

Research Article

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Attitude of health care providers of beyond zero mobile van clinic with health care providers in main health facilities in Laikipia county

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Abstract

Human Immune-deficiency Virus (HIV) is a virus that attacks the human body's natural defense mechanism specifically the white blood cells in adults and children rendering their immune system to be weak and incapable of fighting off diseases and opportunistic infections. Pregnant women can acquire HIV before conception or during pregnancy and could transmit the virus to unborn baby during pregnancy, during labor, through vaginal birth or through breastfeeding especially mixed feeding. Timely Prevention of Mother to Child transmission of HIV can reduce infection of children to less than 2%. Despite success as shown by statistics globally, much more progress is needed especially through increased accessibility of health care services in order to eliminating mother to child transmission and to achieve the planned global target of 90% reduction of newly HIV infected children. The objective of the study was to compare the attitude of health care providers of beyond zero mobile van clinic with health care providers in main health facilities in Laikipia County. The study was based on the Health Belief Model and adopted cross sectional descriptive study design that targeted HIV- positive mothers attending Elimination of Mother to Child clinic at Nyahururu county hospital, Rumuruti hospital and Nanyuki county referral hospitals. The study used a questionnaire and interview schedules to obtain primary data. Descriptive statistics was used to analyze quantitative data with the support of computer software, the Statistical Package for Social Sciences (SPSS) version 20 to give output in form of percentages and frequencies. The study also did correlation and chi-test to determine the statistical relationship between the variables. The study revealed that Mobile Van Clinic are not fully utilized and majority of the respondents have not attended the training on the Mobile Van and that Mobile Van Clinic offered better and quality services. Majority tested their children for HIV PCR at six weeks with majority of results being HIV negative. Attitude of Health Care Providers statistically influences results of testing of children (Pearson value of -0.218^* , $p=0.042<0.05$). The study recommends that Mobile Van Clinic awareness campaigns should be conducted by Mobile Van Clinic officers and persons in charge of health care so as to encourage HIV testing during and before pregnancy among the mothers and infants. The community should be educated on the importance of loving, caring and accepting those living with HIV in order to encourage them and reduce stigmatization and discrimination against HIV positive expectant women.

Keywords

attitude,
health care givers,
HIV PCR,
beyond zero mobile
van clinic

Introduction

Health care worker is a person who has undergone training in a medical school and acquired certain skill that helps him/her to provide services to a patient(s). They include doctors, clinical officer, nurses, pharmacist, lab technologist, radiographer and nutritionist. The entire health care workers help in diagnosis and management of HIV/AIDS. Newly diagnosed patients with HIV/AIDS evoke emotions which include anxiety and withdrawal syndrome. The level of preparedness in caring for people with HIV/AIDS is dictated by the attitude of the health care worker (Lancet, 2007).

Accurate knowledge and credible information about patient matter is expected to any health care worker who is handling the HIV/AIDS patient so that they can inform the relatives and the general public about the disease. Several studies have shown that knowledge and belief about HIV/AIDS are frequently inaccurate and their attitudes are often negative hence forth requiring health care worker to be trained about the infections.

The attitudes of health care workers toward people living with HIV/AIDS may be affected by the cultural norms (Scott, 2000). These beliefs may be translated to good norms which help to treat and care for the HIV/AIDS. Various issues such as stigma, discriminatory, sexuality and blames need to be assessed in health care worker and on job training conducted to bridge the knowledge gaps. A study conducted in South Africa about attitudes of nurses towards HIV/AIDS patients showed empathetic and negative attitudes in discriminatory and stigma from this group of health care workers (Smit, 2005). This study in South Africa revealed both negative and positive attitudes among some nurses; some nurses were reported working with fear and stress.

Statement of the Problem

There were 190,000 children newly infected with HIV by 2015 globally, down from 330,000 in 2011 and from 430,000 new infections in 2009. By December in Kenya (2015) 6,613 had contracted the disease. However, much more progress is needed in order to achieve the planned global target of 90% reduction of newly HIV infected children despite the significant progress that has been achieved. This can only be achieved through increased accessibility of health care services for pregnant mothers to avoid MTCT of HIV

(Mungai, Gichuki, Muchiri, Mckinnon, & Gelmon, 2012).

In Laikipia County, HIV prevalence is at 3.2% which is lower than the national prevalence and higher among women at (4.6%) than that of men (2.8%) indicating that women are more vulnerable to HIV infection than men in the County. In addition, in the year 2015 there were about 399 pregnant women living with HIV and who were who were provided with PMTCT services out of a total need of 435 pregnant women. In addition, there were 7.9% children who were infected with HIV in the year (National AIDS and STI Control Programme, 2017). By the end of 2015, a total of 7,770 people were living with HIV in the county and among these, 9% were children aged below 15 years. HIV transmission of infants at 6 weeks is currently 4.1% and this could contribute to increase in infant mortality related to HIV infection. There were 7.9% children infected with HIV in 2015 (UNAIDS, 2015) showing a 63% decrease from 2013 in the county with 38 children reported to have died of AIDS-related conditions in the same year. Laikipia County contributed 0.5% of the total new HIV infections in Kenya thus the need to assess the effects of mobile van clinic on elimination of HIV from Mother to child transmission in the county.

The researcher reviewed several literature on past studies related to effects of mobile van clinic towards zero elimination of HIV/AIDS from mother to child but very scanty information exists especially in developing countries like Kenya and particularly in Laikipia county. No study has been carried on the role of mobile van clinic donated on beyond zero transmission of HIV among HIV positive women in Laikipia County, Kenya. Therefore there exists a research gap which this study will bridge.

Justification of the Study

Elimination of HIV from mother to child is a major policy issue and health practitioners concern in the fight against AIDS/HIV burden in Kenya. High burden of HIV in Kenya accounts for an estimated 15% of death of children under the age of 5 years. Driven by a need to sustain the fight against HIV/AIDS, introduction of Option B+ , Bring Back the Mothers campaign, free maternity and Beyond Zero Campaign (BZC) approaches were initiated in the country which among other reasons aimed at

tackling mother to child HIV transmission. This study will provide insight into how the beyond zero campaign model that is principally about a mobile clinic is contributing to the elimination of mother to child transmission.

Stigma and discrimination of HIV positive women from the society are negative attitude and perceptions towards women in the region that could contribute to new infections as many women fear to disclose their status. This study will provide insight into how mobile van clinics are contributing towards reduction of stigma and discrimination of HIV positive pregnant women. Assessing the effects of mobile van clinic on elimination of transmissions of HIV from mother to child in Laikipia County and its influence on reducing the stigma and discrimination and creating awareness among HIV positive pregnant women will provide insight that could help policy formulators and implementers on rightful approach to ensuring that MTCT is totally eliminated.

The research findings could help policy maker and Laikipia county government department of Health on creating awareness in community and reducing stigma and discrimination. The finding could also provide relevant information to health care workers on areas that require emphasis concerning their attitude towards HIV positive women and their children. The study could be used as guideline for recommending a study to be done in different counties to find out the effects of the van on elimination of mother to child transmission of HIV. The information obtained could also be of help to students, academicians and other researchers interested in the area of study.

Objective

The objective of the study was to compare the attitude of health care providers of beyond zero mobile van clinic with health care providers in main health facilities in Laikipia County.

Scope of the Study

The study focused on assessing the role of beyond zero mobile van clinic on transmission of HIV from mother to child programs in Laikipia County, Kenya. The variables under consideration was attitude of health care worker stigma. The study involves the mobile van clinic health care providers and health care provider in the main health facility Nyahururu county referral hospital, Rumuruti referral and Nanyuki

county referral hospitals as well as the HIV positive within 2 months postnatal mothers.

Study Limitations

The researcher encountered respondents who were not willing to participate in the study for they were skeptical. To overcome this, the researcher explained to them that the study was purely academic and that their responses could not be used in any other way. The medical staff respondents had a very busy schedule providing health services and having them to respond to the questionnaire was interrupting their work. The researcher addressed this by booking an appointment at an appropriate time in order to minimize the interruption.

Language barrier for some clients was another limitation which was attributed by illiteracy level of some clients. The researcher addressed this by use of an interpreter who understood the local language. This further won their trust and consent of most respondents. The other challenge experienced was insecurity which is a problem in the bandit and conflict prone Laikipia County. To overcome this, the researcher maintained contact with the security personnel on the ground when going for data collection and could not do so when the risk was high.

Delimitations of the Study

The study delimited itself to HIV positive mothers who attend EMTCT clinic within Laikipia County particularly in the major hospitals of Nanyuki County Referral Hospital, Rumuruti General Hospital and Nyahururu County Referral Hospital. The women were targeted because they would give information relevant to the study and would compare their experiences both at beyond zero mobile van clinic and at the hospital. The hospitals were selected since they are the main ones that serve Laikipia County and thus the population in these hospitals would give a fair glimpse into the situation of the entire county. The study adopted cross sectional descriptive study since it allowed for flexibility to collect detailed data from the respondents located in the different hospitals at the same time.

1.9 Assumption of the Study

The researcher assumed that all the respondents who participated in the study were either aware or had had an experience with beyond zero mobile van clinic and thus represented the target population of all HIV pregnant women receiving ART in Laikipia County. It also assumed that the area is wholly reached by beyond zero mobile clinics that operate within schedule and at regular intervals.

1.10 Summary

This chapter has covered the background of the study, the statement of the problem and the objectives of the study that included both the broad and the specific objectives. The chapter also had the research questions and the hypothesis. It has also looked at the justification of the study, the scope, study limitations and delimitations and then concluded with the assumptions of the study.

Research Methodology

3.1 Research Design

The study adopted cross sectional descriptive study design, a type of observational study in the medical studies that analyzes data from a population, or a representative subset, at a specific point in time. A cross-sectional study examines the relationship between a disease (or other health related issues) and other variables of interest as they exist in a defined population at a single point in time or over a short period of time (Public Health Action Support Team, 2017).

3.2 Study Area

The scope of the study was limited to main Laikipia County referral hospitals at Nyahururu and Nanyuki referral and to Rumuruti sub-county hospitals. The three facilities provided adequate data for the study due to the high number of HIV positive women seeking services in them. The facilities have enough staff and they don't run out of drug stock especially ARV. Nyahururu is a rural-urban town in Laikipia west sub-county Laikipia County. Nanyuki is a town in Kenya, lying in Laikipia east Sub County. Laikipia County borders Samburu County to the North, Isiolo County to the North East, Meru County to the East, Nyeri County to the South East, Nyandarua County and Nakuru County to the South West and Baringo County to the West and is one of the 14 counties within the former Rift Valley region, and one of the

47 counties in the Kenya. The County borders (Soft Kenya, 2017).

The county is served by the Beyond Zero Campaign mobile van. The initiative that aims at improving maternal and child health outcomes in Kenya, was launched by the First Lady of Kenya, Margaret Kenyatta on 24 January 2015.. It is geared towards accelerating the implementation of the national plan towards the elimination of new HIV infections among children (UNAIDS, 2015).

3.3 Study Population

The population of this study constitutes HIV- positive mothers attending EMTCT clinic at Nyahururu county hospital, Rumuruti hospital and Nanyuki county referral hospitals. Eligible patients were enrolled in the study through inclusion criteria of 18 years and above. In addition, the study obtained data from 3 health care workers working with the van since they had firsthand experience and knowledge of MVC as well as 9 health care workers in the three EMTCT clinic main facilities.

3.3.1 Inclusion Criteria

For this analysis, expectant women attended by staff at a mobile van clinic were considered for inclusion, where they were 18 years of age and above, and were from Laikipia County. They too had to independently consent to participate in the study.

3.3.2 Exclusion Criteria

Participants were excluded if they were critically ill, drunk or of unsound mind.

3.4 Sample size Calculation

Sample size was determined by Fisher's formula (1954).

$$n = \frac{Z^2 P (1 - P)}{d^2}$$

Where n= sample size,

z = Z statistic for a level of confidence,

p = expected prevalence or proportion

d = precision (In proportion of one; if 5%, d = 0.05).

z = 1.96, MTCT prevalence rate in Kenya by 2015. 4.5%, (Ministry of Health, 2016).

P=0.06 d = 0.05

Therefore $N = \{1.96 \times 1.96 \times 0.045(1 - 0.045)\} = 66$.
(0.05×0.05)

To provide for lower response rate, the research added 10% to this sample size, thus the number targeted was 72.

3.5 Sampling and Sampling Techniques

The study adopted a systematic random sampling for the patients and purposive sampling for health workers. Systematic random sampling is a probability sampling method in which every Nth member of population is sampled. In this approach every Kth item is selected to produce a sample of size n from a population size of N” and thus requires a sampling frame (Bajpai, 2010). Purposive is a non-probability sampling technique sampling in which sampling focuses on sampling techniques where the respondents are chosen based on the judgment of the researcher (Lund Research Ltd , 2012).

All eligible respondents were enrolled during the study period until the desired sample size of 66 was attained. In this procedure, the 1st respondent was selected randomly and after this every 3rd client was selected and this was done at the EMTCT clinic in each of the three health facility from Monday to Friday when the EMTCT clinic was open. History of the patient was taken because of exclusion criteria and the procedure explained on how to fill in the questionnaire, those who agreed signed the consent form. In some cases, an interpreter was used to those patients who had no education background and for the health care provider, an interview schedule was conducted after booking the appointment due to their busy schedules. All positive post-natal woman who met the inclusion criteria were sampled until a sample of 66 was reached.

Purposive was used to select the HCW who participated in the study. Purposive sampling is a non-probability sampling technique in which decisions concerning the respondents is taken by the researcher, based upon various criteria such as specialist knowledge of the research issue, capacity and willingness to participate in the research as well as participants likelihood to contribute appropriate data both in terms of relevance and depth. In this study, purposive sampling was used to identify HCW who participated in the study.

3.6 Research Instruments

The researcher used a questionnaire to the mothers and interview schedules for the health care providers. Questionnaire comprised of questions relating to mobile van clinic and other factors. Questionnaires gave respondents freedom to express their views or opinion and also to make suggestions while maintaining anonymity. It also collected secondary data from secondary sources on the trend of enrolment of HIV of Positive expectant mothers to EMTCT programme and the trend of change in the number of HIV Positive children.

3.7 Data Collection Procedures

Quantitative data was obtained by use of a self-administered questionnaire while qualitative data was obtained through interviews.

3.7.1 Questionnaire

A questionnaire is made up of a list of carefully structured questions and chosen after testing, with the view of eliciting reliable responses from the respondents. A structured questionnaire was developed for the study which allowed the researcher to do quantitative data analysis by use of statistical software. The procedure of data collection was repeated in the three facilities, in which pregnant women were given the questionnaire up to a quota of 6 per day and after 4 weeks the sample was exhausted.

3.7.2 Interviews

In-depth interviews were administered on Health Care Providers. These respondents were purposively selected based on their personal and professional knowledge on EMTCT. Respondents interviewed using this technique considered as being knowledgeable, skilled and able to express their views explicitly on the subject being discussed. This method allowed greater depth of understanding on the subject under study.

3.8 Validity and Reliability

3.8.1 Validity of Research Instrument

The questionnaire was evaluated for face and content validity by the research supervisor and this ensured accuracy. A pilot study was conducted before the actual data was collected. The pilot study was done to

Olkalou County Hospital on 10 randomly selected HIV positive respondents, 4 mobile clinic staff and 4 staff from the hospital, but the findings are not included in the actual main area. This aimed at testing the validity and reliability of the survey instrument. Its main purpose was to check on suitability and the clarity of the questions on the instrument design, relevance of the information being sort out, the language used and the content validity of the instruments from the responses that were given and the reliability of the research instruments. This helped in making necessary adjustment on the instruments to enhance validity. The instrument was also shared with experts for expertise opinion and recommendations. The researcher discussed the structure of research instruments with the supervisor to improve their content, construct and face validity. These competent persons examined the questionnaires individually and provided feedback to the researcher. Content validity was employed in this study by examining if the instruments answered the research questions.

3.8.2 Reliability of Research Instrument

A reliability of coefficient, of 0.711 was achieved and thus considered adequate for this study. Credibility and trust worth were adhered to while collecting the data. The researcher discussed the structure of research instruments with the supervisor to improve their structure. Those items that were found to be inadequate or vague were edited to improve the quality of the research instrument, thus increasing reliability.

3.9 Data analysis and Presentation

Once developed, questionnaires were coded to ensure they are maintained only for research purpose and kept under lock and key. The researcher ensured completeness of the data collected, and also ensured cleaning after which the data was stored in computer software. Descriptive statistics was used to analyze quantitative data with the support of computer software, the Statistical Package for Social Sciences (SPSS) version 20 to give output in form of percentages and frequencies. Statistical tests done on data per each objective included ANOVA and Chi-test. Presentation was done using graphs, tables, frequencies and pie charts. To compare the variables at the set level of statistical significance, Chi square was used and the levels of association of variables to the mobile van clinic.

Qualitative data obtained was used to supplement interpretation of quantitative data and which was done according to the objectives of the study. Both content and thematic analysis was used to interpret the data. Qualitative data was appropriate since through it, it was possible to describe the qualities and characteristics of the sampled population and provided details about behavior, emotion, and personality characteristics in a way that could not be achieved through quantitative data.

3.10 Ethical Consideration

Institutional approval of the study was sought at Nyahururu County Hospital, Rumuruti sub county hospital, Nanyuki teaching hospital and Laikipia County Health department, education department and the county commissioner office Laikipia County. Ethical clearance was obtained from the Mount Kenya University research and ethical committee. A research permit was obtained from NACOSTI Ref P/17/1904/15971. All information and data obtained from the patients was treated with utmost confidentiality and used for research purposes only. Consent was sought from the patients during recruitment. Patients who declined to participate in the study were exempted.

Research Findings and Discussions

Response Rate

The study had a sample size of 66 respondents but targeted 72 as a contingency measure for lower response rate, and out of which 66 responded by filling and returning the questionnaires, which was a 91.67% response rate.

4.4 Attitude of Health Care Providers of MVC versus HCP in Main Health Facility

The second objective of the study aimed at comparing the attitude of health care providers of MVC versus Health Care Providers (HCP) in main health facilities in Laikipia County. The study presented the findings in the section below.

Variable	Parameter	%	p value	T	Sign. (1 tailed)	Df
I am more satisfied with the way am served by an MVC health care provider when compared to service at this PMTCT clinic	Strongly Agree	28.8	0.0735	.079		0
	Agree	27.3	.			
	Neutral	12.1				
	Disagree	18.2				
	Strongly Disagree	13.6				
I am more satisfied with the quality of care by MVC health care provider when compared to service I get at the PMTCT clinic	Strongly Agree	22.7	136	.973	0.000	60
	Agree	27.3				
	Neutral	10.6				
	Disagree	25.8				
	Strongly Disagree	13.6				
MVC offers better services than the clinic	Strongly Agree	25.8	.016	.238	0.000	60
	Agree	28.8				
	Neutral	19.7				
	Disagree	10.6				
	Strongly Disagree	15.2				
I prefer being attended to by MVC health care providers than at the clinic	Strongly Agree	30.3	-.203	0.1081	0.000	60
	Agree	21.2				
	Neutral	12.1				
	Disagree	18.2				
	Strongly Disagree	18.2				
I get positive emotions such as high self-esteem when am served by a MVC health care provider than at the PMTCT health clinic	Strongly Agree	18.2	-.032	.512	.0192	60
	Agree	24.2				
	Neutral	16.7				
	Disagree	10.6				
	Strongly Disagree	30.3				
MVC health care providers are more motivated while performing their tasks when compared to those at the PMTCT clinic	Strongly Agree	28.8	.141	.655	0.000	60
	Agree	19.7				
	Neutral	12.1				
	Disagree	21.2				
	Strongly Disagree	18.2				
MVC health care providers better attitude towards HIV positive mothers when compared to those at the PMTCT clinic	Strongly Agree	22.7	.240	1.157	.043	60
	Agree	25.8				
	Neutral	16.7				
	Disagree	12.1				
	Strongly Disagree	22.7				

MVC health providers discharge their responsibilities more efficiently when compared to those at the PMTCT clinic	Strongly Agree	16.7	.059	-.74	0.000	60
	Agree	50.0				
	Neutral	13.6				
	Disagree	10.6				
	Strongly Disagree	9.1				
MVC staffs are more customer friendly when compared to those at the PMTCT clinic	Strongly Agree	16.7	.099	-.182	0.000	60
	Agree	36.4				
	Neutral	21.2				
	Disagree	16.7				
	Strongly Disagree	9.1				
What is your assessment on the attitude of the staffs who attend to you based on the following issues						
	MVC HCP		PMTCT HCP			
Response	High	Low	High	Low		
Kindness	65.1%	34.9%	47.6%	52.4%		
Sensitivity	57.1%	24.9%	42.9%	57.1%		
Ability to empathize	60.3%	39.7%	39.7%	60.3%		
Supportive to patients	66.7%	33.3%	49.2%	50.8%		
Helpful	55.6%	44.4%	44.4%	55.6%		

From the findings in Table 4.5 it was found that majority (56.1%) of the respondents agreed that they were more satisfied with the way they were being served by an MVC HCP when compared to service at the PMTCT clinic (28.8% strongly agreed and 27.3% agreed). A significant number (31.8%) of the respondents disagreed (18.2% disagreed and 13.6% strongly disagreed). Table 4.3 shows that majority (50.0%) of the respondents were in agreement that they get more satisfied with the quality of care by MVC HCP when compared to service they get at the PMTCT clinic. This was indicated by 27.3% of the respondents who agreed and 22.7% who strongly agreed while quite a significant percentage of 39.4% disagreed (25.8% disagreed and 13.6% strongly disagreed).

The findings in Table 4.3 show that majority (54.6%) of the respondents agreed that MVC offered better services than PMTCT clinic (in which 28.8% agreed and 25.8% strongly agreed), while 25.8% disagreed (15.2% strongly disagreed and 10.6% disagreed). A significant number (19.7%) of respondents were neutral meaning they did not see the difference in terms of services offered between the two clinics. The findings in Table 4.3 majority of the respondents (51.5%) agreed that they preferred to be attended by MVC HCP than at the PMTCT clinic (30.3% strongly agreed and 21.2% agreed) while a significant number (36.4%) of the respondents disagreed (18.2% strongly

disagreed and 18.2% disagreed). From the findings in Table 4.3 it was found out almost an equal percentage 42.4% and 40.9% of the respondents agreed and disagreed respectively that they get positive emotions such as high self-esteem when served by a MVC HCP than at the PMTCT health clinic. The findings in Table 4.3 shows that majority (48.5%) of the respondents agreed that MVC health care providers are more motivated while performing their tasks when compared to those at the PMTCT clinic (22.7% strongly agreed and 25.8% agreed) while 34.8% disagreed (12.1% disagreed and 18.2% strongly disagreed).

The findings in Table 4.3 indicates that majority (49.2%) of the respondents agreed that MVC health care providers have better attitude towards HIV positive mothers when compared to those at the PMTCT clinic (25.7% agreed and 22.7% strongly agreed) while 34.8% disagreed (22.7% strongly disagreed and 12.1% disagreed).

Table 4.3 shows that majority (66.7%) of the respondents were of the opinion that MVC HCPs discharge their responsibilities more efficiently when compared to those at the PMTCT clinic. This was indicated by 16.7% of those that strongly agreed and 50.0% of those who agreed while quite a significant number (19.7%) disagreed (10.6% those who disagreed and 9.1% those who strongly disagreed).

The findings in Table 4.3 indicates that majority (53.1%) of the respondents agreed that MVC staffs are more customer-friendly when compared to those at the PMTCT clinic (36.4 % agreed and 16.7% strongly agreed) while 25.8% disagreed (16.7% disagreed and 9.1% strongly disagreed). The respondents were requested to rate the attitude of the MVC HCP who attend them based on kindness, sensitivity, ability to empathize, support to patients and helpfulness. The results from analysis of data obtained are presented in Table 4.3. The findings show that a higher percentage (65.1%) of the respondents were of the opinion that MVC HCPs were kind to them compared to lower percentage (47.6%). The study also revealed that showed that majority (57.1%) were of the opinion that MVC HCPs were sensitive compared to 42.9% of those that thought PMTCT HCPs were sensitive. The study found too that a bigger majority (60.3%) of the respondents thought that the MCV HCP had ability to empathize compared to 39.7% of those that thought that PMTCT HCP area able to empathize. The study further showed that more (66.7%) respondents were of the opinion that MVC HCP was supportive to patients

when compared to 49.2% of PMTCT HCP. Finally the findings showed that majority (55.6%) of respondents agreed that MVC HCPS were helpful to them when compared to 44.4% of those who thought PMTCT HCPs are helpful. These findings suggest that staff members serving at MVC had better attitude than those at the PMTCT facilities and thus they were more motivated. This could be linked to the fact that those staff that served at MVC were rewarded with money (Ksh 1000) per outreach visit as well support for regular training which all could be linked to better motivation.

4.5 Effects of Mobile Van Clinic on the Level of Stigma and Discrimination of HIV Positive Mothers

The third objective of the study aimed at assessing the effects of mobile van clinic on the level of stigma and discrimination of HIV positive mothers in Laikipia County. The study presented the findings in the section below.

Table 4:1 Model Summary

Model1	R	R Square	Adjusted R Square	Std. Error of the Estimate
	.365 ^a	.133	-.006	.751

a. Predictors: (Constant), Attitude

Table 4.7 provides the R and R² value. The R value is 0.365, which represents the simple correlation. It indicates a relatively low degree of correlation. The R² value indicates how much of the dependent variable,

“elimination of HIV from mother to child transmission”, can be explained by the independent variable, “the attitude of health care providers”. In this case, 13.3% can be explained, which is relatively low.

Correlation

The study did the correlation between the attitudes of HCW results of child testing and presented the results in Table 4:8.

Table 4:2 Correlation

		Result of child testing
Attitude Of Health Care Providers	Pearson Correlation	-.218*
	Sig. (1-tailed)	.042
	N	64

*. Correlation is significant at the 0.05 level (1-tailed).

Correlations results in Table 4:8 indicate shows that the attitude of health care providers have a negative effect on the results of child testing with Pearson

Value of -.218 which is 1-tailed significant at .042<9.05.

Discussion

Attitude of Health Care Providers of Mobile Van Clinic versus Health Care Providers in Main Health Facility

The study revealed that majority of the respondents' were of the opinion that services provided by the MVC HCP were more satisfying compared to services provided by HCP at PMTCT clinic. This corroborates with a study carried out in Nigeria that aimed at determining the perceptions of services and patterns of utilization of mobile clinic services among rural populations of Katsina State. The study revealed that almost all women interviewed were satisfied with the mobile clinic staff since they understood their problems. Furthermore, the women indicated that the health workers were able to explain the nature of their problems and addressed them during visits to the clinics and were able to get all the prescribed drugs. The study also showed that all clients who had ever used the services of mobile clinics were of the opinion that the staff taught them how to use the prescribed medicine (Peters, Doctor, Afenyadu, Findley, & Ager, 2011). The study further revealed that the services provided by the MVC HCP are of high quality as compared to PMTCT clinic. These study findings corroborate findings in the study carried out by Peters, Doctor, Afenyadu, Findley and Ager (2011) which indicated that the respondents were satisfied with the attitude shown by the health workers and satisfied with the skills demonstrated by the health workers in providing care at mobile clinic and in large majority wished never to receive services elsewhere. In addition, the study revealed that majority of the respondents were of the opinion that MVC offered better services than PMTCT clinic. In addition, the study revealed that majority of the respondents' preferred to be attended to by MVC HCP than at the PMTCT clinic. The study also revealed that almost divided response between those who agreed and those who disagreed with the opinion that they got positive emotions when served by a MVC HCP. This implies that service at either MVC or at a PMTCT clinic does bring a big difference in terms of positive emotions to patients. The study further showed that majority of HCPs at MVC are more motivated while performing their tasks when compared to those at the PMTCT clinic. In line with this argument it could explain why more respondents prefer getting services at MVC.

The study further revealed that majority of HCPs at MVC have better attitude towards HIV positive mothers when compared to those at the PMTCT clinic.

This further strengthens the argument why most respondents prefer seeking service at the MVC. Furthermore, the study revealed that MVC health providers discharged their responsibilities more efficiently when compared to those at the PMTCT clinic and that majority of HCPs at MVC are more customer-friendly when compared to those at the PMTCT clinic.

Generally HCPs at MVC were more kind when compared to those at the PMTCT clinic. The study also revealed that MVC HCP are more sensitive to the patients when compared to PMTCT HCPs and that MVC HCP are able to empathize with patients more frequently or to a greater extent when compared to PMTCT HCP. It also revealed that MVC HCP are more supportive to patients when compared to PMTCT HCP and that MVC HCP are more helpful to patients when compared to PMTCT HCP. Generally, these responses showed a high regard on the attitude of MVC HCP when compared to PMTCT HCP. This finding corroborate views from key informants who said that MVC HCPs have positive attitude towards HIV mothers and which has impacted in the reduction of transmission of HIV from the mother to child therefore reducing cases of HIV positive births and that there is no statistically significant relationship between the attitude of health care providers and elimination of mother to child HIV transmission and thus conclude attitude of health care providers does influence elimination of mother to child HIV transmission.

Conclusion

Attitude of Health Care Providers of MVC versus HCP in Main Health Facility

On the attitude of health care providers of MVC versus HCP in main health facility it was found that majority (56.1%) of the respondents agreed that they were more satisfied with the way they were being served by an MVC HCP. Majority (50.0%) of the respondents were in agreement that they get more satisfied with the quality of care by MVC HCP when compared to service they get at the PMTCT clinic.

Slightly more than half of the respondents agreed that MVC staffs are more customer-friendly when compared to those at the PMTCT clinic. Two thirds of the respondents were of the opinion that MVC HCPs were kind to them compared to a third. The study also

revealed that majority (57.1%) were of the opinion that MVC HCPs were sensitive compared to 42.9% of those that thought PMTCT HCPs were sensitive. The study found too that a bigger majority (60.3%) of the respondents thought that the MCV HCP had ability to empathize. The study further showed that more two thirds of respondents were of the opinion that MVC HCP was supportive to patients when compared to a third of PMTCT HCP. Finally the findings showed that majority (55.6%) of respondents agreed that MVC HCPs were helpful to them when compared to 44.4% of those who thought PMTCT HCPs are helpful. These findings suggest that staff members serving at MVC had better attitude than those at the PMTCT facilities and thus they were more motivated. This could be linked to the fact that those staff that served at MVC were rewarded with money (Ksh 1000) per outreach visit as well support for regular training which all could be linked to better motivation.

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