

Awareness of Health Care Personnel about Preventive Aspects of HIV Infection/AIDS and their Practices and Attitudes Concerning such Patients

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Abstract

The study was carried out at a tertiary care hospital in Lahore to assess the level of awareness of health care personnel regarding various preventive aspects of HI V/AIDS and determine their practices and attitudes while dealing with such patients. Study population consisted of 147(55.68%) physicians, 82(31.06%) nurses and 35 (13.26%) paramedics. Most of the participants had awareness regarding prevention of sexual transmission, however there were gaps in their knowledge as to how spread could be checked through the use of screened blood and sterilized syringes and instruments and perinatal transmission. One hundred and twenty three (46.5%) respondents were unaware of precautionary measures to be observed by health care providers while looking after these patients and 140 (53.03%) made improper responses when inquired about their responsibility and practices concerning HIV seropositive individuals and AIDS patients. As a result of misconceptions and ignorance, 108 (40.90%) participants' responses regarding their attitudes towards HIV/AIDS cases were incorrect and improper (JPMA 48:367,1998).

Introduction

Since its recognition in 1981, HI V/AIDS infection has involved more than 190 countries in all the continents. According to WHO projections by the year 2000 there would be 40 million HIV infected individuals, 90% of these being in developing countries¹. Presently HIV epidemic continues to spread at a rate of 6000 new infections per day with the most rapid increase being observed in Southern and Central Africa and in South East Asia². Currently there is no fear of HIV/AIDS epidemic in Pakistan, but HIV seropositivity has been increasing; it was 0.07% in 1995³ and was 0.08% in July 1997 (personal communication). Of the 1.7 million individuals screened (majority were blood donors and high risk group individuals) till July 1997, there were 1232 HIV positive and 132 AIDS cases (personal communication). These figures show that HI V/AIDS has become apart of our hospital practice although at present the magnitude may appear insignificant. At this stage prevention is the most crucial and important weapon against this deadly epidemic. The level and nature of AIDS related (Knowledge, attitude, beliefs, and practices) (KABP) has been found to be relevant to contain incidence of HIV infection⁴. Prevention of HIV infection in developed countries has been achieved by behavioural changes among high risk groups and securing the safety of the blood supply⁵. This requires proper orientation and relevant training of the health workers who in turn can educate the general public and train the volunteer workers at community level. Various AIDS related KABP studies^{6,7} carried out on health workers in different parts of the world revealed the presence of apparent unease or prejudice among the health workers lacking proper knowledge about various aspects of HIV infection and AIDS. Relevant and effective health policies against the spread of this epidemic must be formulated and implemented. Denial of the existence of AIDS and the tendency to regard AIDS as problems of others remain a problem for developing countries⁸.

The aims of this study were two fold: to detennine level and nature of AIDS related KABP of the health

personnel and to identify areas of weakness among our health care personnel (as a result of unawareness, predisposing- attitudes and negative beliefs) so that appropriate steps could be taken to rectify the situation.

Subjects and Methods

This study was conducted from August, 1996 to October, 1996 at Sir Ganga Ram Hospital, affiliated with Fatima Jinnah Medical College, Lahore. Study population consisted of 147 doctors, 82 nursing staff and 35 paramedical staff from various departments of the hospital. A total of 529 health care personnel were enrolled and of these, 264 were selected by random sampling technique. A questionnaire was prepared, field tested and modified. The questionnaire had questions to assess the knowledge of the respondents regarding various means and ways which could be employed to prevent the spread of HIV/AIDS in the community and the precautionary measures which should be observed by the health care providers while dealing with HIV seropositive cases and AIDS patients. The respondents were also asked questions about their practices and attitudes when they have to deal with HIV infected persons or AIDS cases. The questionnaire was administered by a team of workers who were trained specially for this purpose and their work was constantly supervised by the author.

Results

Complete ignorance about preventive aspects was found in 53 (20.08%) respondents. Participants' responses regarding how transmission of HIV/AIDS could be avoided by promoting safer sexual practices and adhering to moral codes, by using screened blood and sterilized syringes and instruments are shown in Table I.

Table I. Awareness regarding prevention of HIV/AIDS.

How spread could be avoided through	Doctors N=147		Nursing staff N=82		Paramedics N=35		Total N=264	
	n	%	n	%	n	%	n	%
Sexual transmission	136	92.52	59	71.95	16	45.71	211	79.92
Blood and its products	115	78.23	47	57.32	8	22.86	164	62.12
Syringes and needles	71	48.30	28	34.15	9	25.71	108	40.91
Surgical instruments	44	29.93	19	23.17	5	14.29	68	25.76
Perinatal transmission	9	6.12	-	-	-	-	9	3.41

Responses of medical and nursing staff were comparable, but paramedics' knowledge status was quite low.

When asked what precautionary measures should be observed by health care personnel while dealing with HIV infected persons or AIDS patients, 123 (45.59%) participants were unable to give correct answers (Table II).

Table II. Precautionary measures to be taken by health care providers.

Precautionary measures	Doctors N=147		Nursing staff N=82%		Paramedics N=35		Total N=264	
	n	%	n	%	n	%	n	%
Avoidance of needle pricks	52	35.37	18	21.95	4	11.43	74	28.03
Use of gloves	19	12.93	7	8.54	2	5.71	28	10.61
Discard used syringes	16	10.88	5	6.10	2	5.71	23	8.71
Use of Gowns and masks	11	7.48	4	4.88	1	1.22	16	6.06
Dont know or incorrect responses	49	33.33	48	58.54	26	74.29	123	46.59

Although the knowledge status of physicians in this regard was low, the ignorance of nursing and paramedical staff was quite significantly deficient.

The response of participants regarding their responsibility and practices when they come across HIV sempositive or AIDS cases are given in Table III.

Table III. Practices and responsibility regarding HIV infected and AIDS cases.

Variables	Doctors N-147		Nursing staff N=82		Paramedics N=35		Total cases N=264	
	n	%	n	%	n	%	n	%
Notification	33	22.45	-	-	-	-	33	12.50
Self protection	14	9.52	8	9.76	3	8.57	25	9.47
Prevention of Transmission	17	11.56	13	15.85	6	17.14	36	13.64
Isolation	14	9.52	14	17.01	7	20.0	35	13.26
Hospitalization	16	10.88	11	13.41	3	8.57	30	11.36
Incorrect responses	53	36.05	36	43.90	16	45.71	105	39.77

Only 33 (12.50%) participants (all of them doctors) said that they would notify such cases to the concerned authorities and 61 (23.11%) said that they had to take measures for self protection and prevention of transmission in the community. According to 35(13.26%) respondents, these cases should be isolated and all sort of physical contact must be prohibited.

A detailed evaluation of the responses to the questions regarding the attitudes and behaviours of the health care providers towards HIV infected persons or AIDS patients revealed that 156 (59%) of the respondents said that they would be sympathetic and cooperative and their behaviour would be the same as that with other patients, while 108 (40.9%) either did not know what should be their attitudes or gave improper or incorrect answers which included refusal to attend such patients, resentment towards them and avoidance of any casual body contact with them. Improper and incorrect responses regarding attitudes and behaviours were made by 52/147 (35.37%) physicians, 32/82 (39.02%) nurses and

24/35 (68.57%) paramedics. When asked what should be the behaviour of the family members of the

concerned cases, 142 (53.79%) respondents were in favour of sympathetic, loving and caring attitudes of the relatives. The response to the question regarding what precautionary steps should be taken by the close family members was very poor, only 12 (4.55%) participants were able to give proper answers and most of them were doctors.

Of the 264,248 (93.94%) thought that there was risk of HIV/AIDS spread in Pakistan. Deteriorating moral codes and unsafe sexual practices were held responsible for increasing occurrence of this problem by 105 (42.34%) respondents, while 58 (28.39%) attributed this to travelling abroad, 53 (21.37%) to transfusion of unscreened blood, 37 (14.92%) to unawareness and 33 (13.31%) to drug addiction. Sixteen participants (6.06%) (9 doctors, 5 nurses and 2 paramedics) said that there was no such danger as all the cases of HIV infection and AIDS have been detected among the individuals who had lived abroad for sometime.

Discussion

The study revealed that about 20% the respondents were totally ignorant of the preventive aspects. Around 80% interviewed had some awareness regarding prevention of sexual transmission but they were of the opinion that preventive strategies are required to stop transmission to our women, as most of them are going to be infected by their husbands. Heterosexual transmission has accounted for 75% of HIV infection in developing countries⁹. Studies^{2,10}.

Africa have shown that 50-80% of all infected women were not sex workers but were women with one sex partner, husband in most of the cases. In India, it has been found that 30-50% of HIV positive persons were women and many of them did not belong to high risk group¹¹. Level of knowledge varied about various aspects of prevention and was in direct proportion to the professional status of the respondents. Awareness regarding mother to child transmission was significantly low. By the year 2000 there will be 5-10 million HIV infected children and most of them in developing world¹². Because of future impact of paediatric HIV infection and increasing incidence of infection among women of childbearing age, many intervention strategies have been planned and some of them already started¹³. Participants KAPB regarding the measures to be employed for self protection and prevention of transmission in the community was significantly low and irrelevant. AIDS incidence rates in geographic areas may affect AIDS related KAPB e.g., in high incidence areas there is greater chance of knowing someone with AIDS and residents may perceive themselves at greater risk of developing the problem and has got increased desire to learn more. It has been found that as the distance from the major AIDS epicentre increases the primary care physicians take AIDS to be less threatening¹⁴. There is growing need for professional training and development of programmes to break down the barriers erected because of lack of knowledge, prejudiced behaviours and negative beliefs. Inadequate care favours the spread of HIV infection as does the stigmatization of the people with AIDS¹⁵. In Uganda community based care has been arranged for the AIDS patients with the help of district health teams¹⁵. AIDS prevention and caring for the patients involve sensitive religious, social, cultural and traditional issues and requires close involvement of family members. Around 80% participants thought that at present AIDS poses no threat as compared to 50% quoted in a study carried out in Islamabad¹⁶ and 94% thought that there was a real risk of spread of AIDS in Pakistan in the future as compared to 74% in the other study¹⁵

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