

JOINT EVENT

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The church and Traditional Birth Attendants (TBAs) as twin pathways to delayed HIV testing of pregnant women in rural Nigeria**Anthony Wovisike Umetor**

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Nigeria has the second highest estimated number of maternal deaths after India and is responsible for 30% of the global burden of mother-to-child transmission of HIV (MTCT). According to UNAIDS, MTCT is the main route of paediatric HIV infection. It accounts for over 90% of all paediatrics (children less than 15 years) infection and ranks amongst the highest number of new HIV infections in children in the world. A growing body of knowledge has mostly focused on the role of African church groups in hampering support to people living with HIV and AIDS and its contribution to HIV/AIDS-related stigma. This study is situated within the phenomenological research model which is centered on the lived experiences of those interviewed and employed a qualitative analysis that utilized semi-structured interviews conducted with healthcare staff and caregivers of HIV positive children (0-5 years) in Bori Zonal Hospital in Rivers State, Nigeria. The methodological finding reveals that Churches have the best well organized and recognized community networks in Nigerian communities and consequently potentially exercise a great influence over them. Their constant moralistic attitudes, reinforcement of conservative gender ideologies and wholesome integration of health and faith into the ministry is influencing their flock's late uptake of HIV and AIDS-related services. Traditional birth attendant (TBA) is also exacerbating the delayed HIV testing of pregnant women in the rural communities in Nigeria. With no formal training (but generally respected because they are elderly community women), TBAs play a vital part in maternal and child health by bridging the gap and support the delivery of babies in communities far removed from health facilities. By relying on child deliveries for sustenance, they see formal medical facilities as competitors.

Biography

Anthony Wovisike Umetor is a PhD Fellow, part-time parliamentary monitor and a passionate community HIV and AIDS activist. He was a former Executive Director of Community HIV/AIDS Initiative South Africa (CHARISA). He holds Master's and MPhil degrees in Sociology and HIV & AIDS Management respectively from University of South Africa.

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