
Integration of SRH/ STI/HIV services; Baseline assessment of knowledge in primary health care workers

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Background: Integration of STD/HIV services into maternal and child health services is an important strategy in STD/HIV prevention in the community. Assessing the base line knowledge of primary health care workers on STD/HIV is crucial in successful implementation of the above strategy.

Objective: To assess the STD/HIV knowledge among primary health care workers in a selected district.

Method: A descriptive cross sectional study was carried out among 255 primary health care workers using the convenient sampling method in Gampaha district. Data were collected by using a self administered questionnaire and analyzed using SPSS Version 17.

Results: The majority of the sample (31.4%) was between 40- 49 years and consisted mainly of public health midwives (86.7%). The highest percentage (34.9%) had worked in the current position for more than 20 years. Only 29% of the sample knew all four methods of HIV transmission. The majority (82.4%) rejected all misconceptions of HIV transmission. The majority (>80%) had satisfactory knowledge on HIV transmission in health care setting. Only a very small number (0.4%) knew the commonest symptoms of STIs. A small percentage of the sample (12.5%) had the knowledge on MTCT of STIs and only 18.8% knew stages of MTCT of HIV. Although the majority (83.9%) knew that VDRL should be performed early in pregnancy 62% of the sample was unaware why it is done.

Conclusions: The knowledge of primary health care workers on MTCT of STI/HIV, testing, necessary referral is not satisfactory.

Recommendations: well structured sustainable programmes should be conducted. The curriculum should be updated.

Introduction

Around 340 million new cases of curable sexually transmitted diseases (STDs) are estimated by the World Health Organization (WHO) to have occurred throughout the world in 2005 in men and women aged 15-49 years. In developing countries, STDs and their complications rank in the top five disease categories for which adults seek health care. In women of childbearing age, STDs even excluding HIV are second only to maternal factors as causes of disease, death and healthy life lost. Most sexually transmitted diseases including HIV are known to be transmitted from an infected pregnant mother to her newborn.

The scale of the STD problem is too great to be dealt with in specialized STD centers alone, and steps must be taken to expand and integrate STD management in primary health and other health centers. (1)

Support for integrated reproductive health services has grown worldwide with the evolving HIV epidemic. The concept was strongly endorsed at the 1994 International Conference on Population and Development in Cairo. Since then, numerous international health and development organizations have called for integration of STD, HIV/AIDS, family planning and MCH programmes. (2)

The targets set by WHO includes reducing HIV infections in children by 90% by 2015 and eliminating congenital syphilis (ECS). The strategic directions to achieve this include integrating interventions for ECS, prevention of mother to child transmission (PMTCT)

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of HIV infection, and STD prevention into the maternal and child health services (MCH) services.(3) The logic behind integrated services is straightforward. Women who defer treatment for a suspected STD rather than risk the social stigma of using an STD clinic would probably feel more comfortable seeking care at a family planning or MCH clinic that they already patronize. And because STDs can affect not only a woman's health but also contraceptive efficacy, fertility and neonatal outcome, the incorporation of STD diagnosis and treatment into family planning and MCH services could mean better contraceptive and obstetrical results. Such "one-stop" shopping also offers the potential for cost savings and more efficient use of often-scarce resources.(4) But there are barriers for the successful implementation of the programme. Many clinics do not have the resources to provide full-scale STD services to their clients. For example, many do not have the staff to handle the increased responsibilities or the funding to hire more personnel. Clinic staff is often not trained to treat STDs, and programs may not be able to afford the ongoing training and supervision required to ensure quality services. Space for examination rooms and private counseling sessions is not always available, and STD drugs may be too expensive or difficult to procure. Community outreach is important to a program's success, but requires funds for developing outreach materials as well as staff time.

Sri Lanka has a well established system of delivering health care services at grass root level .The medical officer of health (MOH) plays the key role with the support of the public health staff. National response for the integration of reproductive health services should include assessment of the situation, training of staff, provision of guidelines, supervision, management, monitoring and evaluation. This study was carried out to assess the baseline knowledge of public health staff on STD/HIV.

Methodology

A descriptive cross sectional study was carried out among 255 primary health care workers using the

convenient sampling method in Gampaha district. Out of the 15 MOH areas in Gampaha district 12 MOH areas participated in this study which was carried out during the period of July to September, 2011. Data was collected by using a self administered questionnaire and analyzed using SPSS Version13. After the health care workers responded to the questionnaire the investigators educated the participants on STD/HIV and the importance of prevention of mother to child transmission of STD/HIV. Leaflets on prevention of mother to child transmission were distributed to primary health care workers which were to be used as IEC material in antenatal clinics.

Results

The majority of the sample (31.4%) was between 40- 49 years and 28.20% were aged more than 50 years. The sample consisted mainly of public health midwives (86.7%).The highest percentage (34.9%) had worked in the current position for more than 20 years.

Only 29% of the sample knew all four methods of HIV transmission. Majority (54.1%) of the sample knew at least three main modes of transmission. Only 31% knew about MTCT of HIV/AIDS.

The misconceptions assessed were transmission via mosquito bites, by sharing meals with an infected person, by sharing toilets with an infected person and by using the same swimming pool with an infected person .The majority (82.4%) rejected all misconceptions of HIV transmission. Most (93.8%) rejected HIV transmission via mosquito bites.15.9% of the sample was not aware that HIV is not transmitted by sharing common toilets.

The majority (>80%) had satisfactory knowledge on HIV transmission in health care setting. When asked whether a HIV infected person can look healthy the majority (94.5%) responded positively. When asked whether HIV can be transmitted to other mothers and babies in the same labour room if universal

precautions are adhered the majority (86.3% and 82.7% respectively) responded correctly.

Health care workers were asked to name 5 common symptoms of sexually transmitted infections. The majority (33.3%) could name only two STI symptoms. 56.2% of the sample were aware of abnormal vaginal discharge as a STI symptom. Only a very small number (0.4%) could name all 5 commonest symptoms of STIs.

When asked to name two STDs that cause abnormal vaginal discharge the majority (87.10%) could name only one. Only 56.7% of the sample named two diseases causing genital ulcers correctly. A small percentage of the sample (12.5%) had the knowledge on MTCT of STIs. only 18.8% knew all three stages of MTCT of HIV.

Although the majority (83.9%) knew that VDRL should be performed early in pregnancy 62% of the sample was unaware why it is done.

Discussion

The burden of STD/HIV is felt by societies mainly when they realize the possibility and the consequences of mother to child transmission. The maternal and child health clinics are the ideal places to discuss and educate the community on STD/HIV and their consequences on the unborn child. Sri Lanka has a well established system of maternal and child health clinics under the supervision of the Medical Officer of Health (MOH). The public health midwives play the leading role in these clinics. Therefore educating them on STD/HIV is a crucial step if we are planning integration of STD/HIV services to MCH services.

According to the study the knowledge of the public health staff on HIV is satisfactory but their knowledge on STD is inadequate. The main reason for this could be the training programmes conducted so far has concentrated on HIV prevention only.

But on the other hand Gampaha is part of the Western province which gets a lot of training programmes and resources. The situation in other areas in the country could be different. Therefore similar studies carried throughout the country will give a better picture.

The reason for this lack of knowledge of the public health staff may be due to unavailability of regular updates on the subject.

Conclusion

The knowledge of primary health care workers on modes of transmission of HIV is inadequate. The knowledge on transmission of HIV in the health care setting is satisfactory. The knowledge on MTCT of STIs/HIV is inadequate.

Recommendations

Well structured sustainable training programmes should be conducted for public health staff on STD/HIV. The curriculum of public health staff should be updated on STD/HIV and on mother to child transmission.

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