priority.

The rate of perinatal transmission of HIV in developing countries ranged between 19% to 36% and HIV prevalence in some areas upto 25% (2). In Nigeria, the current prevalence rate of 4.4% is derived from national sentinel surveillance of antenatal attendees aged 15-49 years drawn from rural and urban communities through out the country However, the reality of the situation in many high brow Nigerian cities does not give room for respite considering the dense population and sociocultural complexity of

Nigeria. The 2005 sero-prevalence of 4.4% among ante-natal attendees in Nigeria is 250% increase from 1991 prevalence rate of 1.8% and sexual transmission of HIV is recognized as the dominant mode of transmission making mother to child transmission of HIV an increasing national concern. In the national survey report of 2005, 73,000 HIV-infected infants were born, making it the highest number for any country in the world

Knowledge of Mother to Child Transmission of HIV/AIDS

Knowledge of MTCT has been described as part of factors in the utilization of PMTCT services. Sagna and Schopflocher (2015) studied women aged 15-49 years that had a live birth within five years before the survey and attended antenatal clinic in Swaziland, the result showed that only about 62 % of the women received pretest counseling as part of PMTCT, but only 56 % accepted to test for HIV in Swaziland. The women's educational level was found to be significantly associated with the chance of pretest counseling, and pretest counseling was found to increase the likelihood of HIV testing by the women (Sagna & Schopflocher, 2015). In Tanzania *et al*. (2016) examined the covariates of adequate knowledge of MTCT and PMTCT using a population-based survey. They found that

knowledge of MTCT and PMTCT was as low as 46 % and was significantly associated with having some education, knowing a place to get HIV test, residing in the urban area, having higher household wealth, having knowledge of HIV/AIDS, having at least one pregnancy and testing for HIV.

A study in conducted among pregnant women in Ethiopia revealed low knowledge of PMTCT which was also significantly associated with urban residence, young age of 15-24 years, having secondary education or more, having five or more children, being employed, having perceived susceptibility to HIV and having a positive attitude to living with HIV (Alemu *et al*., 2018). Another study in Ethiopia that focused on factors affecting utilization of PMTCT services found 9.7 % level of utilization of PMTCT services among pregnant women attending antenatal clinics. The utilization of PMTCT in the study was significantly associated with knowledge of MTCT (Tessema *et al*., 2019).

A study conducted in northwest Ethiopia also found a low knowledge of MTCT (57.5%) and lower level of PMTCT (17.4%), knowledge of MTCT and PMTCT were significantly associated with adequate knowledge of HIV (Abtew *et al*., 2016). In another study in southern Ethiopia, Tigabu,

and Dessie (2018) found that 92.8 % of the respondents were aware of MTCT while 83.5 % were aware of PMTCT, Utilization of PMTCT services was significantly associated with follow up in the last pregnancy, partner testing during ANC and being employed by the government. While the overall correct knowledge of MTCT and PMTCT in Ethiopia was low (34.9 %) using a national population-based survey (Luba *et al*., 2017). Residence in the urban area, higher education, currently in union, occupation and exposure to mass media were found to be significantly associated with the correct knowledge of MTCT and PMTCT in the survey (Luba *et al*., 2017). The relationship between knowledge of MTCT and PMTCT with HIV sero-conversion in pregnancy was studied by Egbe *et al*. (2016) the result indicated a high level of MTCT and PMTCT knowledge in both HIV negative and HIV positive group, but only 31 % of the pregnant women knew their HIV status before booking for antenatal care in Cameroon (Egbe, 2016).

Another study in South West Cameroon by Sama *et al*. (2016) found that 100 % of the pregnant women studied were aware of HIV infection, but only 79.3 % were aware of MTCT, and only 23.7 % had adequate

knowledge of PMTCT. While in South Africa, Ramoshaba and Sithole (2017) in a qualitative study among HIV positive pregnant women found that majority of the respondents were aware of MTCT and PMTCT but not the mode of transmission from mother to child. But in Tanzania, the proportion of pregnant HIV positive women with high knowledge of PMTCT was as low as 53.3 % (Musvipa *et al*., 2018). Some studies were also done in Nigeria with regards to knowledge of MTCT and PMTCT (Onalu, 2019).

Hassana, Panas and Mountasser (2021) examined knowledge of MTCT as a predictor of HIV testing in women of childbearing age. Logistic regression was performed on 2013 Nigeria Demographic and Health Survey data using SPSS V27. This study showed that knowledge of PMTCT, knowledge of MTCT during delivery and knowledge of MTCT during breastfeeding were to be predictors of HIV testing. The result suggests a need to educate women of childbearing age on all the modes of transmission with its prevention to enhance HIV testing and eliminate MTCT

Abtew Awoke and Asrat (2016) examined Knowledge of pregnant women on mother-to-child transmission of HIV, its prevention, and

associated factors in Assosa town, Northwest Ethiopia A total of 386 pregnant women participated with a response rate of 97%, and 222 (57.5%) of them had full knowledge about the three critical modes of HIV transmission from mother to child, but only 67 (17.4%) knew the possible prevention methods. Knowledge on MTCT of HIV was positively associated with women who had sufficient knowledge on HIV/AIDS, women who had a favorable attitude to provider-initiated HIV counseling and testing and women who did not expect any partner's reaction to positive HIV test result after testing Correspondingly, knowledge on PMTCT of HIV was positively associated with women who had sufficient knowledge on HIV/AIDS.

Most of the studies on PMTCT in Nigeria were conducted in pregnant women attending ANC excluding non-pregnant women and pregnant women that do not attend ANC. The result of the 2013 NDHS showed that antenatal care coverage (at least one visit) for women aged 15-49 years is 60.6 % (National Population Commission (NPC) [Nigeria] and The International Classification of Functioning, Disability and Health [ICF], 2014). In Anambra South, Anambra state Nigeria, a study among HIV positive women of childbearing age showed that 86 % of the women were

aware of PMTCT, age, marital status, and place of residence were found to be associated with utilization of PMTCT services (Onalu *et al*., 2019), while Dada (2017) studied HIV positive pregnant women attending antenatal clinics to determine the factors affecting utilization of PMTCT services. Dada et al. (2017) found that only about half of the respondents had adequate knowledge of MTCT. Lack of awareness of HCT, poor male involvement in PMTCT, and late presentation to ANC were factors associated with poor utilization of PMTCT services.

In a similar study in Enugu, Kate (2019) found that all the participants experience some form of barrier to utilization of PMTCT and educational status with parity were found to significantly influence barrier to PMTCT. Studies in Northern Nigeria revealed poor awareness of PMTCT among pregnant women attending ANC (Oyefabi 2018). On the contrary, good knowledge of PMTCT was found among pregnant women in Abia State, Nigeria.

Gebreegziabher (2008) conducted a study of 461 pregnant women attending ante natal clinic in four health facility in Ethiopia. Findings from his study showed that most of them 457(99.1%) have heard about

HIV/AIDS of which, 419 (92.7%) mentioned the major routes of transmission and 437(94.8%) knew that HIV can be transmitted from an infected mother to her baby. Majority of them 433(93.9%) also knew that MTCT of HIV is preventable.

Tatagan (2010) also conducted a hospital based study in Togo among women attending ante natal clinic, 210 pregnant women were surveyed. Findings from the study showed they have a high knowledge of sexual HIV transmission. The women identified unprotected sex (93.8%), sharing sharp objects soiled with blood (80.5%) as key route of transmission; only (27.1%) were able to identify maternal to child transmission as a route of HIV transmission with (77.1%) agreeing that unprotected sexual relations raised the risk of HIV transmission to the child.

Artwinne (2012) conducted a community based study on Knowledge and practice of women in rural Uganda, findings from a sample of 100 women showed that 91% of the women surveyed were aware that MTCT can occur while only 72% were aware that it can be prevented. Chirwa (2011) conducted a health facility based research of pregnant women offered HIV counseling and testing as part of PMTCT intervention. His findings

showed that 86% of the women who accepted HIV counseling and testing and 85.5% of women who refused testing were aware that MTCT can occur, while just 41.4% were aware that MTCT can be prevented using antiretroviral drugs.

Moses (2009) conducted a study of 172 pregnant women attending ante natal care in a tertiary hospital in North Eastern Nigerian. Findings from there study showed there is a high level of knowledge of HIV transmission and sexual prevention but only 42% of them had accurate knowledge of preventive intervention to babies. Olugbenga (2013) also did a study in south-western Nigeria that showed high level of awareness about HIV and AIDS among 420 women of reproductive age 15-49 years surveyed (99.8%). The knowledge about MTCT and PMTCT of HIV was also high with 92.1% and 91.4%, respectively.

Factor Influencing Attitude Toward Mother To Child Transmission Of Hiv/Aids

Attitudes of the women towards PMTCT are a key factor that can positively or negatively affect utilization of PMTCT services. This makes it important to review factors that influence attitude of the study population

toward PMTCT. Outline below is a review of existing literature on related studies.

Muula et al (2004). Findings of a study conducted in Malawi indicated that of the 321 women surveyed, 99.7% were in favour of breastfeeding their babies and shared that a woman who do not breast feed will likely be considered to have intent of killing her baby or that she was already pregnant again or the baby was not given birth to by her, It might also be inferred that she is sexually promiscuous and so she does not want to "contaminate the milk," or she has diseases of the breasts, tuberculosis or HIV and AIDS.

Olugbenga et al their study findings from Nigeria showed despite high level of awareness about MTCT and PMTCT, a significant portion (71.27%) of the study population had poor attitudes towards PMTCT of HIV services. The study though was silent on why the women's attitude towards PMTCT service was poor.

Moses et al (2009) conducted a study of 172 pregnant women attending ante natal care in a tertiary hospital in North Eastern Nigerian. Findings from there study showed the use of breast milk substitute by HIV positive mothers and condom use to prevent during sexual intercourse

recorded poor responses from the women, with only 42 (24.4%) and 58 (33.7%) of the women respectively having favourable attitude towards both. The women not in support of breast milk substitute indicated refusal by their spouses as reason for not being in favour of it, the importance placed on breast feeding at the community was also given as a reason for not endorsing it. Those who rejected the use of condoms said the practice was against their religious beliefs while a few shared the beliefs that withdrawal before ejaculation and use of antibiotics after sex can equally prevent HIV infection. Majority of the women surveyed 106 (61.6%) said they will be willing to support their spouses who tested positive for HIV.

Summary of Revi eweed Literature

Mother to child transmission is one of the routes of transmission of human immunodeficiency virus infection. Human immunodeficiency virus (HIV) infection is still a disease of public importance.. HIV infected women can transmit HIV to their babies during pregnancy, delivery, or breastfeeding. Globally, about 90 % of HIV infections in children less than 15 years are from mother to child transmission. This chapter attempts to review relevant litertures on mother to child transmission of hiv/aids and the

knowledge of pregnant woment in ovia north east local government area. however, Most studies on mother to child transmission reviewed were conducted amongst pregnant women attending antenatal clinic and HIV outside edo state and this is the gap this study intends to fill.

CHAPTER THREE

METHODOLOGY

This chapter presents a description and the methods that were used in carrying out the study under the following sub headings:

- Design of the Study
- Population of the Study
- Sample and Sampling Technique
- Validity of the Instrument
- Reliability of the Instrument
- Administration of the Instrument
- Method of Data Analysis

Design of the Study

The research design used for this study is the survey research design. This design is considered appropriate for this study as the variables of the study will not be manipulated.

Population of the Study

The target population of the study comprised of the one hundred and fifty three (153) pregnant women attending antenatal at Ekiadolor Primary Health Care Centre, Ekiadolor, Benin City.

Sample and Sampling Technique

The sample size consists of the one hunded pregnant women attending antenatal at Ekiadolor Primary Health Care Centre, Ekiadolor, Benin City. The random sampling techque was employed in selecting the respondents used in the study.

Research Instrument

A structured questionnaire was used instrument for the study. The questionnaire will be developed by the researcher. The instrument will comprised of two (2) sections A and B. Section A will seek for demographic data of the respondents such as age. while Section B consist of items to be responded to in order to solicit response to the research questions and this will be done using Yes or No

Validity of the instrument

The face validity of the instrument was carried out by the researcher‘s supervisor,. The corrections, suggestions and modifications aided in drafting of the final document

Reliability of the Instrument

To determine the reliability of the instrument the test-retest method was used where the same questionnaire were ad ministered twice to the same respondents within an interval or two weeks and the result gathered were analyzed using Pearson's Moment Correlation Coefficient(s) and a reliability value of 0.78 was obtained indicating that the instrument was reliable.

Method of Data Collection

The researcher personally administered the instrument to the respondents with the aid of research assistants. The respondents were briefed on the purpose of the research. The questionnaire when completely filled by the respondent were retrieved immediately by the researcher.

Method of Data Analysis

Data obtained from the questionnaire administered was analyzed using frequency count and percentage,

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter deals with presentation of results and discussion of findings. The results of the analysis are presented in the order of the research questions that guided the study

Analysis of Demographic Information

Table 1: Age Distributions

S/N	Age	Frequency	Percentage (%)
1	19-25	45	45%
2	26-35	35	35%
3	36 and above	20	20%
	Total	100	100%

Source: Field Work, 2023

From the Table1, responses indicate that majority of the respondents were between the ages of 19-25 years.

Table 2: Occupation of Respondents

S/N	Occupation	Frequency	Percentage (%)
1	Trader	60	60%
2	Teacher	32	32%
3	Civil Serrvant	8	8%
	Total	100	100%

Source: Field Work, 2023

Table 2 shows that occupation of respondents. Responses showed that most of the respondents are traders

Table 3: Religion of Respondents

S/N	Religion	Frequency	Percentage (%)
1	Christian	49	49%
2	Muslim	31	31%
3	Others	20	20%
	Total	100	100%

Source: Field Work, 2023

Table3 showed the religion of the respoondents. Responses showed that most of the respondents (49%) are Christians

Research Question 1 What is the level of HIV/AIDS awareness among pregnant women in Ekiadolor community?

S/N	ITEMS	Yes %	No %	Total %
1	Have you heard of HIV/AIDS	95 95%	5 5%	100 100%
2	Is it possible for a pregnant mother to transmit HIV to her child?	27 27%	73 73%	100 100%
3	Are you aware that mother to child transmission of HIV can be prevented	35 35%	65 65%	100 100%
4	Do you know how HIV transmitted from one person to another	19 19%	81 81%	100 100%
5	Can an infected mother transmit the infection to the child	25 25%	75 75%	100 100%

In response to research question one, (What is the level of HIV/AIDS awareness among pregnant women in Ekiadolor community), item 1 showed

that most of the respondents (95%) said that they have heard of HIV/AIDS while 5% said they have not. Item 2 showed that most of the respondents (73%) said that it is impossible for a pregnant mother to transmit HIV to her child, while 27% agreed that it is possible for a pregnant mother to transmit HIV to her child. Item 3 showed that most of the respondents (65%) said they were not aware that mother to child transmission of HIV can be prevented, while 35% said they were aware. Item 4 showed that most of the respondents (81%) said they do not know how HIV transmitted from one person to another, while 19% said they knew. Item 5 showed that most of the respondents (75%) said that an infected mother cannot transmit the infection to the child, while 25% said that an infected mother can transmit the infection to the child. Therefore, there is a low level of HIV/AIDS awareness among pregnant women in Ekiadolor community

Research Question 2: What is the level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community?

S/N	LEVEL OF KNOWLEDGE OF PREVENTION OF MOTHER TO CHILD TRANSMISSION	Yes %	No %	Total %
1	An infected mother can transmit the infection to her child	75 75%	25 25%	100 100%
2	A pregnant woman can transit HIV/AIDS TO the unborn child	70 70%	30 30%	100 100%
3	I do not know any thing about mother to child transmission of HIV/AIDS	30 30%	70 70%	100 100%
4	I have heard of about mother to child transmission of HIV/AIDS	80 80%	20 20%	100 100%
5	Mother to child transmission of HIV/AIDS can be prevented	77 77%	23 23%	100 100%

In response to research question two (What is the level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community), item 1 showed that most of the respondents (75%) agreed that an infected mother can transmit the infection to her child, while 25% disagreed. Item 2 showed that most of the respondents (70%) agreed that a pregnant woman can transit HIV/AIDS TO the unborn child, while 30% disagreed. Item 3 showed that most of the respondents (70%) said that they know about mother to child transmission of HIV/AIDS, while 30% said they do not know any thing about mother to child transmission of HIV/AIDS. Item 4 showed that most of the respondents (80%) agreed that they have heard about mother to child transmission of HIV/AIDS, while 20% disagreed. Item 4 showed that most of the respondents (77%) agreed that mother to child transmission of HIV/AIDS can be prevented while 23% disagreed. Hence, there is a high level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community

Research question 3: What is the attitude of pregnant women towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community?

S/N	ATTITUDE OF PREGNANT WOMEN TOWARDS THE PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS	Yes %	No %	Total %
1	I feel am I am safe and do not need to be screened	65 65%	35 35%	100 100%
2	I am not interested in knowing my HIV status	68 68%	32 32%	100 100%
3	I do not attend HIV AIDS screening	35 35%	65 65%	100 100%
4	I am Afraid of stigma and discrimination during HIV testing	24 24%	76 76%	100 100%
5	HIV/AIDS screeening is waste of money	45 45%	65 65%	100 100%

In response to research question three (What is the attitude of pregnant women towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community), item 1 showed that most of the respondents (65%) agreed that they feel safe and do not need to be screened, while 35% disagreed. Item 2 showed that most of the respondents (68%) agreed that they am not interested in knowing their HIV status, while 32% disagreed. Item 3 showed that most of the respondents (65%) said they do attend HIV AIDS screening, while 35% said they do not attend HIV AIDS screening. Item 4 showed that most of the respondents (76%) said they are not afraid of stigma and discrimination

during HIV testing, while 24% agreed that they are afraid of stigma and discrimination during HIV testing**.** Item 5 showed that most of the respondents (65%) disagreed that HIV/AIDS screeening is waste of money while 45% agreed. Therefore attitude of pregnant women have negative attitude towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community

Hypothesis Testing

Hypothesis One: the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community may differ based on the place of residence

The t-test analysis showing difference between in prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on the place of residence

Respondents	N	Mean	SD	df	t-value	p-value	Decision
Urban	37	2.95	.84				
				98	-1.857	.066	Not Significant
Rural	63	3.22	.61				

P-Value Significant at 0.05 level (2-tailed) (Retain Hypothesis) SD:

The test of the hypothesis, as presented in Table 5 reveals mean responses of the difference between in prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on the place of residence. Urban had a mean of 2.95 and rural 3.22 while their corresponding standard deviations are 0.84 and 0.61. The t-value of -1.857, at degree of freedom of 98, which shows it was not significant at p-value

of .066. Testing at an alpha value of .05, the null hypothesis was retained since the p-value is greater than alpha value. Thus, there is no significant difference between in prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on the place of residence

Hypothesis Two: the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community may differ based on religious beliefs

Table 7: The t-test analysis showing difference in the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on religious beliefs

Respondents	N	Mean	SD	df	t-value	p-value	Decision
Christians	2	3.26	.328	198	.472	.637	Not Significant
Muslims	98	3.24	.286				

The test of the hypothesis, as presented in Table 5 reveals mean responses of the difference between in the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on religious beliefs. Christians had a mean of 3.26 and Muslims 3.24 while their corresponding standard deviations are .328 and .286. The t-value of .472, at degree of freedom of 198, which shows it was not significant at p-value of .637. Testing at an alpha value of .05, the null hypothesis was retained since the p-value is greater than alpha value. Thus, there is no significant **in** the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on religious beliefs

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The study assessed the knowledge on the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community in Ovia North East local Government Area of Edo State Specifically, the study the level of HIV/AIDS among pregnant women in Ekiadolor community, the level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community, the attitude of pregnant women towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community, if the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community differ based on the place of residence and if the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community differ based on religious beliefs. The researcher employed the survey research design. The target population of the study comprised of the one hundred and fifty three (153) pregnant women attending antenatal at Ekiadolor Primary Health

Care Centre, Ekiadolor, Benin City and the sample size consists of the one hunded pregnant women attending antenatal at Ekiadolor Primary Health Care Centre, Ekiadolor, Benin City.

Findings from the study indicated that:

1. that there is a low level of HIV/AIDS awareness among pregnant women in Ekiadolor community
2. there is a high level of Knowledge of prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community
3. there is negative attitude towards the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community
4. there is no significant difference **between** in prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on the place of residence
5. there is no significant **in** the prevention of mother to child transmission of HIV/AIDS among pregnant women in Ekiadolor community based on religious beliefs

Conclusion

The HIV pandemic till date remains an issue of major concern on a global scale. The UNAIDS (2011) report indicated an estimated 34 million people worldwide are infected with HIV with women In conclusion, we can say that HIV and AIDS continue to pose a challenge, remain the epicentre of the epidemic with Nigeria among the most affected countries in the region. The transmission of Human Immunodeficiency Virus (HIV) from mother to child contributes largely to HIV prevalence amongst children. Efforts to reduce this mode of spread include increasing the number of persons who know their HIV status and increasing the number of HIV positive women who when pregnant take instructions and act on them to protect their children from the possibility of infection. Mother to child transmission of the virus remains a significant source of new infection in the region especially Nigeria despite available effective preventive therapies.

Recommendations

The following recommendations have been made based on the findings of the study:

1. Health workers being a key source of information should be trained to provide more in-depth information during their health talks to close this gap in knowledge.
2. The mass media also need to redesign its message to improve the quality and content of messages passed across to ensure women get access to quality and up to date information regarding MTCT and PMTCT of HIV.
3. Secondary schools should expedite action in including the Family and HIV education curriculum designed for secondary schools by the federal government into the school's teaching curriculum to promote access to quality information.
4. Ministry of health and women affirars should collaborate with NGO's to strengthen women education as well as promote and empower girl child education in the area of HIV.AIDS and prevention methods

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Questionnaire

DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY
FACULTY OF EDUCATION
UNIVERSITY OF BENIN
BENIN CITY

Dear Respondents,

This study is designed to assess the knowledge on the prevention of Mother to Child Transmission of HIV/AIDS among pregnant women in Ekiadolor community in Ovia North East Local Government Area of Edo State If you have any question, please ask before you start. Provide the details below and then proceed to answer the questions. Please note that the information you are giving would be used for research purposes and would be treated with confidentiality.

Thank you for your cooperation.

Researcher

Section A: Demographic Data

Age 19-25 ( ) 26-35 ( ) 36 and above ( )
Occupation: Trader ( ) Teacher ( ) Civil Serrvant ( )
Religion: Christian ( ) Muslim ( ) others ( )

SECTION B:

S/N	LEVEL OF HIV/AIDS AWARENESS	Yes	No
1	Have you heard of HIV/AIDS		
2	Is it possible for a pregnant mother to transmit HIV to her child?		
3	Are you aware that mother to child transmission of HIV can be prevented		
4	Do you know how HIV transmitted from one person to another?		
5	Can an infected mother transmit the infection to the child?		
	LEVEL OF KNOWLEDGE OF PREVENTION OF MOTHER TO CHILD TRANSMISSION		
1	An infected mother can transmit the infection to her child		
2	A pregnant women can transit HIV/AIDS TO the unborn chils		
3	I do not know any thing about mother to child transmission of HIV/AIDS		
4	I have heard of about mother to child transmission of HIV/AIDS		
5	Mother to child transmission of HIV/AIDS can be prevented		
	ATTITUDE OF PREGNANT WOMEN TOWARDS THE PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV/AIDS		
1	I feel am I am safe and do not need to be screened		
2	I am not interested in knowing my HIV status		
3	I do not attent HIV AIDS screenin		
4	I am Afraid of stigma and discrimination during HIV testing		
5	HIV/AIDS creeening is waste of money		