Improving access to PMTCT through the involvement of traditional birth attendants in program activities in the Lac Chad Basin area of Cameroon: A retrospective cohort study

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Introduction

Maternal and child mortality is higher in the Cameroon part of the Lake Chad basin compared to the rest of the country. This is mainly due to limited access to recommended care during pregnancy and delivery. The majority of deliveries in these settings are assisted by traditional birth attendants (TBA). This project was conducted to assess whether training and involving TBA in community based PMTCT interventions can contribute in improving targeted population access to these interventions.

Methods

In targeted communities, TBA were trained in identifying and referring pregnant women from community to health facilities for antenatal care and in organizing community sessions to deliver PMTCT interventions. After the implementation of the intervention, an end line survey was conducted targeting mothers of children aged 0-24 months in communities exposed to the intervention and in neighboring communities randomly selected to collect data on access to antenatal care, on HIV testing and resulting care. The effect of the intervention was assessed by comparing the coverage of antenatal care, recommended HIV testing and tests' results withdrawal by using appropriate tests.

Results

In total, 293 mothers-children couples were included from communities that benefited from the intervention (exposed) and 288 from those that did not benefit (non-exposed). Exposed mother-child couples had significantly higher reported and documented access to mother antenatal HIV testing compared to the couples living in non-exposed communities with adjusted relative risk (ARR) of 1.6 (1.2-2.0) and 3.5 (2.4-5.1) respectively.

The mean number of antenatal consultations was not significantly higher in the exposed group [Regression coefficient (R)=0.18 (-0.18-0.55), p value (p)=0.327)] whereas the mean number of HIV tests received by the mothers in the exposed communities during the antenatal life of children was significantly higher [R=1.12 (0.93-1.32), p=0.00)]. The proportion of mothers who withdrew their HIV test results in the exposed group was significantly higher compared to the proportion in the non-exposed group (Chi square test= 4.77, p=0.029).

Conclusion

The training and involvement of TBA in delivering PMTCT interventions at community level can improve population access to these interventions. The consistency of these findings should be tested in other communities in needs and with other health care interventions.