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Attitude and practice of health care workers in a tertiary health facility towards voluntary counselling and testing for HIV

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KEY WORDS:

Voluntary counselling and testing

Attitudes

Practice

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Abstract

Context: Nigeria is right now battling with the epidemic of HIV/AIDS with a median prevalence of 5.0%. Voluntary counselling and testing (VCT) is being advocated so that people can know their HIV status and modify their behaviour appropriately. Health workers are at risk of contracting and spreading the HIV infection and it would therefore be needful for them to know their status and they also are in a vantage position to promote and encourage VCT. This study was therefore designed to assess their attitude and practice towards this strategy.

Methodology: A cross-sectional descriptive study was conducted among health workers in the University of Benin Teaching Hospital, a tertiary health institution in Benin City, Edo State between October 2002 and April 2003 using a stratified random sampling method in selecting respondents. Information was obtained through the use of self-administered questionnaire.

Results: A total of 242 health workers made up of 48.8% doctors, 33.1% nurses, 11.2% laboratory scientists and 6.9% pharmacists were involved in the study. Mean age of respondents was 35.8 $\pm$ 8.7 years. One hundred and seventy four (71.9%) had actually been screened for HIV. Eighty-two (47.1%) of these did so voluntarily while it was mandatory for 92 (52.9%) others. A total of 227 (93.8%) appreciated the importance of knowing one's HIV status observing that it will enable them take precautions (52.1%) and enable them commence treatment early, (19.4%).

Conclusion: Since VCT for HIV is an important component of HIV prevention and care, it should be promoted in health care settings.

Introduction

Nigeria is right now battling with the epidemic of HIV/AIDS, with a national median prevalence of 5.0 %.[1] Currently available antiretroviral drugs reduce viral load significantly but cannot eradicate the virus from the host.[2]

Voluntary Counselling and Testing (VCT) is being advocated because it has been shown that it will enable individuals, whether they test positive or negative to change their behaviours in ways that should reduce rates of HIV transmission.[3, 4] VCT is the process by which an individual undergoes pre-test counselling to enable him or her to make an informed choice before being voluntarily tested for HIV. Knowledge of HIV status through VCT can be a motivating force for HIV positive or negative persons to adopt safer practices, while it enables sero-positive people to take measures of reducing the risk of their transmitting the infection to people not infected and those who are sero-negative to remain so. VCT will also facilitate access to preventive services for sero-negative persons and is a key entry point to care and support services for those who are sero-positive.

Health workers are at risk of contracting and spreading HIV infection in the course of their work. They could be exposed to the risk of infection from percutaneous injuries with contaminated needles and sharp instruments.[5, 6] An HIV positivity of 1.2-1.6% among health workers has been reported in Ibadan.[7] It would therefore be needful for health workers to know their HIV sero-status. They are also in a vantage position to promote and encourage VCT. This study was therefore designed

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to assess their attitude and practice towards voluntary testing and counselling.

Materials and Methods

This was a cross-sectional descriptive study carried out among health workers in the University of Benin Teaching Hospital, a tertiary health institution in Benin City, Edo State between October 2002 and April 2003. A total of 242 health workers (doctors, nurses, laboratory scientists and pharmacists) were involved in the study and selection was by stratified sampling method among these different cadres of health workers. The minimum sample size was calculated using the formula $p \times q/(SE)^2$, where p = prevalence, q = 100-p and SE-Sampling error tolerated.[8] Therefore, using a prevalence of 50% and sampling error of 5%, minimum sample size required was 100.

A structured, self-administered questionnaire was the tool used for data collection. The questionnaire was pre-tested among health workers at the Central Hospital, Benin city and necessary amendments were made subsequently. A total of 259 questionnaires were administered out of which 242 were retrieved giving a response rate of 93.4%. Data was analysed using SPSS computer programme.

Results

A total of 242 health workers made up of 113 (46.9%) males and 129 (53.2%) females were involved in the study. The mean age was 35.8 $\pm$ 8.7 years. The professional designation of the respondents is presented in Table 1.

Table 1: Professional designation of respondents

Occupation	frequency	%
Doctors	188	48.8
Nurses	80	33.1
Laboratory scientists	27	11.2
Pharmacists	17	6.9
Total	**242**	**100.0**

Overall, one hundred and seventy four (71.9%) of the respondents have been tested for HIV. Disaggregated by professional categories, comparatively more doctors 107 (90.7%) than the other professional categories, 77.8% of the laboratory scientists, 64.7% of the pharmacists and 43.8% of the nurses had undergone the HIV test. Of those that had been tested, testing was mandatory for ninety-two (52.9%) while it was voluntary for the remainder. Of those who had not been tested for HIV, 44.1% indicated a willingness to undergo the test in the future.

Two hundred and thirty one (95.5%) of the respondents considered themselves at risk of HIV infection while the remainder did not. The highest proportion of those who considered themselves not at risk were pharmacists, (23.5%).Two hundred and twenty seven (93.8%) thought it was important to know one's HIV status and their reasons were to enable them take appropriate precautions, 126 (55.5%) and to be able to start treatment, should they be found positive 47 (20.7%). For the others, interest in just knowing was the reason for 27 (11.9%) while psychological and medico-legal considerations were the reasons for 4 (1.8%) and 3 (1.3%) respectively. Among those who considered it not important, the major consideration was fear for 7 (46.7%) while 3 (20%) thought that the knowledge, especially if found to be positive would lead to reduced productivity and psychological reasons was given by 1 (6.7%) respondent.

A higher proportion of the respondents 159 (65.7%) opined that HIV testing should be mandatory, the highest proportion being laboratory scientists (85.2%). Only 83 (34.3%) were of the opinion that it should be voluntary and the highest proportion was doctors (40.7%), (Table 2). Among those who supported mandatory testing, 126 (79.2%) cited precautionary reasons, 34 (21.4%) thought there is a need to identify positive individuals so that they could initiate treatment and 47 (29.6%) felt people need to know their sero-status. Of those who supported voluntary testing, 15 (18.1%) did so because of the stigma associated with the condition while 4 (4.8%) said, making it mandatory would cause reduced productivity. Six (7.2%) of them said it is unnecessary to make it mandatory, 50 (60.2%) claim it is a personal decision and 53 (63.9%) said it is unethical to make testing mandatory (Table 3).

Discussion

Expectedly, a high proportion of the respondents had been screened for HIV although majority was mandatory. This may be due to the fact that HIV testing is a pre-employment medical requirement in the health facility where the study was done. About half of those who had not been screened would be willing to do the test in the future and their major reason was to know their HIV sero-status.

A high proportion of the respondents considered themselves at risk of HIV infection. This was expected as most of them are involved with at risk procedures, for example, venepuncture, surgeries,

Table 2: Support for mandatory or voluntary HIV screening

Occupation	Mandatory F	%	Voluntary F	%	Total F	%
Doctors	70	59.3	48	40.7	118	100.0
Nurses	53	66.3	27	33.7	80	100.0
Laboratory scientists	23	85.2	4	14.8	27	100.0
Pharmacists	13	76.5	83	23.5	17	100.0
Total	**159**	**65.7**	**83**	**34.3**	**242**	**100.0**

contact with blood and other body fluids.[5, 6] It was interesting to note that some considered themselves not at risk.

This may be because majority in this category were pharmacists who are not directly involved with body fluids of patients. It may also be that there was misinterpretation of low risk to mean virtually no risk at all as has been documented elsewhere.[9]

Table 3 : Reasons for supporting mandatory or voluntary HIV screening

Reason	No	%
Mandatory		
Precaution	126	79.2
Treatment	34	21.4
Knowledge	47	29.6
Voluntary		
Stigma	15	18.1
Reduced productivity	4	4.8
Unnecessary	6	7.2
Personal decision	50	60.2
Unethical	53	63.9

Majority of the health workers (93.8%) are of the opinion that it is expedient to know one's HIV status. The majority (52.1%) considered it so because it would enable them take precautions followed by 19.4% who felt that it would enable them commence treatment early. Among those who considered it not important, the majority, and 46.7% expressed fear of the outcome of the test. This is in keeping with reports by Anochie *et al* at the University of Port Harcourt Teaching Hospital.[10]

A high proportion of the respondents (65.7%) supported mandatory HIV screening. This may be attributed to the fact that health workers understand the risk of HIV transmission to and from patients, hence the need for them to take precautionary measure to reduce their risks. A lower proportion of health workers in this study supported voluntary

HIV testing. This is probably because few understand that mandatory HIV screening is unethical and violates the rights of individuals. It may also be that few know that it is only through voluntary counselling and testing for HIV that the HIV scourge including the stigma and denial associated with the condition will reduce.

This study has shown that there is a negative attitude and practice towards voluntary counselling and testing for HIV in this group of health care workers. We recommend that there should be intensive training of all health care workers on the importance of VCT for HIV so that they will be proponents of this strategy.

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