Expecting Mothers' Perceptions of Compulsory HIV Testing Insights from a Certain Health Facility in Masvingo, Zimbabwe

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ABSTRACT

The purpose of this study was premised on expecting (pregnant) mothers' perceptions on compulsory HIV testing. The findings of the study indicated that the majority of the mothers have positive perceptions towards HIV testing. Qualitative research approach was employed and convenient sampling was used to reach 44 participants. 40 of them were expecting mothers and 4 were the service providers. 80% of the participants were aged between 21-35 years; all were married and lived with their husbands. Questionnaires were answered by mothers and the service providers were interviewed. Barriers to voluntary counseling and testing (VCT) included fear of discrimination, lack of support by spouses, and fear of being blamed if positive.80% of mothers had sound knowledge on HIV and AIDS, mother to child transmission (MTCT), and prevention of mother to child transmission (PMTCT). Expecting mothers had good perceptions towards HIV testing in general. HIV testing was viewed as compulsory for every woman attending antenatal care even though service providers indicated that the clinic offers "opt out" and provider-initiated testing. Compulsory testing was perceived as more beneficial to the mother and the baby and less shortcomings were indicated. The challenge the clinic faces is that of late booking and in this study three mothers were late bookers, there are no records of infants born positive at the health facility. The study concluded that there are more factors that are contributing to an increase in infants born positive than expecting mothers' perceptions on compulsory HIV testing

BACKGROUND TO THE STUDY

The likelihood of having a healthy child born free of HIV constitutes a strapping motivator for attending PMTCT services. In a global review by WHO (2014) a number of women do use these services but others out of fear of the result, fear of discrimination and stigma and other personal and societal factors find it difficult to use the services. However, denial of these services has a negative impact on the health of the children, therefore this aspect seeks viable solutions.

In actual fact, compulsory HIV and AIDS testing in pregnancy seems like violating women and infants' rights however, expecting mothers should also be concerned about their health and the wellbeing of their children. Muperi (2014) wrote an Article in Daily News and quotes the Wedza village Head Simon Musanhu who criticized the human rights issue by saying " our greatest challenge is this song called human rights being sung every time but why do we need them if they kill an innocent child? Muperi (2014) also notes a confession by a woman who boycotted HIV testing at the Antenatal clinic, went on to deliver a positive baby at home with the help of midwives and today she is nursing a positive home delivered baby because of fear. She says "If only l had the courage to be tested, my child would be born negative".

According to UNICEF (2013), about 90% of HIV Infections in infants and children are vertically from mother to child during pregnancy, delivery and breastfeeding. Vertical transmission of HIV can be sharply reduced if antiretroviral drugs are administered to a woman during pregnancy, delivery and to her baby shortly after birth. Without intervention between 15% and 45% of babies born to HIV positive mothers will become infected and half of all infants infected with HIV will die before the second birthday if they do not receive treatment.

UNAIDS Gap Report (2014) reported that worldwide women constitute more than half of all people living with HIV and for women who in their reproductive years (ages 15-49) HIV/AIDS is the leading cause of death

which stresses their importance in AIDS and HIV testing. In Sub-Saharan Africa more than two thirds- 70% of all people living with HIV 24,7million live in Sub-Saharan Africa including 91% of the world's HIV positive children. In 2013 an estimated 1,5million people in the region became newly infected and an estimated 1.1million adults and children died of AIDS, accounting for 73% of the world's AIDS in 2013.

Mbanje (2013) reported in the Best Sunday Read: "The Standard", that over 600 000 people who are living with HIV and AIDS in Zimbabwe are failing to get the life prolonging drugs. Statistics also indicate that Zimbabwe has 1.2 million people who are living with HIV and AIDS with 178 421 being children. The fact that HIV is a life time disease means that the country at some time will not afford to supply everyone with medication hence mother to child transmission should be prevented to reduce or limit the number of people getting infected in the country.

Statement of the Problem

A high number of HIV positive infants are being born despite the prevention measures in place to reduce mother to child transmission, including compulsory HIV testing which appears to have generated mixed reactions in people.

Research Questions

- What knowledge do expecting mothers have on HIV and AIDS, MTCT, PMTCT?
- What are the barriers to HIV AND AIDS Voluntary counseling and testing?
- What are the views of expecting mothers towards compulsory HIV and AIDS testing?

LITERATURE REVIEW

This section reviews literature on Compulsory or mandatory HIV and AIDS Testing. It will also give a theoretical framework of the study.

Conceptual Framework

Mandatory HIV testing

Mandatory HIV and AIDS testing in pregnant women is not a new issue, its existence dates back from 1990s. According to Nicholson (2002) laws requiring mandatory HIV testing for pregnant women have been contemplated by state legislatures since a ground breaking 1994 study showed that treating these women with antiretroviral drugs during pregnancy could decrease the chance of passing the disease to their children.

In most countries mandatory HIV testing has been proposed to groups which are considered to be at high risk and these include truck drivers, sex workers, rapists, prisoners and also pregnant women and drug abusers (Wu et al, 2010)

Mandatory testing has been defined as compelling or forcing a person or group of people to be tested, such that the person cannot refuse testing and cannot legally avoid it (Canadian HIV/AIDS Legal Network, 2007). Matthingau (2013) views mandatory testing as a testing policy that does not allow a woman to make informed decisions, violating her right to be an active participant in her own health care. She also notes that refusal of test might be accompanied by sanctions or penalties including criminal penalties.

Compulsory HIV testing in pregnancy has faced more arguments, debate and criticism. According to Nicholson (2002) arguments for and against mandatory testing for pregnant women seem to fall into one of three categories: legal arguments, ethical considerations, or health policy. To make the distinction among these three does not mean that they are exclusive of each other. More often than not, an argument will overlap at least two of these groups. But for purposes of organization, it is helpful to consider both mandatory HIV testing and its alternatives from within these categories.

Countries that have initiated mandatory HIV testing.

A number of countries and states have passed laws towards mandatory HIV testing. New York passed a law in 1996 that universalized HIV testing of newborns, a law that may have the same results as testing all pregnant women. Indiana passed a law in July of 1998 that allows doctors to test newborns without mother's consent if the mother was not herself tested. Other states have passed laws which order that pregnant women be tested unless they refuse to give consent, but there are no laws yet on the books that effectively force any woman seeking prenatal treatment to be subjected to an HIV test against her will (WHO, 2014).

In August 2014, Ugandan President Yoweri Museveni signed into law the HIV and AIDS prevention and control bill, which, among other measures, criminalizes intentional transmission of HIV and requires pregnant women to undergo mandatory HIV testing. The most notable provisions in the legislation criminalize intentional transmission of HIV or the attempt to do so. The "willful and intentional" transmission of HIV to another person is an offense that is punishable on conviction with up to a ten-year prison term and a fine of up to UGX4.8 million (about US$1,846) (Goitom, 2014).

In Botswana it is a crime to intentionally pass HIV and AIDS to someone especially through mother to child transmission (Clark, 2006). This was revealed in Clark's study of "Mother-to-child transmission of HIV in Botswana: an ethical perspective on mandatory testing".

In Angotti et al (2011) study: "An offer you can't refuse? Provider-initiated HIV testing in antenatal clinics in rural Malawi", it was revealed that HIV testing was perceived as mandatory and in most places in Zimbabwe it has been revealed that HIV testing in pregnancy has been perceived as mandatory not voluntary in pregnancy (Daily News, 2012).

Previous studies

According to Schuklenk and Kleinsmidt (2007) the ACTG 076 clinical trials showed that mothers who received AZT treatment during the last two trimesters of pregnancy and whose babies then received AZT for six weeks after birth had an eight percent chance of transferring the HIV infection to the child, while those who were not treated had approximately a twenty-five percent chance. The results of the study demonstrate that one's chances of protecting a baby from being born with HIV increased three-fold from what they might have been without the AZT treatment.

Further studies have shown that the incidence of HIV infection decreases even further when a mother has a caesarian section rather than a vaginal delivery. Finally, a woman who is aware of her HIV status can feed her newborn with formula rather than breast milk and further decrease the chances of infection after birth. All of this is promising news considering that the number of HIV positive children born in the U.S. rose at alarming rates throughout the early nineties. After the release of the ACTG 076 study and the use of the AZT during pregnancy, the rate dropped by forty-three percent between 1992 and 1996 (Nicholson, 2002).

According to Zulueta and Boulton (2006), in 1999 similar findings were found in UK. In this case estimated 380 babies were born to HIV –infected mothers in the UK with over 70% unaware of their status. In this context the British government advised that all pregnant women should be offered an HIV test as a routine and integral part of their antenatal care. Targets were set to increase the uptake of HIV testing to 90% and antenatal diagnosis to 80% by the end of 2002. In 2001, the number of babies born to infected mothers had considerably increased (n=561), but the maternal diagnosis and treatment rate also increased, such that the proportion of exposed infants becoming infected fell significantly.100 infants were saved from HIV infection; the statistic provides a powerful incentive for continuing with a screening programme that can prevent a significant emotional, physical and practical burden for HIV –infected children and their families, and a drain on medical, economic and social resources.

THEORETICAL FRAMEWORK

Glasser's Choice theory.

According to Sullo (2005), the central aspect of Choice Theory is the belief that we are internally, not externally motivated. While other theories suggest that outside events "cause" us to behave in certain predictable ways, Choice Theory teaches that outside events never "make" us to do anything. What drives our behavior are internally developed notions of what is most important and satisfying to us. Another major concept in Choice Theory is the notion that we always have some choice about how to behave. This does not mean that we have unlimited choice or that outside information is irrelevant as we choose how to behave. It means that we have more control than some people might believe and that we are responsible for the choices we make.

Applicability of Glasser's choice theory

This theory can be used by expecting mothers in making choices willingly without being pushed by external factors like mandatory laws towards HIV testing or being pushed by nurses to get tested for the sake of their health and that of their babies. Mothers should be pushed by the love for their children, being competent to protect them, be happy as they strive survive.

Goffman's theory of stigmatisation and labelling

Goffman (1963) described stigma as "an attribute, behavior, or reputation which is socially discrediting in a particular way," spoiling the image and casting those actors marked with it to the margins of society. Audiences can subject those with perceived devalued attributes or those that associate with them to stigmatizing evaluations to varying degrees, leading the stigmatized and those associated with them to be socially disapproved and ostracized (Link & Phelan, 2001; Pescosolido & Martin, 2015).

Goffman (1963) sees as the central consequence of stigmatization the negative effects on identity and resulting 'spoiled identity'. The basis of spoiled identity characterized by the fact that you can no longer subjectively decide what constitutes you or who you are, but that this is largely done through external determination. In this regard, the individual concerned adapts to the negative attributions about himself/herself and can thus experience exclusion and disintegration, which in turn can lead to isolation and, at the same time, to withdrawal into a marginalized group

Applicability of Goffman's theory of stigmatisation and labelling

Goffman's theory of stigmatisation and labelling can be used in explaining how mothers can refrain from getting tested as a result of stigma that is associated with HIV. Getting an HIV positive result as a pregnant woman may lead to what Goffman terms " spoiled identity", automatically resulting in isolation and exclusion of women and their unborn children. The perceptions of the expecting mothers towards HIV testing which is done at the facility is therefore a product of the stigma which is associated with HIV testing.

METHODOLOGY

Research Design

The researchers used qualitative research approach to carry out this research. Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied and the situational constraints that shape inquiry (Denzin, 2000).

Sample

Convenience sampling was implied in selecting participants. According to Salkind (2013) convenience sampling (sometimes called accidental sampling) is the selection of a sample of participants from a population based on how convenient and readily available that group of participants is. It is a type of non-probability

sampling that focuses on a sample that is easy to access and readily available. The study focused on expecting mothers attending antenatal care at the health facility. A total of forty (40) participants attending antenatal care were selected, questionnaires were distributed and answered with the assistance of the researcher. Two mothers declined participating in the research, one declined without a reason and the other withdrew because the husband was in a hurry to go to work.

Data Collection Instruments

Questionnaires and interviews were used in gathering data. Four members of staff or service providers were interviewed through face-to-face interviews using a structured interview and expecting mothers filled in questionnaires. A questionnaire was used to obtain information from expecting mothers. The questionnaire were relevant for the study as they gathered information directly by asking the respondents questions. Questionnaires reduced chances of evaluator bias because the same questions are asked of all respondents; moreover, some people feel more comfortable responding to a questionnaire than participating.

Interviews were also used to gain an understanding of key issues on compulsory HIV and AIDS testing since the researcher interacted with the respondents face to face. These tools represented the primary sources of data collection.

Data Analysis and Interpretation

A thematic content analysis was used to analyze the data collected from questionnaires and interview responses. Socio-demographic features were presented in form of graphs and pie charts.

Data Presentation

The data collected will be presented in form of tables and pie charts and analyzed using the thematic analysis approach. The section covers the following: socio demographic features, knowledge about HIV and AIDS, MTCT, PMTC; barriers to voluntary counseling, perceptions of expecting mothers on compulsory HIV and AIDS testing as well as effects of their perceptions on HIV testing.

Socio-demographic features Ages of the respondents

Age range	Frequency/40	Percentage
15-20	8	20
21-25	12	30
26-30	14	35
31-35	6	15
36-40	0	0

Table above indicates the ages of the respondents. The results show that the age of respondents from 15-20 years was 20% (8/40), 21-25 years 30% (12/40), 26-30 years 35% (14/40), 31-35 years 15% (6/40) and there were no respondent aged 36-40.

Findings on highest level of education attained

Table below is a presentation of the education levels attained by the participants. No respondents were completely uneducated, only two participants were of primary education (5%), the majority 85% (34/40) had attained secondary level and 10% (4/40) had attained college/university instruction.

Education level	Frequency/40	Percentage
Not Educated	0	0
Primary	2	5

Secondary	34	85
University/college	4	10

Employment Status

Employment status	**Frequency/40**	**Percentage**
Formally employed	**4**	**10**
Self-employed	**14**	**35**
Not employed	**22**	**55**

Table above represents the employment status of the respondents, only four respondents indicated that they were formally employed (10%), fourteen were self-employed (35%) and 22 were unemployed (55%).

Marital status

All pregnant mothers indicated that they were married; none were single, divorced or widowed and they also confirmed that they lived with their partners. 40% (16/40) of the mothers were first timers, 15% (6/40) were in their second pregnancy, 35% (14/40) were in their third pregnancy and only 10% indicated that it was their fourth or more pregnancy.

Months of the pregnancy

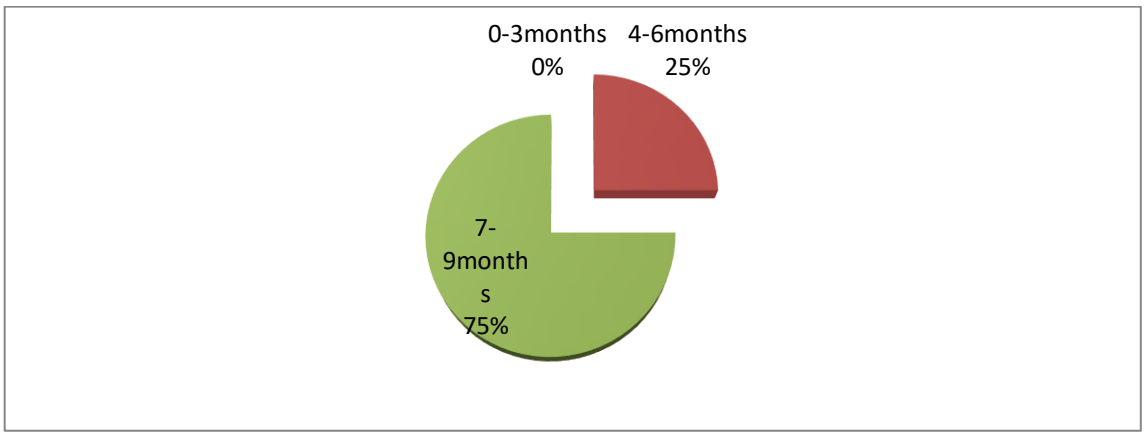

Fig 1 above is a presentation of the results of months of pregnancy of the mothers. The percentage for the first trimester is 0, 4-6months is 25% and 7-9 months is 75%. The majority of mothers reporting to the clinic are in their last trimester.

HIV Tested

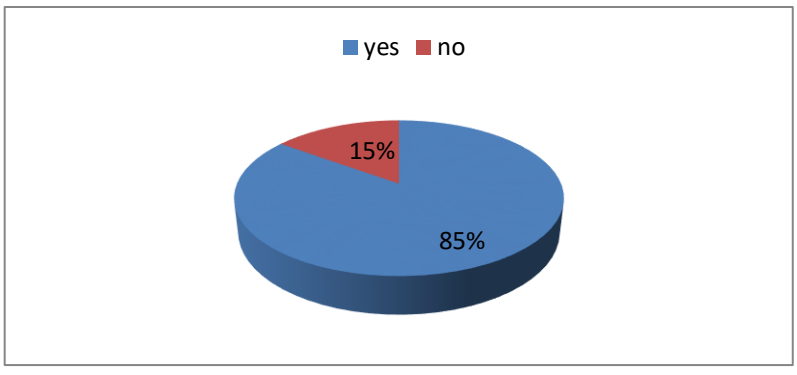

Fig 2 results of the respondent's uptake of the HIV test.15% (6/40) were not tested whilst 85% (34/40) received the test.

Received pre-test counseling

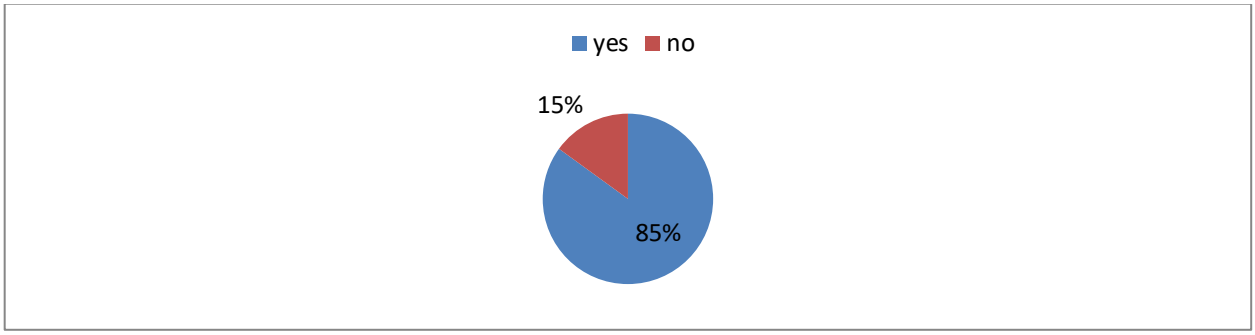

Fig 3 shows the results of pre-test counseling. 85% (34/40) received pre-test counseling whilst 15% pointed out that they did not receive it.

Received post-test counseling

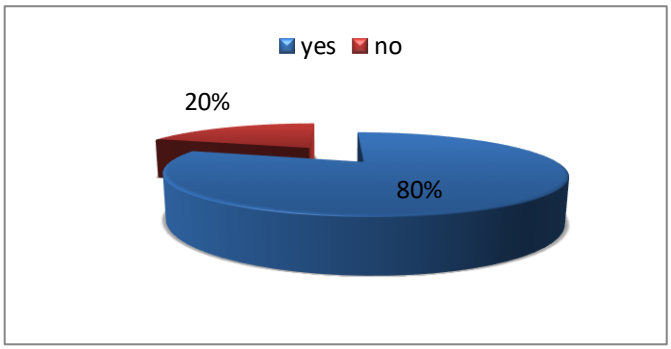

Fig 4 shows the results of the participants who received and those who did not receive post-test counseling. 8 mothers (20%) indicated that they were not counseled after the HIV test and 32 mothers (80%) indicated that they received post-test counseling.

Knowledge of HIV and AIDS, MTCT, PMTCT HIV and AIDS knowledge.

All participants reported that they had heard about HIV and AIDS and claimed that they knew how it is transmitted which revealed that HIV is a common subject**.**

When asked to lists three ways on how HIV is transmitted, 90% of the respondents indicated that it is transmitted through sexual intercourse with an infected person, using sharp objects and razor infected with HIV, having multiple sexual partners. One participant wrote that, *"Unprotected sex with a person who has HIV is the main cause of HIV infection…"*

Only 20% talked about blood contact during accidents and taking care of positive individuals without gloves, and only three mothers talked about mother to child transmission. One of the respondents said that it can be transmitted through sharing of bath towels.

HIV cure.

65% (26/40) were of the opinion that HIV has no cure, and only 35% indicated that it can be cured. Of those who felt that HIV has no cure pointed out that even though knowing one's status is important at the end they will die and leave their children suffering. They felt that ARVs do not guarantee that they will live. 35% were optimistic and believed that HIV can be cured through taking ART and following all procedures for treatment may help patients to live long.

Mother to child transmission.

The majority of the participants said they knew that a positive mother can transmit the virus to her baby one of them disagreed and the other indicated that they do not know. Those who knew about mother to child transmission wrote that the virus can be transmitted during pregnancy through the placenta, at birth, through breastfeeding (when the breast of a positive mother has a wound). One woman indicated that when the child of a positive mother is given food early that is before six months instead of breast milk only (mixed feeding). The other woman said through food eaten by the mother.

Prevention of mother to child transmission

The results found included: getting tested before or early in pregnancy, avoid breast feeding (more than six months), visiting the hospital early for HIV testing, taking medication like cotrimoxazole, neverapine, injection during pregnancy, taking antiretroviral drugs before birth, not breast feeding more than six months, given a pill before delivering the baby. One of the mothers wrote "…..*adopting the child to other people who are negative"*. Others said taking medication but could not specify the names of medication.

Barriers to Voluntary Counseling and Testing

Fear of discrimination –

The results showed that fear of discrimination is still a leading barrier for HIV testing as supported by 30 respondents. These individuals felt that people don't come for HIV testing because they fear being discriminated by the clinic staff, friends, families, the society, at the workplaces and community at large. They are afraid to be associated with anything that is related to HIV and AIDs for example volunteering to test and going to queue for medication if found positive. The other participant explained that discrimination takes away self-confidence, your integrity and leaves nothing in you. Others also noted that a child born positive might also continue to face discrimination like her mother in the family by relatives, at school by peers and friends, therefore thinking about these things discourages mothers to go for testing.

"Ukaoekwa uchinowongororwa ropa vanofungidzira kuti pane zvawakaita"(partipant 1). Which can be loosely translated as, if someone is seen being tested for HIV people start suspect them of being promiscuous.

Fear of death if the result is positive

Seven respondents wrote that the fear of death if the result is found to be positive is a barrier to VCT. In this they noted that HIV has no cure even though ARVs are there, they work differently depending one's body. *"If the body reacts negatively to these pills you are gone*….", responded one of the participants. Others specified that mothers fear to die of shock, stress and from being to death by their spouses.

Spouse not supportive

On the other hand, half of the respondents indicated that what hinder VCT in mothers are husbands that are not supportive. Mothers believed that even though one is willing to go for a test if the husband does not permit them or refuses to come along it is hard to proceed. Mothers also explained that fear of being beaten; denied financial support and fear of divorce prevents most women from volunteering to test since most of them are less educated, not formally employed and depend for everything in their husbands. Therefore, decision making lies with the head of the family. Mothers who had good supportive spouses however, could not assume spouses as a determining factor to HIV testing.

Findings on poor services at the clinic

25% of the respondents were of the opinion that poor services at the clinic are a barrier to VCT. They noted that waiting for a long period in long queues is the most painful incidence. Four participants noted that nurses are slow and they take time to attend patients which demotivates other individuals to go to the clinic. High

priority will be given to clients who will be very ill compared to those who seem to be ok but just need to be tested hence the delays in getting tested.

Fear of being blamed if the result is positive

Twenty-two (22) respondents indicated that the fear of being blamed for bringing the disease in the family pushes many away from the idea of volunteering counseling and testing. They explained that such incidences may cause separation between spouses and being abandoned by other family members. The respondents highlighted that men do not want to be tested and they prefer to live without knowing their status. If a woman gets tested first and is found positive, the women fear that they may be the one to be blamed for bringing the virus.

Perceptions of expecting mothers on compulsory HIV/AIDS testing.

All pregnant women should be screened for HIV

Most pregnant mothers were in favor of the fact that all pregnant women should be screened for HIV. This was shown by 85% (34/40) who supported this idea. They pointed out that as for pregnant mothers it should be mandatory for one to know their status to protect their health and that of the innocent life growing inside them. They were sensitive on mothers who could not know their status until birth explaining that such are ruthless.

HIV testing in pregnancy is necessary for the sake of the baby and mother's health.

95% of respondents concurred with the fact that HIV testing in pregnancy is necessary for the sake of the baby and mother's health. These respondents noted that not knowing one's status puts the health of the mother and the baby at stake. As a result, they agreed that it is significant to go under an HIV test to ensure safety.

Compulsory testing should be done to individuals at serious risk of having HIV.

Fourteen (14) respondents supported the idea that compulsory HIV testing suits those that are at high risk of contracting HIV, however the majority disagreed noting that every pregnant mother carries the evidence that they have had unprotected sex which means they are also at the risk of contracting the virus.

Testing will minimize the number of HIV infected infants.

70% of the mothers believed that testing will minimize the number of HIV infected infants. They explained that testing helps individuals to know their status, if positive they start treatment so as reduce chances of transmitting the virus to the baby. Other respondents could not concur since some believe that HIV has no cure and as two of the participants had indicated that the virus cannot be transmitted to the child from the mother.

Perceptions of mothers towards HIV testing in pregnancy

Results from key informant interview further corroborated the findings from the questionnaires. The findings revealed that mothers perceive HIV testing at the clinic as compulsory, however, despite that no one has ever declined testing, mothers are always ready to be tested, they are provided with pre and post counseling and the clinic provides follow up sessions to positive pregnant mothers so as ensure effective treatment. Mothers are prepared to face their HIV status for the sake of the baby and their health. This is supported by one key informant who said, *"Every woman is very concerned about their unborn child and they will do everything that they think will promote the health of their children"*

DISCUSSION

This section presents an analysis of the results found in relation to theoretical framework and other related studies. The discussion will be guided by research questions of the study. Conclusions and Recommendations would also be presented.

Socio- demographic features

The research findings indicate that the socio demographic features had nothing to do with expecting mothers' perceptions on compulsory HIV testing.

Expecting mothers' knowledge on HIV and AIDS testing, MTCT, PMTCT.

All the women claimed to have knowledge on HIV and AIDS, ways of transmission, MTCT, and PMTCT. On ways of transmission almost everyone had sound knowledge despite the one who had a misconception that HIV can be transmitted through sharing of bath towels. The researcher observed that mothers had patch knowledge on mother to child transmission and that they are not fully conscious about MTCT since only a few indicated it as one of the ways in which HIV is transmitted. Two mothers were not aware also on whether an HIV positive mother can pass the virus to the baby, the researcher noted that these participants were not tested yet and it was their first pregnancy. The researcher also noted that having knowledge on HIV issues might be related to having an HIV test.

The responses on PMTCT were also not convincing, but it cannot be overlooked that mothers had knowledge on periods in which the mother transmits the virus to the baby, and on how that could be prevented nevertheless, some failed to indicate and were not sure of the names of medications and at which period they are given. The researcher supposed that amongst these participants none were positive. A similar study in Nigeria by Olubenga-Bello et al (2012) revealed that the level of awareness of respondents about HIV and AIDS, PMTCT was high but comprehensive knowledge about HIV /AIDS rather poor.

The perception of HIV and AIDS as a deadly none curable rather than a chronic manageable disease might be associated with fears and worries. This belief might be a demotivating factor for mothers to come for screening in pregnancy since they already believe it is valueless. A similar study in South Africa by Meiberg et al (2008) indicated that participants associated AIDS with death and dying and had unrealistic risk perceptions about contracting the disease in casual contact.

Through research it has been acknowledged that knowledge about HIV and AIDS plays a role in changing and shaping of behavior especially in pregnancy where the mother knows that the life of the child relies in her. A study conducted at 27 primary healthcare clinics in Qwa-Qwa South Africa in 2011 revealed that participants in each of the focus group discussion sessions demonstrated a high level of knowledge of the PMTCT programme (Akeke etal, 2011). This was assumed to be a result of the information received during the pre and post-test counseling session, and the healthy talk session offered by the clinic a study similar to that of Ghana.

Most expecting mothers who are aware of the drastic effects HIV bring to the family are likely to get tested than those with less knowledge. According to Nkosi (2008) lack of adequate information, knowledge about HIV testing and counseling increases ignorance and promotes stereotypes about HIV and AIDS. Women who acquire better knowledge on mother to child transmission are more likely to take the test (Ho and Loke, 2003: 823). He quotes Joubert et al (1999) who is of the opinion that individual health related behavior is influenced by the knowledge of the disease and necessary promoting actions to prevent and improve the condition.

Barriers to Voluntary counseling and testing

The service providers' views were also similar those of the respondents on barriers to VCT as they noted that mothers are scared of the outcome of an HIV test, spouses and families are not supportive The researcher concluded that fear of discrimination, lack of support by the spouse and the fear of being blamed were considered to be leading factors which prevent mothers from being screened in pregnancy and these factors might inhibit people even when it comes to Compulsory HIV testing.

A similar study carried out in Kijabe, Kisumu and Kericho in Kenya on low acceptance of routine HIV testing and counseling indicated that fear among women that they will be banished from the homes expelled from their families, and stigmatized by the societies in which they live is a major determinant for not being tested (Mathingau,2013).

The other factor is the passive participation of males towards PMTCT programmes. Voluntary counseling and testing has been perceived by pregnant women as discriminatory because of unsupportive spouses. The non-involvement of men and their traditional domineering status in most patriarchal societies stimulate the development of negative attitude towards HIV Counseling and testing among pregnant women (Chikwaikwa, 2014).

A consistent study by Chandisarewa etal (2007) the low rate of HIV testing among male partners remains a major challenge for PMTCT programmes in Zimbabwe. He is also of the opinion that PMTCT programmes should address gender-based issues, make ANC clinic more male friendly, promote couple counseling in HIV testing and enhance community mobilization and other activities to promote VCT among men. The support brought in by males will increase uptake of HIV testing in pregnancy.

The findings of the study in Eastern Uganda by Rujumba etal (2013) revealed that women viewed taking an HIV test as a difficult step to make. The narratives of pregnant women in the study revealed that they feared a positive test result which was associated with the fear of death, living with HIV and being blamed for bringing HIV infection to the family.

Perceptions of expecting mothers towards compulsory HIV and AIDS Testing.

The researcher came to the conclusion that pregnant mothers have accepted compulsory testing as a requirement of antenatal care. Compulsory testing proved not to be a burden to them and this also confirmed the findings from the service providers who indicated that mothers are ready to be tested and no one has ever declined. Most mothers were of the opinion that testing will also minimize the number of HIV infected infants a response consistent with those of service providers.

A similar study conducted by Angotti etal (2011) in rural Malawi revealed that several interview respondents said that pregnant women should be tested for HIV. One woman explained that compulsory antenatal testing is acceptable because *"it is important for women to be tested"* (Interview #10). Other women echoed this sentiment in language that mirrors what they have heard in the clinic or on the radio: that testing is *"good for the baby"*, or *"when we know our status, we will know how to care for the baby"* (Interview #11). In the focus group discussions we find similar sentiments, though expressed differently. Participants described women who did not want to have an HIV test as having a *"bad mentality"* (Men Focus Group #1) and that by refusing she is *"killing two lives"* (Mixed Focus Group #1), *"does not wish the child well"* or is *"going to destroy her future and that of the child"* (Mixed Focus Group #2). In short, for many of our respondents, testing is *understandably* compulsory for pregnant women (Angotti etal, 2011)

Only a few respondents thought screening should be for those who are at high risk these respondents might have felt protected by their marriages. This is in tandem with a questionnaire survey among pregnant women who did not accept an HIV test in an Antenatal clinic in London, which revealed that the main reason for declining was that they did not consider themselves at risk (Deblonde et al, 2010). However it was also demonstrated that this belief was based on patch knowledge and that some women did not have enough information in HIV testing even after having received information leaflet on HIV in pregnancy. Married women believed that they are at low risk of contracting the virus because they felt protected by their marriages whilst single women were considered to be at high risk because they are likely to have more than one sexual partner.

RECOMMENDATIONS.

- There is need to strengthen post-test or follow up counseling for both HIV positive and negative women to maximize opportunities for PMTCT.
- Sensitization programmes on mother to child transmission should be increased as a way to curb away late booking and its consequences especially if mothers are not aware of their status.
- For effective HIV prevention, women who test negative should be supported to remain negative.

- More efforts to reach men with HIV testing and prevention messages, including discussions on fidelity, are needed within and beyond the antenatal clinic.
- More research studies should be done on mother to child transmission of HIV.
- There is need for dedicated staff for counseling and testing for HIV to improve efficiency.
- Community leaders such as religious, traditional and political leaders must be included in the campaign to encourage women to register their pregnancies early for improved prevention of mother to child transmission of HIV.

CONCLUSIONS

The research sought to identify a relationship between mothers' perceptions on compulsory HIV testing and their participation on PMTCT. In this setting, compulsory HIV testing services are known and acceptable to mothers even though the staff denied its institutionalization. Expecting mothers perceived compulsory HIV and AIDS testing as more beneficial to them and their babies and not harmful as many previous studies have indicated. Women showed good knowledge on HIV, MTCT , PMTCT even though some issues were not clarified. They also showed positive perceptions towards HIV testing as was indicated by the staff, and supported the idea that testing in pregnancy is not bad timing. More research should be done do identify what causes an increase in infants born positive because expecting mothers perceptions of compulsory testing proved to be good, consistent with their behavior and not a hindrance to HIV testing. The perception that HIV testing is compulsory did not appear to have a deterrent effect on rates of HIV testing.

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