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Background

Early detection of HIV and sickle cell diseases will enable timely care and treatment. However, many apparently health children remain unaware of their HIV and Heamoglobin genotype status. Their status are only known when they developed symptoms and visit healthcare facilities. This is a challenge in places where there is poor access to health care. Fortunately, access to immunization at the well-child clinics has remain high in Nigeria. Thus the need to evaluate the willingness to test and pay for HIV and Heamoglobin genotype screening among mothers that present at the well-child clinic.

Methods

A cross-sectional study was conducted in two states. Data were collected by interviewer administered questionnaire. The Likert scale was used to determine their willingness, while the contingent evaluation method was used to determine the amount there were willing to pay. The amount calculated in Nigerian naira and converted to United States Dollars using 2017 exchange rate of 360 naira for one US$.

Results

Of the 197 mothers that participated in the survey, 142 (72.1%) and 121 (61.5%) knew their HIV and Heamoglobin genotype respectively. Those willing to screen for HIV and Sickle cell were 191 (97%) and 188 (95.4%) respectively. Majority 159 (83.1%) and 160 (85.1%) were extremely willing for their children to be screened for HIV and Sickle cell respectively. Among those who expressed willingness to be screened, the median amount they were willing to pay was 500 naira (US$1.38) for HIV and Sickle cell each. Among the participants 76 (38.2%) expressed concern that inclusion of HIV screening in immunization visits may discourage mothers from bringing their children for immunization at such facilities.

Conclusion

The acceptance of parents to screen their children for HIV and Heamoglobin genotype was high, even at if they have to pay for it. Thus integration of such programme along with immunization is feasible but should remain voluntary and on opt-out bases.