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

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• 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 and Methods

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.
Results

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
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)

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- 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%).
Results

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
References


