

Prevalence Of HIV/AIDS Transmission From Mother To Child (MTC) And Its Associated Risk Factors In Nigeria: A Systematic Review

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Abstract: *The transmission of HIV from Mother to Child is still high in Nigeria due to some medical and non-medical factors of the patient involved. This study's aim was to assess the state of Mother to Child HIV/AIDS Transmission, to identify the associated risk factors and how to mitigate the spread of HIV from MTC which is in line with the aims of sustainable development goals (SDG3.3) that was proposed by the United Nation. It also aims to reduce the prevalence of HIV/AIDS transmission from mother to child and its associated risk factors in Nigeria. This research was carried out by collating data from relevant research articles such as MEDLINE, GLOBAL HEALTH, Pub-Med, EBSCO, WEB OF SCIENCE, and PRO-QUEST databases respectively. A total of 35 articles were used to evaluate SDG 3.3's success rate in Nigeria and recommendations were made regarding the areas to improve in order to reduce PMTCT in Nigeria and the promotion of antiretroviral drug use during pregnancy and after delivery. The scope of this research is to assess the rate of transmission of HIV from mother to child in Nigeria, and factors that affect MTCT, with possible ways to eliminate it by 2030 in line with the SDGs proposal. From the research finding it was observed that some women in Nigeria especially those of child bearing ages between 15-49 years were educated properly on modes of transmission of Human immunodeficiency virus (HIV) from Mother to child (MTC) and the need to attend antenatal but they fail to adhere to the practice while some women were not educated properly. The result also shows that it is important to train, educate and equip the TBA's on prevention strategies of MTC of HIV/AIDS. Government and nongovernmental institutions have a role to play to ensure availability of ARV drugs, and screening centers for HIV which will help in mitigating the spread of MTCT of HIV/AIDS. Factors that have been an obstacle to eradicating MTCT of HIV like illiteracy, stigma, poor access to quality health care, lack of EID uptake, poverty and inadequate primary healthcare services. Relevant and previous studies were recognized and recommendations were made.*

Keywords: *HIV/AIDS, MTCT, TBA, EID, SDGs, PMTCT, ANC, Prevalence of HIV in children, CD4 cells, Infant Mortality.*

I. INTRODUCTION

We live in a world full of problems ranging from infectious to non-infectious diseases. The emergence of Millennium Development Goals (MDGs) in September 2000 set a worldwide development structure which was aimed at improving health and making life better even to the poorest in

the world to be realized in 2015. It was endorsed at the United Nations General Assembly with 193 member States (Pereira et al, 2021) There were 8 goals in all with 3 out of the 8 targeted to health: goal 4(reducing child mortality), goal 5 (improving maternal health), goal 6(combating HIV, Malaria, and other diseases) (UN MDGs report 2015). Some progress was made through the MDGs including improved education, more access

to safe drinking water, and poverty reduction and in area of health, under 5 mortalities globally reduced from 90 to 43 deaths per 1,000 live births from year 1990 and 2015, HIV cases also declined with new cases falling from 40% between 2000 and 2013 (Braun, 2011). Nevertheless, some constraint of MDGs became clear including little focus which led to rigidity of wellness and disease scheme in countries, full attention was not given to strengthening health systems.

Following this, the Sustainable Developmental Goals (SDGs) was formed on 2015 September with a vision of improving upon the MDGs and this was adopted by 193 United Nations Member States. The SDGs consist of 17 goals and 169 targets for sustainable development by 2030 (What are the Sustainable Development Goals? 2015). Health promotion, reducing inequality and fostering economic growth are all part of the SDGs. SDG 3 in particular focuses on good health and wellbeing for everyone despite ones' age. Part of the SDG 3 goal is to end the epidemics of HIV/AIDS, and other communicable diseases including PMTCT of HIV. When a pregnant HIV-positive woman transmits the virus to her unborn child during Pregnancy, delivery, labor, or breastfeeding period is known as mother-to-child transmission (MTCT). 15%–30% of infants born to HIV-positive mothers will be infected with the virus during pregnancy and delivery if they are not treated, while 5-20% will become infected through breastfeeding. About 38.4 million people on earth are living with HIV as at 2021 and it has been

incorporated into the sustainable developmental goals (SDGs) for possible eradication (Fowkers, et al., 2016).

HIV infection is of public health interest particularly affecting low and middle income countries. Its prevalence has increased speedily since the 1980s especially in low income counties like Nigeria resulting to several demographic, economic and social consequences. Nigeria a low income nation with a gross national income(GNI) of \$2400 in 2022 and \$2500 in 2023. Nigeria has a population of 211,400,704 with a population growth of 2.5% with an average Nigerian living at 1.90 dollar/day. Nigeria is amongst the UN Member state who agreed to work towards achieving this goal and Important steps were taken to achieve it like funding from government. HIV in Nigeria, was first diagnosed in the two cases in 1985 and later reported in 1986 in Lagos. One of the cases was a female teenager aged 13 who was a sex worker from a West African country (Awofala&Ogundele, 2018)). Since then the burden of HIV in the country has increased with an incidence of 0.6 in the reproductive ages 15-49 per 1000 uninfected population of same age group.

Nigeria has a HIV prevalence of 3.17% as at 2014, HIV burden of 3,228600 at 2014, HIV associated deaths of ,174300 in 2014 with life expectancy at birth of 53.02years. Nigeria had the largest number of children living with HIV Globally in 2015 which was estimated at 260000 out of this 26% were newly infected (UNAIDS, 2016). These figures are not surprising as Oleribe& Taylor-Robinson posits that Nigeria may not attain the SDGs at the end of 2030 due to Leadership failure, health system failure, political and system failure in the country. Following the recommendation of WHO, an extensive 4-pronged strategy was set into action in Nigeria to help prevent HIV transmission in children (Itiola, Goga&Ramokolo, 2019). HIV transmission from Mother to

child is the cause of more than 90% of HIV in children (Imade et al., 2010). The use of Highly Active Antiretroviral Therapy is what PMTCT anchors on. In 2001, a guideline for PMTCT was first created and updated from year 2005-2016.

Factors that hindered achievement of MDGs and still hampering SDGs in Nigeria according to (Ajiye, 2014) include insufficient human capital for implementation, using the scarce resource on ground to attack a single disease while neglecting others for example during the COVID-19 era, resources were channeled mainly to the fight on COVID-19 neglecting HIV and PMTCT this is known as verticalization of health care system. Other factors hindering attainment of SDGs on PMTCT include insecurity in Nigeria this has resulted to killings, stealing and destruction of lives and properties. About 1,538,982 people are internally displaced persons in Nigeria including women and children who have limited access to health care services, schools and shelter due to this displacement. Inadequate insurance coverage of the national health insurance scheme. Less than 15% of Nigerians has access to health insurance schemes, many pay for health care service from out of pocket even those that come for HIV testing for the first time. 60% of health care cost in Nigeria is out of pocket expenditure. Incessant Health care workers strike and poor data documentation and collation (Ademola, 2019)

SCOPE OF THIS SYSTEMATIC LITERATURE REVIEW

The scope of this systematic literature review is to access rate of transmission of HIV from mother to child in Nigeria, factors that affect MTCT, how to eliminate it by 2030 in line with the SDGS, to identify its associated risk factors in Nigeria like medical and non-medical factors linked to transmission of HIV from mother to child and fatality. Factors that have been an obstacle to eradicating MTCT of HIV like illiteracy, stigma, poor access to quality health care, not taken up EID, poverty, inadequate primary healthcare, using relevant authors, recognizing previous studies while pointing out limitations.

RESEARCH QUESTION

My research questions were developed using Population Effect and Outcome (PEO).

- ✓ What is Nigeria's MTCT rate for HIV?
- ✓ What elements influence EID in Nigeria?
- ✓ Which risk factors for MTCT of HIV are present in Nigeria?

In the year 2017, more than 180,000 new pediatric cases of HIV were recorded globally because of poor early infant diagnosis adoption. This has been attributed health care system factors, to maternal factors and factors at the community level. Mechanisms for PMTCT have been put in place in other to lessen the problem of current HIV infection in children with a target of 5% from 45% of overall transmission rate in breastfeeding mothers and 2% without breastfeeding (Okusanya et al., 2022). It is a known fact that burden of HIV in children is still high especially in Africa and Nigeria in particular that was what inspired this research topic. The discoveries from this research are important for

systematic comprehension because they have the potential to improve child health with a focus on PMTCT to help achieve the SDG3 goal. The outcome of the study could be used to set new health policy.

AIMS OF THE STUDY

The purpose of this study is to determine how the implementation of SDG 3 will impact PMTCT, the prevalence and risk factors of HIV transmission from mother to children in Nigeria. To do this, data from recent research study will be collected and used to assess the success of SDG 3.0 in Nigeria, and provide recommendations for areas that needs to improve and game plans that stakeholders can use to reduce PMTCT in Nigeria.

II. METHODOLOGY/METHODS

Prevalence of Mother to Child Transmission of HIV, risk factors for HIV transmission, HIV rate in Nigeria, Epidemiology of HIV, HIV associated risk factors, systematic reviews were utilized as keywords, the two Boolean instructions that were used are and or as well as Insufficient access to health care, illiteracy are all phrases that was utilized. Articles and reports on PMTCT in Nigeria, literatures that dwelt on the associated risk factors of HIV transmission in Nigeria, articles discussing HIV prevalence, literatures published within 2000 to 2021, inclusion criteria was based on articles written in English, quantitative and qualitative studies were included as Articles with emphases apart from Nigeria, studies and reports that didn't focus on PMTCT, studies without emphases on PMTCTC risk factors in Nigeria, studies published before 2000 or after 2021 and studies not written in English were all excluded. The CASP checklist was used to critically evaluate the papers.

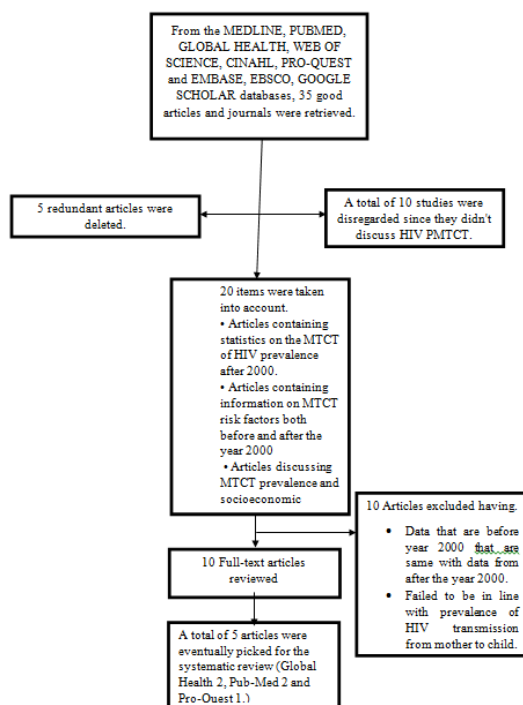


Figure 3: Flow chart of the review

III. FINDINGS/RESULTS

HEALTHCARE

The main factors that appeared the most in all of the research is Healthcare services. In low income country like Nigeria, Women are faced with many challenges like inadequate basic healthcare, access to health facilities, lack of qualified healthcare personnel, inefficiency of health care workers(HCW), lack of manpower, and poorly trained health care professionals Okolie & Lansdown (2014). However, noted that HCW don't understand the principle of PMTCT as a result, they fail to give proper counseling to pregnant women enrolled in the program that's why they don't commence antiretroviral drugs before, during and after pregnancy, that's why they are not compliant with HAARTS before delivery, failure to practice exclusive breastfeeding rather mixed feeding with breast milk and formula which will predispose the infant to HIV. Facility for conducting CD4count are not readily available in Nigeria. Lack of uptake of EID (early infant diagnosis using a qualitative DNA polymerase chain reaction), lack of postnatal visit, mode of delivery(cesarean section is preferred), place of delivery (home deliveries) are all contributor to higher prevalence of HIV in children in Nigeria. Seventy-five percent of women gave birth outside a hospital setting (Imade et al. 2019). A study done by Imade et al., in Benin city, Nigeria have shown that the prevalence of HIV in children reduced drastically with use of HAARTS odds ratio=0.221;95%confidence interval=0.119,0.413 prevalence of HIVP<0.0001was more in children whose mother did not commence HAART than in children whose mother had the privilege of using HAART 10-12 months before delivery. The study also showed that mothers that delivered in the hospital and took part in PMTCT program had a lower prevalence of HIV in their children. A study done by Cambrea et al., (2022) Showed that mothers who had a low CD4count less than200 cells/microLitre had a five times likelihood of transmitting the HIV during breastfeeding to the babies because they didn't access the PMTCT care or didn't take the HAART or practiced mixed feeding or rejected the EID testing. In the study 244 HIV positive pregnant women from Delta state Nigeria only 227 HIV negative infants were born and from 164 pregnant women who were HIV positive in Ekpoma, only 155 HIV-negative infants born because they accessed PMTCT service and they were on HAART and they had a low CD4count, didn't practice mixed feeding and were followed up till 18months postpartum. Therefore, strengthening the PMTCT program and advocacy on use of HAART before and during pregnancy will help to reduce MTCT of HIV. The two main causes of the rising prevalence of pediatric HIV in Nigeria are medical and non-medical factors. The intrapartum care provided by the facility care center, which involves competent staff managing labor, is one of the most crucial measures for lowering infant fatalities linked to HIV. some school of thought belief that delivery via CS rather than vaginal delivery for HIV pregnant women reduces chances of transmission, as well as an effective postnatal care package which involves early infant diagnosis and commencement of ARVS in babies after birth. It is a

critical strategy to enhance health of HIV positive mother and child in Nigeria.

Characteristics	Tested n	Positive for HIV n (%)	OR	95% CI	p
Sex of offspring					
Male	161	35 (27.74)	2.018	1.098, 3.708	0.0324
Female	157	19 (12.10)	0.496	0.270, 0.911	
PMTCT					
Yes	201	18 (8.96)	0.221	0.119, 0.413	< 0.0001
No	117	36 (30.77)	4.519	2.422, 8.429	

OR: odds ratio; CI: confidence interval; PMTCT: prevention of mother to child transmission

Table 1: Effect of sex and PMTCT on the prevalence of HIV

EARLY INFANT DIAGNOSIS

EID of HIV using Deoxynucleic acid (DNA) polymerase chain reaction (PCR) method at 4-6weeks measures the effectiveness of PMTCT. Poor uptake of EID was seen to be linked health system failure, community level factors and individual maternal factors, Because EID is scheduled for the same visit as the mothers post-natal clinic visit at 6weeks, studies have found that women either did not come back with their babies (46.3%) of them or collected their babies EID result late(46.6%)(Okusany et al.,2022). a systematic review done by Essajee, Bhairavabhotla, et al., (2017 check journal interventions to increase early infant diagnosis) showed that strategies carried out to bring down the difficulties associated with performing EID making better HIV-exposed infants health included adding EID to immunization clinic, e-Health technologies, health system improvement strategies and behavioural intervention programs. For example a study in Kano(Northern Nigeria) showed that using mobile phone text messaging helped to reduce waiting time of sending EID results thus facilitating a quick initiation of Antiretroviral therapy(ref check journal interventions to increase early infant diagnosis) while cognitive behavior therapy(CBT) sessions for HIV pregnant women led to lower EID use probably because of stigma. Also in a rural community in Nigeria, following women to EID testing made earlier infant testing possible

Characteristics	Tested (n)	HIV-positiven (%)	p
Duration of HAART use before delivery (mo)			
1-3	70	12 (17.14)	
4-6	54	5 (9.26)	
7-9	63	1 (1.59)	
10-12	14	0 (0.00)	0.01
Place of delivery			
Tertiary	185	8 (4.32)	
Secondary	45	5 (11.11)	
Primary	20	3 (15.00)	
Home	68	2 (2.94)	0.0621

HAART: highly active antiretroviral therapy.

Table 2: Effect of the duration of prevention of mother to child transmission and place of delivery on the prevalence of HIV

FAMILY PLANNING AND REPRODUCTIVE HEALTH

Studies have shown that preventing unwanted pregnancies in women living with HIV reduces HIV infected births and the number of children who need HIV related services. Adding family planning and reproductive health to PMTCT services in Nigeria can help eliminate new cases of HIV infections when compared to PMTCT alone.

POVERTY

Other studies show that socio economic and socio-cultural factor are important factors that hinder PMTCT programs. Other factors like male involvement were also considered.

CONFLICT

According to (Oleribe et al., 2016), he stated that the conflict in Nigeria has severely hampered PMTCT services delivery in recent years in Nigeria and achievement of SDG3.3. New HIV infections that occurred in 2016was about 2.1 million with about 50% occurring mainly in Nigeria and some African countries(Fatai, O.A. and Adeleke, 2021) due to Boko-Haram insurgency and Banditry in the Northern and Southern part of Nigeria with series of kidnapping and raping of women in the south leading to unwanted pregnancies and new HIV infections. This has taken the nation backward despite many years of investing in healthcare and PMTCT services. It was estimated that about 1,538,982 persons have been internally displaced in Nigeria including pregnant women this of course would deny the HIV pregnant women and their babies access tohealth care services including PMTCT care and EID testing (IDMC, 2015).

Authors Name & Date	Title of Study	Aim	Study Design	Method	Main Findings	Strengths	Limitations	Critical Appraisal Tools Used
Paul Erhumwuse Imadel, Nkemjika Obiageri Uwakwe I, Richard Omoregie, Nosakhar eOdehEghafona, (2010)	Effect of Prevention of the Mother to Child Transmission Program on the Prevalence of Postnatal HIV Infection in Benin City, Nigeria	The aim of the study was to determine the prevalence of postnatal infant HIV infection and effect of the PMTCT program, effects of duration of PMTCT and place of birth in university of Benin teaching hospital, Benin City, Edo state, Nigeria.	Experimental study	A mixed method using Qualitative and quantitative method using testing and focus group interview.	The study found that out of 318 infants who were tested for HIV at university of Benin teaching hospital, 54 (16.98%) tested positive for HIV and the prevalence of HIV was higher (p<0.0001) in infants whose mothers did not use antiretrovirals compared	The research design was appropriate for the study's purpose, and the data collection and analysis, as well as the technique, were sufficient in answering the specific question. The place of study used was a tertiary hospital which is a referral hospital	There was no time frame stated for the experiment done. The sample size of 318 was small. A larger sample size above 500 would have been better to avoid bias	Critical Appraisal Skills Programme Tools (CASP)

					to those infants whose mother took antiretrovirals while pregnant. It also discovered that more males babies(27.72%) were HIV positive compared to females.(12.10%); p=0.0324	with a center sole for HIV issues the Institute of Human Virology, Nigeria and practice the presidents Emergency plan for AIDS Relief which gives credence to the result of the research.				change s: Findings from two large health facilities in North East Nigeria	2014.				patient records was obtained for the research.	in the research for a more accurate result.
Babasola Okusanya, Linda J. Kimaru, Namoon gaMantina, Lynn B. Gerakd, Sydney Pettygrove, Douglas Taren, John Ehiri, (2022)	Interventions to increase early infant diagnosis of HIV infection: A systematic review and meta-analysis.	To determine if Early Infant Diagnosis (EID) of HIV increases antiretroviral therapy (ART) initiation	Systematic review and meta-analysis	A systematic literature review	The findings showed that those who had an EID at 4-8weeks had 100% intervention and early initiation of ARVs and this significantly reduced infant mortality and morbidity	The major strength of this study is that the Literature s used were up to date. discipline -specific databases were used such as PsycINFO, EMBASE, CINAHL, PUBMED	There was not enough evidence to support the thesis that Early Infant Diagnosis (EID) of HIV infection increases antiretroviral therapy (ART) initiation.	Critical Appraisal Skills Program me Tools (CASP)								
Hassana Bashir Yakasai, Raymond MichealPanas and Mountas serBillah Kadrie(2021)	Knowledge of Mother-To-Child Transmission of HIV as a predictor of HIV testing in some women of childbearing age in Nigeria	It aimed at studying how knowledge of MTCT predicts HIV testing in Nigeria.	A quantitative cross sectional study	A survey was done using stratified sampling method.	Out of 21,640 women used for the analysis, majority had knowledge of MTCT as follows; during pregnancy(78.7%), during delivery (82.5%), during breastfeeding (94.4%), PMTCT knowledge 86.3% full knowledge of MTCT (69.4%)	The methodology, data collection, and analysis were sufficient and the research design was suitable for achieving the purpose of the study. The sample size was great this will help eliminate bias.	One of the flaws observed is that the study was limited to women aged 15-49 years whereas in the North were child marriage is rampant, the age bracket used should have been 13-49years	AXIS								
Getachew Mullu Kassa, (2018)	Mother-To-Child Transmission of HIV and its associated risk factors in Ethiopia (Subsaharan Africa) : a systematic review and meta-analysis	The aim was to determine the prevalence of MTCT of HIV and its associated risk factors in Subsaharan Africa.	Systematic review and meta-analysis	A systematic literature review	The main finding showed that mixed feeding, babies that didn't take Antiretroviral after birth, home deliveries with quacks, and women that didn't take part in PMTCT service all are associated risk factors to increase MTCT of HIV.	The major strength of this study is that the Literature s used were up to date. discipline -specific databases were used such as PsycINFO, EMBASE, CINAHL, PUBMED	The study's biggest limitation is that literatures used had no time limit. Some were more than 10 years published	Critical Appraisal Skills Program me Tools (CASP)								
Itiola, Goga, Ramokolo, (2019)	Trends and predictors of mother to-child transmission of HIV in an era of protocol	The aim was to evaluate PMTCT effectiveness in two health facilities in Adamawa state Nigeria between 2008-	Descriptive retrospective study.	Retrospective cross sectional study	Finding showed that there was reduction in MTCT of HIV following an improvement in PMTCT protocol.	The time frame for the study was clearly stated. Proper permission was sort and ethical approval given before	Comparison between two health facility was not adequate. They would have included more facilities	AXIS								

Table 1

IV. DISCUSSION

Following the critical appraisal of the aim of this study which is aimed at eliminating or MTCT of HIV, from findings on the prevalence of MTCT of HIV and its associated risk factors in Nigeria, it is important to note that the study design is suitable for the goals and the approach utilized was adequate in addressing the study research objectives. The research showed that Medical and Non-medical factors including patient related factors are the main significant factors that are affecting Mother –To- Child Transmission of HIV in Nigeria.

The five studies all showed the importance of taken HAART in a HIV positive pregnant woman, giving prophylactic ARVs to a new born baby, early infant testing avoiding mixed feedings and increasing awareness of PMTCT programs prolonging use of HAART during pregnancy. For example, the study by Imade et al done at the University teaching hospital, found that out of 318 tested for HIV, overall prevalence of HIV was 16.98%. This 16.98% account for babies born to HIV positive women who didn't take HAARTs. The result of the study also showed that the longer a pregnant woman takes HAARTs, the more chances of having a HIV free infant as shown in table 2 above. It also showed that male gender and not taken HAART during pregnancy were risk factors for getting infected with HIV.27.72% males were HIV positive compared to females(12.10%);p=0.0324. It's important therefore to spread the use of HAART to every cadre of healthcare responsible for antenatal services.

According to the findings by Okusanya et al., in the systematic literature review, early infant diagnosis at 4-8weeks of life significantly reduced infant HIV associated death although there was limited evidence to support their view of a better. Intervention to improve EID. As a matter of fact, more research is needed in this regard. Although the awareness of PMTCT may be high in some regions in Nigeria as shown by Yakasai, Panas andKadrie(2021) but socio economic factors like stigma, poverty, poor communication by service providers, poor access to healthcare facility with PMTCT programs, can hinder access to PMTCT services.

In sub-Saharan Africa particularly Nigeria many women practice mixed feeding because they believe that breast feeding alone is not sufficient food for the babies. Kassa, (2018) noted that mixed feeding which affects the babies gut and increase chance of MTCT, absence of infant ARV's home delivery by quacks and absence of mothers PMTCT intervention were greatly associated with MTCT of HIV. This is also in line with Itiola, Goga, Ramokolo, (2019) findings which showed that there was reduction in MTCT of HIV following an improvement in PMTCT protocol.

STRENGTHS / LIMITATIONS

The study performed a good job of addressing the objectives and research questions. The methodologies and databases used for the data collations were correct. The study's strengths were the utilization of discipline-specific databases to thoroughly search for the pertinent literatures as well as reproducible and systematic data extraction utilizing the necessary checklist to reduce errors. Use of the Statistical Package for Social Sciences (SPSS) version 24.0 (IBM SPSS Inc.), STATA 12 program, and other tools applied for data analysis included the strength of the study in comparison to other study designs and adhering to other guidelines. The biggest obstacle to this research was the lack of randomized control trial studies on the topic, which may have been caused by security concerns in the nation. There were few key words used to locate trustworthy data from the database search engine because some significant studies might have been missed. The only language used for data collection was English.

GAPS IN KNOWLEDGE

Most of the studies didn't look at new ways of tackling PMTCT, such as involving the male partners in the PMTCT programs, no study talked about testing of couples before marriage for HIV, no study talked about contraceptive use to prevent unwanted pregnancies. Nothing novel was seen like manufacturing easy test kits for HIV testing by self which will encourage more screening of HIV. Therefore, tools that encourage Self screening of HIV by Individuals should be developed which can be circulated widely and easily accessed by everyone. This will help to reduce stigma associated with the disease.

Most studies ignored the conflict in Nigeria which has had a negative impact on the country, as stated previously.

V. IMPLICATIONS

Till date the world health organization has been striving to develop a vaccine for HIV and provide a permanent cure for HIV but till date it's still not in sight. Inequalities have existed in the spread and distribution of HIV worldwide. It has affected adversely the low and middle income countries and have spared to a large extent the developed world because of advancement in technology and health care which is inadequate in developing nations. This has prompted many Non-Governmental Organizations to fund HIV in Africa. Also, UNAIDS set new targets to end the AIDS epidemic by 2030 including eliminating MTCT and to prevent 28million new HIV infections. As at 2020, a new target was set which was 90-90-90 meaning 90% of people living with HIV(PLWH) will know their status, 90%of people who know their status will be on treatment and 90% of people on treatment with low viral loads, reduce yearly new infections to 500,000 and achieve zero discrimination. UNAIDS hope to meet these target by 2020 and then move to 95-95-95(95% of PLWH knowing their status,95%of PLWH on treatment and

95% of people on treatment with low viral loads (Glaser, 2014).

World Health Organization listed some major co infections that account for nearly 50% deaths associated with HIV in pregnant women and children which are;

- ✓ tuberculosis,
- ✓ Hepatitis B&C (20%)
- ✓ Oropharyngeal candidiasis (occurred most frequently about 52%
- ✓ Dermatitis eg Kaposi sarcoma
- ✓ Respiratory diseases such as pneumonia

Whether the UNAIDS 95-95-95 will help achieve the SDG 3.3 in the next 8 years are slim, due to global pandemics, conflicts and poverty. However, improvement in global technology, health organization alliance, and increased funding from governments, non-governmental organizations and other stakeholders, the objective may be achieved in the next two decades. Major obstacles that could hinder Nigeria from accomplishing this goal are poor education, out-of-school children, and constant neglect of infrastructure, societal cultural norms, financing, income, inadequate health-care resources, unemployment, wars, sanitation, and food supply are all major obstacles to reaching the SDG 3.3's objective of ending the epidemic of AIDs including PMTCT to near zero level.

VI. RECOMMENDATION

There should be more community cooperation with International organizations like WHO, UNSAID, movement on PMTCT. should come together, speak with one voice eradicate MTCT and to increase more funds on the fight against hiv/aids. Which is a threat to human well-being and national security. EMTCT will help boosts national economic development. social justice and human rights framework is the another factor that would be considered in EMTCT.

RECOMMENDATIONS FOR RAISING ATTENTION TO PMTCT OF HIV/AIDS

For Nigeria to get larger support from foreign leaders and for greater development of foreign governance formation, the community has to be more united to speak with one voice to attract more support and funding regarding PMTCT. It's important that groups interested in PMTCT use a common means of integrated innovation to speak in the language of national and international decision makers. For PMTCT to gain quality attention a coherent evidence base for effective intervention which can be seen to have an impact at the organizational level on economic development and wellbeing of man is solution. It's also important to have a human right and justice approach. Modern strategies for dealing with stigma should be sought for.

Poverty and conflicts can be dealt with through; amenable and good institutions, Social support & security (protect & support vulnerable populations and subgroups)Encouraging community resilience, reduce joblessness & poverty, Setting up disaster readiness and recovery mechanisms, Promote economic growth that is equitable spatially (regional, national

and global) and temporally (across time): co-financing, co-operation, Create sound policy frameworks at the national, regional and international levels, mobilization of resources from a variety of sources

While *progress* could be monitored by; Universal health coverage, Government assistance for poverty reduction/ changes in the gross national income/ total official spending on quality education, health and social protection, policy and practice that targets poverty, gender equality and equity.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards served as a guide for this systematic literature (Liberati., 2009). In order to improve study design and procedures and provide high quality data that can be used to track and evaluate Nigeria's PMTCT initiatives, more research is needed.

VII. CONCLUSION

MTCT of HIV is still high due to medical and non-medical causes and patient related factors like full knowledge of PMTCT programs, not taking HAART during pregnancy and while breastfeeding, not giving babies born to HIV positive mothers prophylactic ARVs, short duration of HAART before delivery number of sex partners during pregnancy, illicit drug use, poor antenatal visits, lack of testing of pregnant women for HIV, mixed feeding, inadequate uptake of EID, not testing couple for HIV before marriage and conception, family planning, place of birth. According to this study conflict, socio economic factors like stigma, poverty, poor access to healthcare facility with PMTCT programs, affected EID also hindered access to PMTCT services.

The community, government and stakeholders have a role to play to attract more funding from global fund to fight AIDS in line with SDGs. Poverty, stigma and conflicts can be tackled through amenable and good institutions. To determine the cause of Nigeria's high MTCT and provide a remedy, more study is required.

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