KNOWLEDGE AND PRACTICE OF HIV SCREENING AMONG PREGNANT WOMEN IN A PUBLIC HEALTH CENTRE IN ANAMBRA STATE

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Abstract

The study assessed the level of knowledge of HIV screening, ascertained the practice of HIV screening and determined the factors affecting pregnant women's practice of HIV screening in a public health centre in Anambra State. The study adopted a descriptive survey study. Census sampling technique was used to draw 96 pregnant women that participated in the study. Questionnaire validated by experts was utilized for the data collection. Data collected were analyzed using simple frequency, percentages and mean. Findings of the study showed that 33.3% (32) agreed that HIV screening should be a routine part of prenatal care, 41.7% (40) thinks it shouldn't be while 25.0 (24) were not sure if it should be. 37.5% (36) agreed that it is necessary to know one's status during pregnancy while 62.5% (60) thinks that it is not necessary. 33.3% (32) were screened during this pregnancy while 66.7% (64) were not. 21.9% (21) reported that they were aware of the treatment available for HIV positive pregnant women while 78.1% (75) said they were not. The findings of this study further revealed that the knowledge and practice towards HIV screening among pregnant women in Abagana health centre were poor and that factors such as availability of HIV test services, support from partner, family and community and improvement of maternal and child outcomes affects pregnant women's practice. It was recommended among others that that health workers should enhance pregnant women's education and counseling, by providing a comprehensive education to pregnant women about the importance of HIV screening to improve the knowledge and practice of HIV screening among pregnant women.

Keywords: *HIV, HIV Screening, Pregnant Women*

Introduction

Pregnancy refers to the period during which a woman carries a developing foetus in her uterus, typically lasting around 40 weeks from the last menstrual period to childbirth. This condition can be indicated by positive results on an over-the-counter urine test and confirmed through a blood test, ultrasound, detection of foetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, from the date of the woman's last menstrual period (LMP), usually, 280 days, 42 weeks or 9 calendar months (Unachukwu, Ebenebe & Nwosu, 2021). Midwives provide care and support to pregnant women throughout this journey, offering prenatal care, assisting during labour and delivery, and providing postnatal care to both the mother and the newborn. They focus on promoting the well-being of both mother and baby, monitoring their health, and providing guidance on nutrition, exercise, and emotional support during this transformative time. During this period the mother is subjected to different tests to rule out various complications that could cause great harm to both mother and foetus, one of the test the woman is subjected to is the HIV test/screening. This screening is done to detect the HIV status of the mother.

HIV which stands for Human Immunodeficiency Virus is a virus that attacks the immune system, specifically targeting white blood cells which are crucial for fighting off infections and diseases. HIV weakens the immune system over time, making individuals more susceptible to infections (WHO, 2024). If left untreated, HIV can progress to AIDS (Acquired Immunodeficiency Syndrome), which is the final stage of HIV infection and make one vulnerable to opportunistic infections which can jeopardize his quality of life (Felman, 2023). HIV in pregnancy refers to the condition where a pregnant woman is infected with the Human Immunodeficiency Virus (HIV). This condition requires special medical attention and care due to the potential risks it poses to both the mother and the baby (foetus). Without proper management, there is risk of transmitting HIV from mother to child during pregnancy, childbirth, or breastfeeding. However, with appropriate medical interventions such as antiretroviral therapy (ART) and other preventive measures, the risk of transmission can be significantly reduced (Kemnick & Gullick, 2022; Siegfried et al, 2011), ensuring a healthier outcome for both the mother and the baby. Pregnant women living with HIV need to work closely with healthcare providers to manage their condition and to receive the necessary support and care throughout the pregnancy and postpartum period. This, therefore, calls for HIV screening among pregnant women.

HIV screening is the process of testing individuals for the presence of HIV antibodies, antigens, or the virus itself in their blood, saliva, or urine. This screening is done to identify individuals who are infected with HIV, the virus that causes AIDS (Huynh & Kahwaji, 2023), even if they do not show any symptoms. Screening can help in early detection and treatment, as well as prevention of further transmission of the virus. HIV can bypass the placenta barrier and make the developing foetus vulnerable to mother-to-child transmission (MTCT). HIV testing service (HTS) is the critical gateway to accessing HIV-related care and treatment for those diagnosed as HIV-positive and as a means of accessing prevention services for those who test negative for the virus.

HIV testing services include the full range of services that should be provided together with HIV testing: counselling (pre-test information and post-test counselling); provision of appropriate HIV prevention, treatment and care services, and other clinical and support services; and coordination with laboratory services to support quality assurance and the delivery of correct results (WHO, 2024). HIV screening of women of childbearing age is an entry point for preventing mother-to-child transmission of HIV (MTCT) and efforts should be made to improve mother's knowledge about MTCT and prevention of mother-to-child transmission (PMTCT) to increase uptake of HIV testing (Alemu, Fentie & Wilder-Smith, 2019) to check its rate of transmission.

According to the Joint United Nations Programme on HIV/AIDS estimate, over 180,000 children were newly infected with HIV in 2019, the majority of which were through mother-to-child transmission (MTCT). Over 88% of the children infected are in sub-Saharan Africa. Despite having a low HIV prevalence, Nigeria recorded 30% cases of MTCT of HIV globally (Yakassai, Panas & Kadrie (2021), with 37 000 children newly infected with HIV due to MTCT in 2019. HIV testing is central to the elimination of mother-to-child transmission of HIV. The risk of MTCT of HIV is low when women are diagnosed before or early during pregnancy. Without HIV testing, individuals living with HIV will not be diagnosed and as such, carry the risk of transmitting the infection. The risk of mother-to-child transmission ranges from 15 to 45% without diagnosis and treatment. However, MTCT risk could be reduced to less than 5% with the use of antiretroviral treatment before, during and after pregnancy. HIV medication has reduced

MTCT risk to less than 1% in Europe and the United States of America (HIVinfo.NIH.gov, 2024).

Given the centrality of HIV testing to averting new infant infection, antenatal (ANC) HIV testing is a priority for all pregnant women. However, far too many women are not screened for HIV during pregnancy in some sub-Saharan Africa countries and Nigeria in particular. Inadequate resources, stigma and discrimination, attitude and skills of health workers, and the strategy used for HIV testing are the main reasons for low coverage of HIV testing during pregnancy in sub-Saharan Africa (Ajayi et al, 2019). The effects of HIV on pregnancy and the risk of Mother-to-Child-Transmission (MTCT) make screening for infections an essential part of antenatal care for all pregnant women (Chilaka & Konje, 2021). In 2016, the World Health Organization Regional Office for Europe (WHO/Europe) published an ''Action plan for the health sector response to HIV in the WHO European Region''. It announced the WHO target to eliminate mother-to-child transmission (MTCT) of HIV in the European region by 2020 (Marcus, 2019). HIV screening is recommended for all pregnant women. Services are also available to help pregnant women prevent HIV transmission as well as care for women who might refuse the test for themselves and their infants.

Statement of Problem

Globally, the ignorance on the importance of HIV screening is the leading cause of the mother to child transmission and broken homes till date. It is believed generally that HIV is only gotten through promiscuity which is a misleading information, because mothers believe that they are faithful to their husbands forgetting that this virus can also be gotten in their hair salons, during spa sessions, blood transfusion and mishandling of sharp objects. HIV testing is a priority for all pregnant women. However, many women are not tested for HIV during pregnancy due to inadequate resources, stigma and discrimination, attitude and skills of health workers, and the strategy used for HIV testing are the main reasons for low coverage of HIV testing during pregnancy in sub-Saharan Africa (Ajayi et al, 2019). It was noted that most infants with HIV is mostly because of the non-tested mothers who were not treated and managed which led to the further transmission of HIV to the baby.

The researcher observed during the investigation some mothers have this lackadaisical attitude towards HIV screening by confirming it on their knowledge on the reason they are screened for HIV; many said that it was just a test done when they're pregnant, while some said that it was their husbands that put them to the test, only few of them mentioned that it was to prevent further transmission of the virus. It is against this issues that the researchers undertook the study on knowledge and practice towards HIV screening among pregnant women in Abagana health centre with the intention that improved knowledge and practice towards HIV screening during pregnancy will lead to better health outcomes for both mothers and their infants by enabling timely interventions and treatment if HIV-positive status is detected.

Objectives of the Study

1. To assess the level of knowledge of HIV screening among pregnant women.
2. To ascertain the practice of pregnant women towards HIV screening.
3. To determine the factors affecting pregnant women's practice of HIV screening.

Research Questions

1. What is the level of knowledge of HIV screening among pregnant women in a public health centre in Anambra State?
2. What is the practice of pregnant women towards HIV screening in a public health centre in Anambra State?
3. What are the factors affecting pregnant women's practice of HIV screening in a public health centre in Anambra State?

Literature Review

Pregnant Women and Knowledge of HIV Screening

In a hospital-based cross-sectional study on pregnant women's knowledge, attitude, and practice towards the practice of prevention of mother-to-child transmission of HIV/AIDS in Dil Chora Referral Hospital, Dire Dawa, Eastern Ethiopi, Cherie et al (2022) showed that two-thirds (66.7%) of the pregnant women had good knowledge and the remaining one-third (33.3%) had poor knowledge towards mother-to-child transmission of HIV/AIDS and its prevention. A good attitude has been observed among a majority (71%) of the respondents towards the prevention of mother-to-child transmission of HIV/AIDS. Unlike the above, only half of the pregnant women (50%) had good practices towards the prevention of mothers-to-child transmission of HIV/AIDS.

Similarly, Aboulqasim et al. (2024) carried out a study on Knowledge of HIV testing and prevention of mother-to-child transmission among pregnant women Tripoli-Libya: A cross-sectional study with a sample of 384 pregnant women who attended ANC follow-up during the study period. The findings of the study showed that less than half (47.9%) of all pregnant women reported having been knowledgeable to be tested for HIV, which was a low percentage. The Internet was the primary source of information about HIV/AIDS for 28.2% of the respondents. Almost all pregnant women (98.2%) said they knew about HIV/AIDS. However, (52.3%) understood how HIV/AIDS could be transmitted from mother to child and the role of antiretroviral drugs and 71.6% believed that the tests were effective at reducing transmission from mother to child.

Sharifzadeh et al (2020) studied pregnant women's knowledge and beliefs about voluntary HIV counseling and testing in Birjand in 2018: An assessment using Health Belief Model and showed that knowledge was evaluated to be poor in 1.7%, moderate in 51.7%, and good in 46.6%. By implication, this study showed the insufficiency of pregnant women's knowledge about the importance of HIV screening.

In their study with pregnant women attending antenatal care at Vanga Hospital, Democratic Republic of Congo, Mudji et al (2023) observed that among the participants, 95.4% (439/460) reported that they had heard about HIV while most pregnant women 82.3% (376/460) reported that they had never been tested in the past for HIV infection and the prevalence was at 0.9% (4/460).

Pregnant Women and Practice towards HIV Screening

Previous studies on pregnant women's practice towards HIV screening revealed disparity in their findings. For instance, Cherie et al (2022) showed that two-thirds (66.7%) of the pregnant women had good knowledge and the remaining one-third (33.3%) had poor knowledge towards mother-to-child transmission of HIV/AIDS and its prevention. A good attitude had been observed among a majority of the respondents (71%) towards the prevention of mother-to-child transmission of HIV/AIDS. Unlike the above, only half of the pregnant women (50%) had good practices towards the prevention of mothers-to-child transmission of HIV/AIDS.

Atnaf et al (2019) studied acceptance of HIV testing and associated factors among pregnant women attending antenatal care in Gunino Health Center, Southern Ethiopia 2019: An Institutional Based Cross-Sectional Study. The findings of the study revealed that among 340 pregnant women who participated with a response rate of 96%, 234 (68.8%) accepted testing. The odds of acceptance of human immune virus testing were higher among respondents who had awareness about mother-to-child transmission (AOR=2.602, 95%; CI:1.408–4.809) than their counterparts. It was also higher among respondents who had perceived the benefit of testing (AOR=1.838, 95%; CI:1.089–3.104) than those who did not perceive the benefit of testing. Participants who were knowledgeable about the prevention of mother-to-child transmission were more likely to accept testing (AOR=1.715, 95%; CI:1.030–2.855) than their counterparts. Besides, the odds of acceptance of testing among pregnant women who attended two and above antenatal appointments were higher (AOR= 2.485, 95%; CI:1.462–4.224) than participants who attended only one appointment. Participants who had no formal education (AOR=0.393, 95%; CI:0.160–0.967) and had only a primary level of education (AOR=0.357,95%; CI:0.152–0.842) were less likely to accept human immune virus testing than women who had a diploma and above level of educational status. This showed that acceptance of human immune virus testing among pregnant women attending antenatal care clinics was relatively low.

Factors Affecting Pregnant Women's Practices towards HIV Screening

Elsheikh et al (2022) studied determinants of HIV testing during pregnancy among pregnant Sudanese women and reported that age is a factor affecting pregnant women's practice towards HIV screening, stressing that younger women are more likely to accept HIV testing (OR 1.043, 95% CI 1.014–1.073).Self-efficacy and susceptibility were also reported as a determinant of HIV screening among pregnant women showing that pregnant women with higher self-efficacy (OR 1.856; 95% Cl 1.582–2.177, $p < 0.001$) and higher perceived susceptibility (OR 1.417; 95% Cl 1.212–1.656, $p < 0.001$) were more likely to have a higher intention to be tested for HIV.

Sabin et al (2023) revealed that higher uptake of HIV screening was found among women with higher education, the pregnancy being desired later and women who had four or more ANC visits. Being from a poorer family and having low knowledge of MTCT and the medications to prevent transmission were associated with lower uptake. From the supply side, no factors had a significant effect on antenatal screening.

Olorunfemi (2020) revealed that uptake of HIV testing and counselling was facilitated by high awareness of HIV transmission, HTS service availability, education and the need to protect their unborn child were other noted factors. Participants also identified stigma, fear of discrimination and rejection from families and community members as factors that would prevent them from undergoing voluntary counselling and testing. Mother's knowledge of HIV transmission from

person to person was good except in the 21 to 30 years group who had statistically significantly worse knowledge of HIV transmission ($p<0.001$).

Methods

The study adopted a descriptive survey research design. The population of the study consist of all the pregnant women attending antenatal care at Abagana health center at the time of the study and they were ninety-six (96) based on the register of a month interval. No sampling was done because the population was of a manageable size. The research instrument used for this present study was a structured questionnaire, developed by the researcher and titled Knowledge and Practice towards HIV Screening among Pregnant Women Questionnaire (KPHSPWQ). The instrument was duly validated by experts and has two sections of A and B. Section A sought information on personal data of the respondents while section B sought information relevant for answering the research questions. The reliability of the instrument was determined using the Cronbach Alpha Statistics and an overall alpha coefficient of 0.72 was obtained showing that the instrument was reliable for use for data collection. The data collected was organized and analyzed using descriptive statistics. The generated data was sorted out and subjected to descriptive statistics (frequency, percentage, mean) using item by item analysis style.

Ethical Considerations

The respondents were adequately informed during their antenatal day about the study and its objectives, and their consent obtained before administration of the instrument. All information gathered from them were treated with anonymity and confidentiality as no name was mentioned anywhere in the study.

Result

Table 1: Socio-Demographic Characteristics of Respondents

Variables.	Frequency.	Percentage (%)
Age (years)		
16 - 20.	21	21.9
21 - 25.	31	32.3
26 - 30.	26	27.1
31 - 35.	18	18.7
Marital status		
Single.	6	6.2
Married.	86	89.6
Widowed.	Nil	Nil
Separated.	2	2.1
Divorced.	2	2.1
Educational level		
Primary.	21	21.9
Secondary.	28	29.2

Tertiary.	42	43.7
No formal education.	5	5.2
Occupation		
Self-employed.	39	40.6
Civil servant.	43	44.8
Unemployed.	4	4.2
Student.	10	10.4
Religion		
Christianity.	94	98.0
Islamic.	1	1.0
Other.	1	1.0
Parity		
One	18	18.7
Two	21	21.9
Three	31	32.3
Above three	26	27.1
Total.	**96**	**100**

The socio-demographic characteristics of respondents in Table 1 showed that 21.9% (21) of the respondents fall within the age of 16 – 20, 32.3% (31) 21 – 25, 27.1% (26) 26 – 30, 18.7% (18) 31 — 35. In terms of marital status, 6.2% (6) were single, 89.6% (86) were married, non was widowed, 2.1% (2) were separated and 2.1% (2) were divorced. Regarding their level of education, 21.9% (21) of the respondents completed primary education, 29.2% (28) secondary, 43.7% (42) tertiary and 5.2% (5) had no formal education. In terms of occupation, 40.6% (39) of the respondents were self employed, 44.8% (43) civil servants, 4.2% (4) were unemployed and 10.4% (10) were students. Regarding religion, 98.0% (94) were Christians, 1.0% (1) were Muslims and 1.0% (1) belonged to others. For parity 18.7% (18) were one, 21.9% (21) were two, 32.3% (31) were three and 27.1% (26) were above three.

S/N	Option	Frequency	Percentage (%)
1. Have you heard of HIV screening?			
(a) Yes		62	64.6
(b) No		34	35.4
2. Where do you get most information about HIV screening from?			

(a) Healthcare providers	38	39.6.
(b) Media	32	33.3
(c) Friends/ Family	10	10.4
(d) None	16	16.7
3. Why is it important to screen for HIV during pregnancy?		
(a) To start early treatment if needed	12	12.5
(b) To prevent mother to child transmission of HIV	42	43.8
(c) For general health monitoring	32	33.3
(d) Not sure	10	10.4
4. When should pregnant women be screened for HIV?		
(a) During the 1st prenatal visit	15	15.6
(b) Anytime during pregnancy	52	54.2
(c) Only if symptoms are present	24	25.0
(d) Not sure	5	5.2
5. Do you think HIV screening should be a routine part of prenatal care?		
(a) Yes	32	33.3
(b) No	40	41.7
(c) Not sure	24	25.0
6. Would you feel comfortable getting tested for HIV during pregnancy?		
(a) Yes	24	25.0
(b) No	56	58.3
(c) Not sure	16	16.7
7. If you were found to be HIV positive, would you be willing to follow the recommended treatment to prevent transmission to your baby?		
(a) Yes	80	83.3
(b) No	16	16.7
8. Is it necessary to know your status during pregnancy?		
(a) Yes	36	37.5
(b) No	60	62.5

Research Question 1: What is the level of knowledge of HIV screening among pregnant women.

Table 2: Level of knowledge of HIV screening among pregnant women.

Data in Table 2 showed the level of knowledge of HIV screening among pregnant women. It revealed that 64.6% (62) of the respondents have heard of HIV screening while 35.4 (34) have not heard of it. 39.6% (38) heard from healthcare providers, 33.3% (32) heard through the media,

10.4% (10) heard from friends/family while 16.7% (16) have not heard at all. 12.5% (12) of respondents said it is important to screen for HIV during pregnancy to start early treatment if needed, 43.8% (42) to prevent mother to child transmission of HIV, 33.3% (32) for general health monitoring while 10.4% (10) were not sure why it is important to screen for HIV during pregnancy. 15.6% (15) said that pregnant women should be screened for HIV during the 1st prenatal visit, 54.2% (52) said anytime during pregnancy, 25.0% (24) said only when symptoms are present while 5.2% (5) were not sure when pregnant women should be screened for HIV. 33.3% (32) thinks HIV screening should be a routine part of prenatal care, 41.7% (40) thinks it shouldn't be while 25.0 (24) were not sure if it should be. 25.0% (24) would feel comfortable getting tested for HIV during pregnancy, 58.3% (56) wouldn't feel comfortable while 16.7% (16) were not sure if they would feel comfortable getting tested for HIV during pregnancy. 83.3% (80) would be willing to follow the recommended treatment if positive while 16.7% (16) would not. 37.5% (36) said that it is necessary to know your status during pregnancy while 62.5% (60) said it is not necessary.

S/N Option	Frequency	percentage (%)
1. Have you been tested for HIV during this pregnancy?		
(a) Yes	32	33.3
(b) No	64	66.7
2. If yes, who recommended the test?		
(a) Doctor	34	35.4
(b) Nurse/midwife	41	42.7
(c) Self-requested	9	9.4
(d) Others	12	12.5
3. If no, why not?		
(a) Fear of positive result	34	35.4
(b) Lack of information	24	25.0
(c) No recommendation from health provider	10	10.4
(d) Other	28	29.2
4. Did you receive counseling before and after the HIV test?		
(a) Yes	16	16.7
(b) No	80	83.3
5. If you tested positive, were you referred to a support group or counselor?		

(a) Yes	40	41.7
(b) No	56	58.3
6. Are you aware of the treatment available for HIV positive pregnant women?		
(a) Yes	21	21.9
(b) No	75	78.1

Table 4.3: Practice of pregnant women towards HIV screening.

From above shows respondents practices towards HIV screening. 33.3% (32) have been screened during this pregnancy while 66.7% (64) have not. 35.4% (34) that ticked yes said a doctor recommended the test, 42.7% (41) said it was a nurse/midwife, 9.4% (9) said it was self-requested while 12.5% (12) said others recommended it to them. 35.4% (34) that ticked no said it was because of fear of positive result, 25.0% (24) said it's due to lack of information, 10.4% (10) said it's because they had no recommendation from healthcare provider while 29.2% (28) said it's because of other reasons. 16.7% (16) said yes they received counseling before and after the HIV test while 83.3% (80) said they didn't receive counseling. 41.7% (40) said that they were referred to a support group or counselor while 58.3% (56) said they were not referred. 21.9% (21) said they are aware of the treatment available for HIV positive pregnant women while 78.1% (75) said they weren't aware of it.

S/N	Items	SA 4	A 3	D 2	SD 1	Total	Mean	Remark
1.	HIV screening devices are readily available in the health facility	34 (136)	41 (123)	9 (18)	12 (12)	96 (289)	3.0	Positive
2.	Healthcare providers attitude on HIV screening programs influence pregnant women's practice	62 (248)	22 (66)	4 (8)	8 (8)	96 (330)	3.4	Positive
3.	There are some difficulties faced when accessing HIV screening services	3 (12)	31 (93)	4 (8)	58 (58)	96 (171)	1.8	Negative
4.	There's support from my partner, family or community to get tested for HIV	76 (304)	12 (36)	2 (4)	6 (6)	96 (350)	3.6	Positive
5.	HIV screening harms both mother and baby	5 (20)	16 (48)	58 (116)	17 (17)	96 (201)	2.1	Negative
6.	HIV screening improves maternal and child outcomes	24 (96)	11 (33)	52 (104)	9 (9)	96 (242)	2.5	Positive
7.	The cost of HIV screening services is a barrier to practice	28 (112)	24 (72)	34 (68)	10 (10)	96 (262)	2.7	Positive
8.	Healthcare providers communicate the importance of HIV screening as a routine part of prenatal care	10 (40)	12 (36)	42 (84)	32 (32)	96 (192)	2.0	Negative

Table 4.4: Factors affecting pregnant women's practice towards HIV screening

From the above shows that the respondents agreed that the factors affecting pregnant women's practice towards HIV screening in Abagana health centre include availability of HIV screening devices, Healthcare providers attitude towards HIV screening programs,support from family, partner and community to get HIV screening, importance of HIV screening in improving maternal and child outcomes and the cost of HIV screening. On the other hand, the respondents disagreed that difficulties faced during HIV screening, the idea that HIV screening harms both mother and the child and healthcare providers communication of the importance of HIV screening as routine part of prenatal care are among the factors affecting pregnant women's practice towards HIV screening in Abagana health centre.

Discussion of Findings

The result of the study showed that there is a poor level of knowledge of HIV screening among pregnant women in Abagana health centre. This study agrees with Aboulqasim et al. (2024) Who observed a poor level of knowledge of HIV screening among pregnant women in Tripoli - Libya. This findings also aligns with Sharifzadeh et al (2020) who observed a insufficiency of pregnant women's knowledge about the importance of HIV screening in Birjand.

The result revealed that pregnant women in Abagana health centre has poor practice towards HIV screening . This study agrees with Atnaf et al (2019) who observed low findings on the acceptance of human immune virus testing among pregnant women attending antenatal care clinics in Gunino Health Center, Southern Ethiopia. This study also aligns with Cherie et al (2022) who observed only half of the pregnant women (50%) had good practices towards the prevention of mothers-to-child transmission of HIV/AIDS in Dil Chora Referral Hospital, Dire Dawa, Eastern Ethiopia.

The findings of the study showed that HIV test services availability, support from partner, family and community, improvement of maternal and child outcomes are part of the factors that affect pregnant women's practice towards HIV screening in Abagana health centre. This study aligns with Olorunfemi (2020) who observed that uptake of HIV testing and counselling was found to be high, as evidence by the following finding: high awareness of HIV transmission, HTS service availability, education and the need to protect their unborn child were other noted factors. Participants also identified stigma, fear of discrimination and rejection from families and community members as factors that would prevent them from undergoing voluntary counselling and testing among pregnant women attending antenatal clinics in Maseru Lesotho.

Conclusion

In conclusion, the knowledge and practice towards HIV screening among pregnant women in Abagana health centre were poor and factors such as availability of HTS, support from partner, family and community and improvement of maternal and child outcomes affect pregnant women's practice. Therefore, Health education, dissemination of information, and community mobilization should be planned and implemented to improve the knowledge and practice towards HIV screening among pregnant women.

Recommendations

Based on the findings, the following recommendations were made;

1. The researcher recommends that health workers should enhance pregnant women's education and counseling, by providing a comprehensive education to pregnant women about the importance of HIV screening and the benefits of early detection and treatment, reassuring them on the confidentiality of information given. Also provision of proper pre and post counseling can help reduce stigma and encourage more women to consent to HIV testing.

2. Improve prenatal care by Integrating HIV screening into routine prenatal care can streamline the process, making it a standard part of prenatal visits.This integration can lead to better tracking and management of HIV-positive pregnancies.

3. The researcher also recommends that health care providers should work hand in hand, to ensure comprehensive care for HIV-positive pregnant women and their babies. This collaboration can improve overall care coordination, health outcomes and can also serve as a reassurance to pregnant women who are HIV positive on proper and prompt management.

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