

Discordance Between HIV-Related Knowledge and Attitudes: Dilemma for Educational Interventions

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Introduction

- Despite being in the fourth decade of the HIV epidemic and the availability of very effective medications to control the infection, HIV related discrimination among professionals remains as a major obstacle to effective HIV prevention.
- Discriminatory attitudes and actions by health professionals towards people living with HIV (PLHIV) or perceived to have HIV are not uncommon.
- We explored knowledge and attitudes of professionals towards HIV before and after an intensive, full time training in HIV/AIDS.

Methods

- Two groups of mid career HIV professionals in eight Asian (n = 04) and African (n = 04) countries, attending a three month intensive HIV prevention and management program in Sydney in 2012 and 2013 were invited to participate.
 - Countries included: Botswana, Cambodia, India, Indonesia, Myanmar, Nigeria, Tanzania, Zambia.
- Training was provided in HIV prevention, care, and treatment issues. There were no training sessions specifically on HIV related attitudes, stigma and discrimination, however those were probably addressed during various lectures/discussions.
- A pre tested self administered questionnaire on HIV-related knowledge and attitudes toward people living with/perceived to have HIV/AIDS were completed at the commencement and the end of training period.
- Individuals who answered $\geq 75\%$ of HIV-related knowledge questions correctly were considered as "high scorers", whilst those who scored $< 75\%$ were considered as "low scorers".
- Answers to questions assessing attitudes were compared separately.
- Ethics approval was received from the University of Sydney

Results

- All 23 males (56.1%) and 18 females (43.9%) participated in the study.
- Mean age was 40.3 years (SD 7.3, range 20-55 years).
- There were 18 (44%) physicians, 7 (17%) nurses and 16 (39%) other professionals who work as counsellors/educators or managers in HIV-related professions.
- Seven (17%) had doctoral degrees, 22 (53.7%) had MSc, and 12 (29.3%) possessed an undergraduate/post graduate diploma or other degree.

HIV-Related Knowledge	Pre test	Post test
Self rating advanced knowledge in HIV	10 (25%)	27 (66%)
Basic HIV knowledge score $\geq 75\%$	37 (90.2%)	37 (90.2%)
Basic HIV knowledge score $\leq 75\%$	04 (9.8%)	04 (9.8%)

HIV-Related Attitudes	Pre test			Post test		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
HIV is a punishment for bad behaviour	0	2 (4.8%)	39 (95%)	1 (2.4%)	1 (2.4%)	39 (95%)
PLHIV are promiscuous	2 (4.8%)	8 (19.5%)	31 (75.6%)	2 (4.8%)	2 (4.8%)	35 (85%)
I would be ashamed if my family member was HIV+	18 (44%)	3 (7.3%)	20 (48.7%)	0	3 (7.3%)	38 (93%)
Patients should be quarantined to prevent spread of HIV	1 (2.4%)	1 (2.4%)	39 (95%)	0	0	41 (100%)
Testing should never be done without the patient's consent	31 (76%)	7 (17%)	3 (7.3%)	19 (46%)	12 (29%)	10 (24.3%)
I feel comfortable working with a HIV positive co-worker	37 (90%)	3 (7.3%)	1 (2.4%)	38 (93%)	3 (7.3%)	0
I feel comfortable in buying food from a food seller with HIV infection	39(95%)	2(4.8%)	0	40(98%)	1(2.4%)	0
Healthcare workers have a responsibility to provide services for PLHIV	38 (93%)	1 (2.4%)	2 (4.8%)	40 (98%)	1 (2.4%)	0
Medical/nursing students should be able to opt out of providing services to PLHIV	2 (4.8%)	3 (7.3%)	36 (88%)	7 (17%)	5 (12%)	28 (68%)

Highlights

- Self rating of knowledge in HIV as 'advanced' was increased from 25% to 66% following 03 months of intensive HIV training.
- Basic knowledge related to HIV was $\geq 75\%$ in 90% of participants during pre and post tests.
- There has been a notable improvement in attitudes about having a family member with HIV.
- Persistent discriminatory attitudes towards HIV were observed in some professionals even after receiving extensive training in HIV.

Conclusions

- The educational intervention resulted in substantial improvement in self-rating of HIV-related knowledge.
- Discriminatory attitudes were observed at unacceptable levels even after extensive training in HIV.
- Further research is required to identify effective and culturally appropriate means of addressing HIV-related stigma and discrimination among health professionals.

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