

Abstract

Four hundred antenatal clinic attendants were surveyed for their attitude to testing and notification for HIV infection test results. The participants were systematically sampled from the antenatal clinic at the Kenyatta National Hospital, Nairobi, and interviewed using a closed-ended structured questionnaire. All the attendants had heard of HIV, and only 5(1.3%) did not know how Acquired Immunodeficiency Syndrome (AIDS) presents. Fifty one percent of them had no objection to their blood being tested for HIV. In fact, 52.5% thought, wrongly, that blood was routinely tested for HIV at the hospital's antenatal clinic. More than one third (35.8%) of respondents wished their permission to be obtained before the testing and 95% wished to be informed of the test result. Acceptability of testing was 33.8%, for Named Voluntary Testing, 62.0% for Universal Testing and 1.0% for Anonymous Testing. All the women said they would want to use a method of contraception, principally tubal ligation, if found HIV seropositive and 63.7% would seek a termination of pregnancy. In this study population, acceptability and expressed willingness to know HIV test results and willingness to let a spouse/sexual partner know the result was high. This paper makes recommendations that HIV testing be made available at the ANC, together with competent pre and post-test counselling. PIP: A survey of 400 women attending a high-risk antenatal clinic at Kenyatta National Hospital in Nairobi, Kenya, revealed high levels of willingness both to submit to human immunodeficiency virus (HIV) serodiagnosis and to authorize partner notification of a positive result. 210 women (52.5%) believed, incorrectly, that HIV screening was performed routinely at the clinic. 393 respondents (98.3%) supported voluntary or universal HIV testing of pregnant women. While 54% of these women wanted to give their consent for the test to be performed, another 44.8% did not consider permission necessary. 94.5% of respondents wanted to be notified of their test result and 97.5% indicated they would authorize the clinician to notify others of the result. The frequency distribution of categories of people women would allow to be informed of their serostatus were: spouse/sexual partner, 95.0%; health worker, 86.3%; religious leaders, 45.3%; employer, 22.8%; and insurance company, 20.0%. All respondents stated they would want to avoid pregnancy if their HIV test was positive; 57.3% would seek sexual sterilization in this case. If already pregnant at the time of learning of a positive HIV test result, 63.7% would terminate the pregnancy. Although these findings may, in part, reflect the high educational status of respondents (i.e., 70.3% had secondary and postsecondary education), they are indicative of a strong concern for limiting sexual and perinatal transmission of HIV. The introduction of voluntary prenatal HIV testing, combined with competent pre- and post-test counseling, is recommended to give seropositive women the opportunity to make informed childbearing and contraceptive decisions.