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HEALTH WORKERS' ATTITUDE AND PERCEPTION TOWARD ROUTINE PRE-MARITAL HIV SCREENING

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More than half of all new HIV infections occur among young adults, however, the rate of new infections among women surpasses men's especially in Sub-Saharan Africa. This rising infection rates, particularly among women, exposes children to increased HIV risk even before they are born. This descriptive cross-sectional study was conducted to determine the attitude and perception of health workers to routine pre-marital HIV screening that is currently practice by some religious institutions as part of initiative directed towards controlling the spread of the infection. Three hundred (300) self-administered questionnaires distributed to the health workers in their respective units were analyzed. Majority of the respondents 270 (90%) agreed that pre-marital HIV screening is necessary and advantageous to couples intending to get married. Although more than half of the respondents (56.7%) believed that the screening exercise is associated with some disadvantages, as many as 205 (68.3%) were in support of its enforcement for all couple. Majority 260 (86.7%) agreed that religious leaders/institutions have important role to play in HIV control and most of them 265 (88.3%) would prefer that Government health facilities be used as screening centres; and medical doctors should be the person to reveal the test results to the couples 275 (91.7%). About two-third of the respondents felt that the couples should initiates request for HIV screening, and on the issue of whether or not the marriage should be contracted following a positive result in one or both partners, 180(60%) respondents felt that the decision should be made by the couple. Counseling of couples before and after HIV screening, adequate training of health workers on HIV counseling skill and making HIV screening free to couple were suggested by the respondents as incentive that would enhance voluntary pre-marital HIV testing.

INTRODUCTION

More than 60 million people have been infected with HIV in the past 20 years and about half of them became infected between the ages of 15 and 24 (1). Today, nearly 12 million young people are living with HIV/AIDS, and young women are several times more likely than young men to be infected with HIV (2).

In about 20 African countries, 5% or more of women aged 15 to 24 are infected with HIV (3). Public health officials estimate that illnesses and deaths resulting from HIV/AIDS, to date, represent only 10% of the eventual impact (4, 5). It is also projected that by the year 2010, HIV/AIDS will reduce average life expectancy in some southern African countries to around 30 years (6). About 90% of the estimated 2.7 million children living with HIV/AIDS are living in Sub-Saharan Africa (2). The overwhelming majority of these children were infected from their mothers, during pregnancy, childbirth or breastfeeding (1).

Necessary control programme, therefore, needs to focus on preventing HIV among youths and adolescents and reduce transmission from mother to child. Early screening for HIV/AIDS is an important control strategy that is useful in case finding and public health surveillance. In case finding, the primary objective is to ascertain the HIV infection status of an individual for appropriate medical treatment or public health follow-up and action. The public health surveillance aimed at determining the prevalence, distribution and trends of HIV infection in a population (7).

In the last 2 years many couples have presented at the University of Ilorin

Teaching Hospital in Ilorin with request for HIV screening ordered by the marriage counseling unit of their religious institution as a precondition for their marriage. This action is, no doubt, an important initiative on the part of the religious institutions in the control of the deadly disease that target adolescents who are the most vulnerable group. Health workers have important role to play in this regard. Health workers are not only to support the initiative, but should champion the course through counseling of youths/adolescents to encourage them to undergo voluntary HIV test.

This study was carried out to determine the attitude and perception of trained health workers toward routine pre-marital HIV screening. As a major stakeholder/partner in any control programme, their views and opinion about pre-marital HIV screening will go along way to determine its success in term of public acceptability and the implementation.

METHODOLOGY

This descriptive cross-sectional survey was conducted at the University of Ilorin Teaching Hospital in Ilorin. All trained health workers were the target population of the study. Structured questionnaires were distributed to all relevant units/departments of the hospital. The self-administered questionnaire contained questions that elicited information on attitude and perception of the respondents towards pre-marital HIV screening. A total of 420 questionnaires were distributed to the staff in their various units/departments, 300 were properly completed and returned for necessary analysis giving a response rate of 71.4%.

Data analysis was done using the EPI-INFO computer software. Cross-tabulations were done where necessary and Chi-square analysis used to determine statistical significance of differences in some of the observations. Level of significance was set at P-value <0.05.

RESULTS

The age range of the respondents was 20-49 years with a mean of 32.8 ± 6.6. About a third of them (33.3%) were aged between 26-30 years, and their professional status is highlighted in Table 1. Females constituted 46.7% of the respondents while the rest 160(53.3%) were males. One hundred and fifty-five (51.7%) respondents were married, 100(33.3%) were single, 40(13.3%) separated, while only 5(1.7%) were divorced. Less than half of the total respondents (43.3%) were Muslims while 170(56.7%) were Christians.

Majority of the respondents 215(71.7%) were aware that some religious institutions are enforcing HIV screening on couples intending to get married. Most of them 270(90%) agreed that pre-marital screening is necessary and 280(93.3%) said it is advantageous to couples intending to get married. Although more than half of the respondents (56.7%) believed that the screening has some disadvantages, as many as 205(68.3%) were in support of the enforcement of the practice for people intending to get married (Table 2). While most of the respondents 260(86.7%) agreed that religious leaders/institutions have important roles to play in HIV control programme, majority 265(88.3%) preferred that Government health facilities be used as venue where HIV screening should be conducted; and 190(63.4%) felt that couples

should be the initiator of request for the screening. On the issue of decision on whether or not the marriage should be contracted following a positive result in one or both partners, 180(60%) were of the opinion that the couple should be allowed to decide. Medical doctors were mostly preferred by the respondents as people to reveal the test results to the couples 275(91.7%) (Table 3).

Among those respondents who believed that the screening is necessary and advantageous, a higher proportion of them were in support of the enforcement and were willing to encourage and counsel couples to undergo pre-marital HIV screening as against a lower proportion of respondents who believed the test is unnecessary nor advantageous and hence were not in support of it and would not be willing to encourage or counsel couples to go for the test. This difference is statistically significant (Table not shown). Sex, marital status and religion have no significant effect on whether or not the respondents had ever been screened before (Table not shown). Similarly, respondents' professional status did not make any significant difference on the support expressed for the enforcement of the pre-marital HIV screening or their willingness to counsel couples to undergo the test (Table 4).

The advantages of pre-marital HIV screening listed by the respondents included: opportunity to know HIV status of the couples, prevent HIV transmission to uninfected partner, early treatment/intervention for positive victims and to know couples that should not get married. The reasons against enforcing pre-marital HIV screening were ethical violation of couple's right, stigmatization associated with positive result, possibility of increase spread by partners testing positive and belief that marriage is a personal affair (Table 5). The reasons given by 50 respondents who were not willing to encourage or counsel couples on pre-marital HIV testing were lack of treatment for positive victims 29(58%), afraid of any involvement in disclosing positive result to victims 9(18%), fear of been involved in action that could lead to break in marital relationship 5(10%) and lack of personal interest on the issue 7(14%). The suggestions given by the respondents to ensure general acceptability and implementation included: pre-marital counseling of couples, making the test voluntary and free of charge for couples and training of health workers on how to carry out counsel to encourage and convince couples to voluntarily undergo pre-marital HIV screening (Table 5).

Table 1: Respondents' age distribution and profession

Age group (years)	**Frequency**	**%**
< 26	40	13.3
26 - 30	100	33.3
31 - 35	50	16.7
36 - 40	65	21.7
41 - 45	40	13.3
46 - 50	5	1.7
Total	**300**	**100**
Respondents' Profession	**Frequency**	**%**
Nurses/Midwives	120	40.0
Doctors	70	23.3
Lab Technologist/Technician	35	11.7
Pharmacists	35	11.7
Other Paramedics*	40	13.3
Total	**300**	**100**

*(Other paramedics = Health record Officers, Community health Officers, Physiotherapist and Medical Social Workers)

Table 2: Some of the respondents' views / opinion towards pre-marital HIV screening

	Frequency (%)		
Expressed view / opinion	**Yes**	**No**	**Total**
*Agreed that premarital HIV screening is necessary	270(90)	30(10)	300(100)
*Aware that premarital HIV test is been practiced	215(71.7)	85(28.3)	300(100)
*Premarital HIV screening is advantageous to couples	280(93.3)	20(6.7)	300(100)
*Premarital HIV screening has disadvantages	170(56.7)	130(43.3)	300(100)
*Support enforcement of premarital HIV screening	205(68.3)	95(31.7)	300(100)
*Willing to counsel couples on Premarital HIV screening	250(83.3)	50(16.7)	300(100)
* Religious institutions have role in HIV control	260(86.7)	40(13.3)	300(100)

Table 3: Respondents' opinion on where test should be carried out, who initiates and disclose test results and who makes the final decision on whether or not a couple should get married when one or both of them are positive for HIV

A. Health facilities where Pre-marital HIV test should be done:

Type of health facility	**Frequency**	**Percentage (%)**
Government health facilities	265	88.3
Missionary health facilities	20	6.7
Private health facilities	15	5.0
Total	**300**	**100**

B. Persons who should initiate pre-marital HIV test:

Category of persons	**Frequency**	**Percentage (%)**
Couples	190	63.4
Health workers	55	18.3
Religious Leaders	45	15.0
Parents	10	3.3
Total	**300**	**100**

C. Persons who make decision on whether a couple should get married or not after the test:

Category of persons	**Frequency**	**Percentage (%)**
Couples	180	60.0
Health workers	90	30.0
Parents	20	6.7
Religious Leaders	10	3.3
Total	**300**	**100**

D. Persons expected to reveal Pre-marital HIV test results to the couples:

Category of persons	**Frequency**	**Percentage (%)**
Medical Doctor	275	91.7
Laboratory Officers	15	5.0
Religious Leaders	10	3.3
Total	**300**	**100**

Table 4: Respondents' profession in relation to whether or not they support enforcing pre-marital testing and their willingness to counsel couples to undergo the screening

	Support enforcement of Pre-marital HIV screening		
Respondents' Profession	**Yes**	**No**	**Total**
Nurses/Midwives	75	45	120
Doctors	54	16	70
Lab Technologist/Technician	26	9	35
Pharmacists	25	10	35
Other Paramedics*	25	15	40
Total	**205**	**95**	**300**
		(P value =0.2182	X^2 = 5.75 df =4)

	Willingness to counsel couples to undergo Pre-marital HIV screening		
Respondents' Profession	**Yes**	**No**	**Total**
Nurses/Midwives	98	22	120
Doctors	59	11	70
Lab Technologist/Technician	30	5	35
Pharmacists	29	6	35
Other Paramedics*	34	6	40
Total	**250**	**50**	**300**
		(P value =0.9720	X^2 = 0.51 df =4)

*(Other paramedics = Health record Officers, Community health Officers, Physiotherapist and Medical Social Workers)

Table 5: Advantages of the screening, reasons against enforcement of the test and suggestions relating to pre-marital HIV screening given by the respondents. Advantages given by the respondents (Multiple responses; N=280)

Advantages	**Frequency**	**Percentage**
Knowing HIV status of the couples	190	67.8
Prevent transmission of HIV to uninfected partner	168	60
Early detection and treatment	78	27.9
Identification of couples who should not get married	31	11.1
Reasons against enforcement of pre-marital screening (multiple responses; N=95)		
Reasons given	**Frequency**	**Percentage**
Ethical violation of self right	42	15.0
May cause stigmatization/ discrimination	37	13.2
May increase spread by diagnosed victims	30	10.7
Marriage is purely personal issue	23	8.2
Suggestions to ensure acceptability and implementation (multiple responses; N=300)		
Suggestions	**Frequency**	**Percentage**
* Pre-marital counseling of couples	159	53
* Pre-marital HIV test should be voluntary	114	38
* Test should be free	108	36
*Post HIV test counseling for couples	63	21
* Training of health workers on HIV counseling	42	14

DISCUSSION

The HIV/AIDS epidemic in Nigeria has rapidly gained momentum and thus making the disease a major public health concern. The prevalence of HIV infection has increased from 1.8% in 1991 to 5.4 % in 1999. This prevalence although lower than those of neighbouring African countries, it

should be considered high in the context of Nigeria teeming population of about 109million (8). Several factors have been documented to contribute to rapid spread of HIV in Nigeria. These include increased sexuality among the youth, majority of whom had sex at early age (9, 10), widespread practice of polygamy or multiple partners and sexual networking; and high prevalence of untreated sexually transmitted infection (8, 11).

The National Action Committee on AIDS (NACA) was constituted in response to this HIV/AIDS epidemic, and the committee has several activities directed towards controlling the disease using a guiding principle of involvement of individuals, groups and communities in the prevention, care and support for HIV victims (12). It is therefore not a surprise that some religious institutions have champion actions directed towards HIV control through mandatory screening for couple who intend to get joined in marriage in such religious institutions or groups.

Routine HIV screening, no doubt, has many benefits, but its practice is still minimal in most countries due to several reasons such as lack of treatment for those who are positive, stigmatization and discrimination against victims and lack of confidentiality in handling of results (1). Hence not many people would want to undergo voluntary HIV screening including health workers themselves.

A study done among health workers to determine their willingness to undergo HIV testing showed that more than 25% of them were not willing to undergo the test even for no fee charge (13). In the present study about 90% of the health workers agreed that the procedure is necessary for couples and over 75% of these were willing to provide counseling and encouragement to couples so that they can have the test carried out. These positive attitudes among the health workers towards pre-marital HIV screening could be due to their educational and professional status / background.

Ninety-five respondents were not favourably disposed to enforcement of couples to undergo pre-marital HIV screening their main reasons were ethical violation of individual right and stigmatization. These are important points that must be borne in mind in HIV screening because one of the major principle of any health education programme is to encourage voluntary action or change rather than compulsion and to ensure behavioural change. In implementing pre-marital HIV testing couple should have adequate counseling on the need for and the benefit of the screening exercise and why they should voluntarily request for the test. Other reasons expressed by respondents who opposed routine pre-marital screening were factual. Lack of treatment modalities for positive victims is a major limiting factor to wide acceptability of any screening programme, since the essence of any screening is to make early diagnosis with a view to instituting immediate intervention or treatment so that the clinical course of the disease may be favourably altered thereby improving the outcome of the disease. Therefore availability of HIV care and treatment services would be a powerful incentive for people to seek counseling and HIV screening. Absence of such service or facility would surely discourage people from wanting to know their HIV status.

Counseling of couples before and after HIV screening, adequate training of health workers on HIV counseling and making the screening free were important suggestions raised by the respondents which, if properly incorporated into routine HIV screening would go a long way to enhance its acceptability and its implementation.

Policy makers should harness initiatives and activities of individuals health professionals, groups and organizations that are directed towards HIV control among youths and young adults so that our social norm of marital life would be encouraged and sustained, while addressing the scourge of HIV / AIDS among this vulnerable group.

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