



SAMA
CONFERENCE
2018

17 - 19 AUGUST
2018 SUN CITY
Patient Centred Care



**The attitudes towards HIV and
perceptions of HIV services at
PHC facilities in Chatsworth,
June 2017**

I. Dayaram, K. Pillay, K. Theophilus and Z. Timol

Supervisor: Prof. M. Taylor

Background

- 7,06 million people are living with HIV in South Africa in 2017 ^[1]
- HIV testing and counselling, the first part of the continuum of HIV care, and treatment are integral to curbing this epidemic
- However, only 46% have accessed treatment and are currently on ART ^[1]
- Discrimination, a lack of knowledge and apprehensive attitudes towards primary healthcare services create a barrier against prevention and treatment of HIV. ^[2]
- Determining the perceptions of individuals with regards to accessing services available will assist in implementing effective programs to overcome psychosocial barriers hindering service delivery.

Objectives

- To determine which PHC facilities are accessed for HIV services and for what reasons
- To assess the various attitudes people have regarding HIV and treatment at PHC facilities
- To identify the barriers to care at PHC facilities

Methods

- **Study setting:** Chatsworth Centre, a popular shopping mall, table set up outside Shoprite
- **Study period:** June 2017
- **Study design:** Observational, descriptive cross-sectional study
- **Study population and sampling:** Non-probability convenience sampling of males and females between the ages of 18 and 65 with a sample size of 100
- **Data collection:** A standardised questionnaire of 23 questions in English to collect quantitative data. Participants were assisted by an investigator.
- **Data analysis:** Data entered into and analysed with Microsoft Excel®
- **Permissions:** Ethics approval from BREC(BE135/ 17). Signed permission obtained from Chatsworth Centre. Signed informed consent from every participant.



SAMA
CONFERENCE
2018

Results

17 - 19 AUGUST
2018 SUN CITY
Patient Centred Care

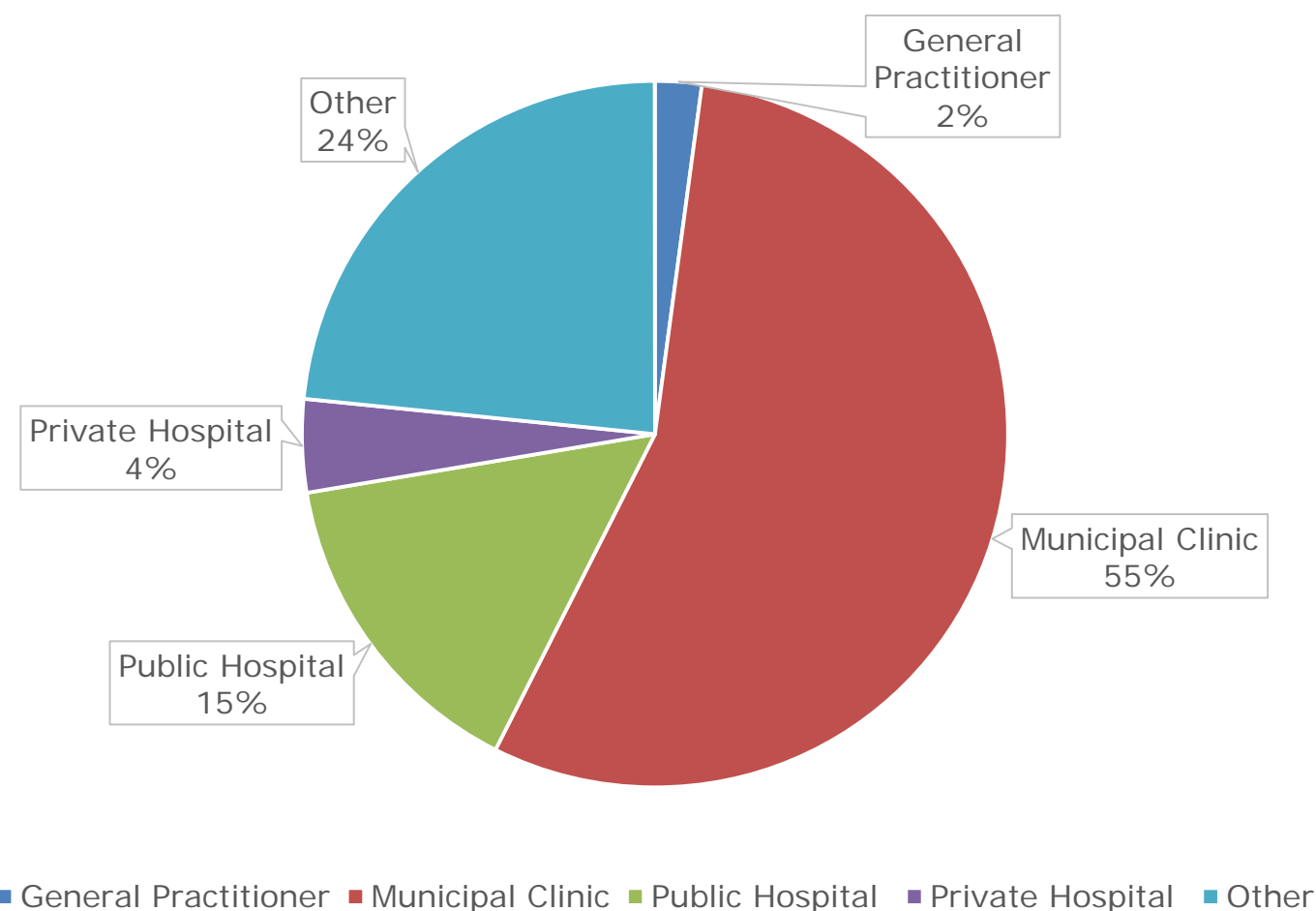


Figure 1: Facilities used for HIV testing in the previous year by people in Chatsworth, June 2017 (n=47)

- 47 participants (47%) had been tested in the previous year
- Over half (55%) had been tested at municipal clinics



Results



Table 1: The reasons given for the choice of a public or private facility for HIV testing by people in Chatsworth, June 2017 (n=97)

<u>Reason for Choice</u>	<u>Type of Facility</u>			
	<u>Public (n=66)</u>	<u>Percentage (%)</u>	<u>Private (n=35)</u>	<u>Percentage (%)</u>
Convenience	42	63	11	31
Quality of Service	3	4	10	28
Waiting Time	2	3	8	22
Confidentiality	7	10	6	17
Caring Healthcare Workers	3	4	3	8
Cost of Care	17	25	3	8
Other	1	1	0	0

- Participants could pick more than one type of facility. 62 participants would visit a public facility, 31 a private facility and 4 both. 2 would choose other facilities and 1 would not visit any facility.
- The most common reason is convenience, regardless of whether it is public(63%) or private(31%).
- The next highest reported reason in public facilities was cost of care(25%) whereas in private facilities it was quality of care(28%).

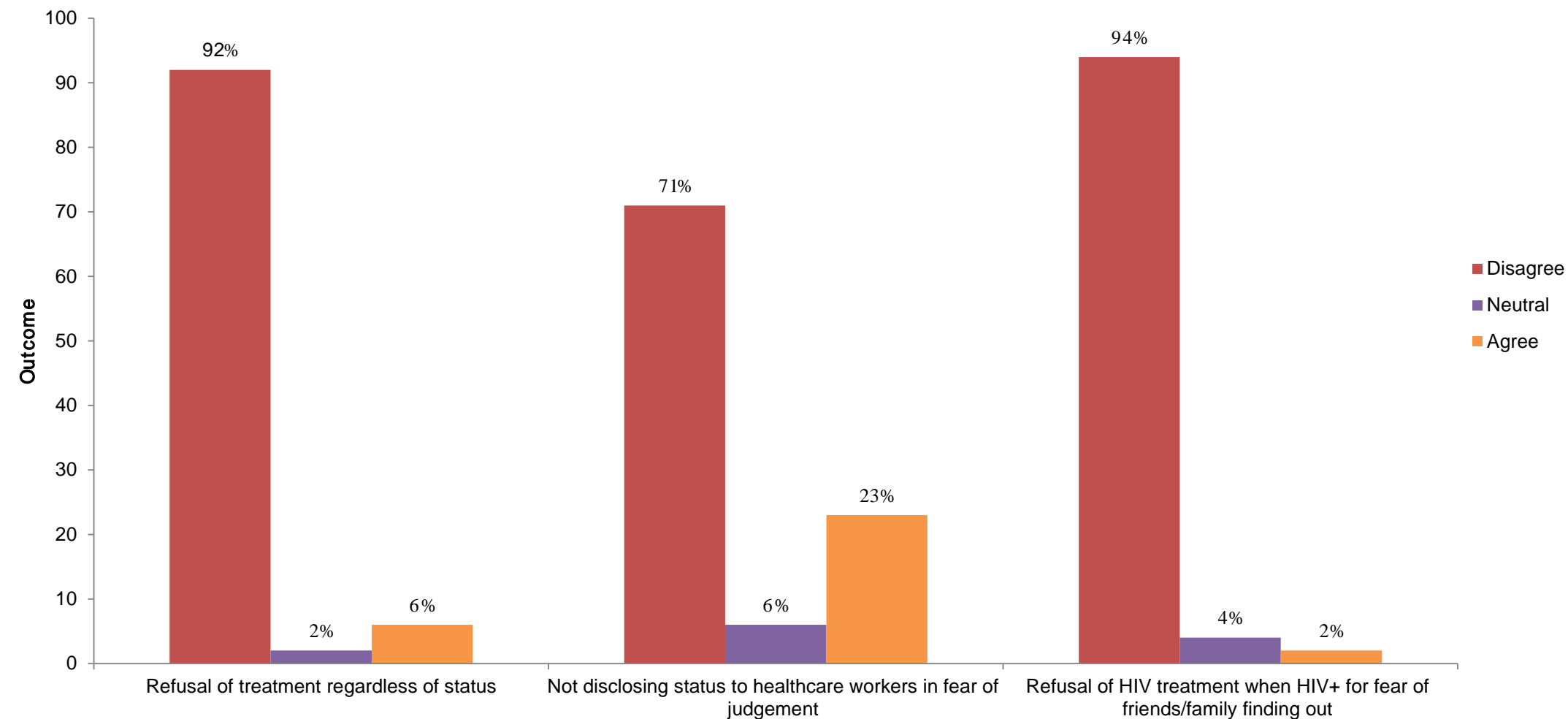


Figure 2: Attitudes, perceptions and knowledge about HIV treatment, testing and counselling in the Chatsworth community, June 2017 (n=100)

- Overall low levels of stigma from family and friends reported by members of community
- However a much higher 23% of participants would not disclose their status to their healthcare worker for fear of judgement

- 47% of participants had been tested for HIV in the last year, far below Department of Health goals.^[3]
- 66% would use a public facility corroborated by 70% having used a public facility to test for HIV in the past year.
- There were differences noted in the reasons between public and private which had not been investigated in this community before.
- Convenience is the greatest factor in choice of facility
- Stigma from friends and family is not reported to affect participants' testing and treatment behaviours whereas this remains an issue in the rest of the country^[4]
- There is still fear of discrimination in the healthcare setting reported by 23% of people which is in keeping with previous studies^[5]

Limitations

- **Selection bias:** study conducted only on weekdays. Conducted at a mall which could exclude people without an income
- **Information bias:** social desirability
- **Sample size:** limited to 100 participants

Conclusion

- Public healthcare facilities are seen to have a lower quality of care as compared to private but are more readily used for HIV services.
- Private facilities are not used as frequently for HIV services, contributing to an overall low uptake of HIV services in this community.
- Stigma from friends and family was unlikely to affect testing and treatment patterns in this community however higher levels of fear of judgement from healthcare workers were reported. This is a possible barrier to continued care.
- Community stigma is unlikely to impede access to care and treatment patterns in this community as opposed to previous research conducted.

Recommendations

- More frequent and larger testing drives
- Further investigation of HIV services at private facilities and interventions targeted to increase uptake of services

- [1] UNAIDS. Fact sheet November 2016|UNAIDS. [http:// www.unaids.org/ en/ resources/ fact-sheet](http://www.unaids.org/en/resources/fact-sheet) (accessed 20 September 2017)
- [2] Treves-Kagan S, El Ayadi AM, Pettifor A, MacPhail C, Twine R, Maman S, Peacock D, Kahn K, Lippman SA. Gender, HIV Testing and Stigma: The Association of HIV Testing Behaviors and Community-Level and Individual-Level Stigma in Rural South Africa Differ for Men and Women. *AIDS and Behavior*. 2017 Jan 5:1-0.
- [3] KwaZulu-Natal Province: Department of Health. Publication of Annual Performance Plan 2015/ 16
- [4] Dos Santos MML, Kruger P, Mellors SE, Wolvaardt G, van der Ryst E. An exploratory survey measuring stigma and discrimination experienced by people living with HIV/ AIDS in South Africa: the People Living with HIV Stigma Index. *BMC Public Health*. 2014; 2014
- [5] Chambers LA, Rueda S, Baker DN, Wilson MG, Deutsch R, Raeifar E, Rourke SB. Stigma, HIV and health: a qualitative synthesis. *BMC public health*. 2015 Sep 3;15(1):848.