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Knowledge, attitudes and practices of caregivers about oral lesions in HIV positive patients in NGOs / CBOs in Region, Johannesburg, Gauteng

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2009-10-19T09:21:33Z
http://hdl.handle.net/10539/7368

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Abstract

Title: Knowledge, Attitudes and Practices of caregivers about oral lesions in HIV positive patients in NGOs /CBOs in Region 8, Johannesburg, Gauteng.

Background: The HIV pandemic continues to be a major public health problem in South Africa where 11% of people were infected with HIV in 2005(HSRC, 2005).The care and support of these patients as they eventually become ill will necessitate the increase in use of community-based/home-based/hospice institutions. The City of Johannesburg (CoJ), one of the metropolitan municipalities (local government) in Gauteng Province-SA, has been planning the development and implementation of programmes related to the prevention, care and support for people infected and affected by HIV/AIDS. Care and support has been limited to 18 NGOs/ CBOs. Four of these institutions provide palliative care and are staffed by 64 caregivers. Studies done throughout the world indicate that oral lesions associated with HIV occur in over half of HIV/AIDS patients. These oral lesions seriously impair the oral-health-related-quality of life in affected individuals and necessitate the need to provide services to alleviate them and improve patient comfort. The caregivers in the NGOs/CBOs are therefore pivotal in offering care and support in the management of HIV including the management of oral lesions. In order for the caregivers in the NGOs/CBOs to be able to manage the disease in its entirety; they need optimal knowledge of the infection/illness including the oral manifestations associated with the ailment.

Objectives: (1.) To determine the knowledge of the caregivers in the NGOs/CBOs providing palliative care in Region 8, CoJ, Gauteng regarding common oral manifestations associated with HIV. of the caregivers in the NGOs/CBOs . (2.) To assess the attitudes of the caregivers in the NGOs/CBOs providing palliative care in Region 8, CoJ, Gauteng on common oral manifestations associated with HIV. (3.) To determine the practices of the caregivers in the NGOs/CBOs in Region 8, CoJ, Gauteng, pertaining to the common oral manifestations associated with HIV. (4.) To determine the socio-demographic profile of the caregivers providing palliative care in the NGOs/CBOs in Region 8, CoJ, Gauteng.

Methods: A descriptive cross-sectional study was conducted where all caregivers providing care and support in the four NGOs/CBOs were invited to participate in the study. Data was collected by a customised questionnaire to obtain information on demographics, knowledge, attitudes and practices on providing for HIV positive patients.

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Results: The results were grouped according to training in oral health care (TOHC) and no training (NTOHC). The mean age was 43.5 years for TOHC and 30.8 years NTOHC and was statistically significant ($p<0.005$). There were statistical significant differences in the gender proportions in within groups in the both groups, employment status, work experience as a caregiver and training in general home-based care ($p<0.05$). Most (72.2%) of those NTOHC had little experience (<1 year) of care giving compared to 41.1% ($p=0.03$) and 33.3% were providing care without training in home-based care (HBC) compared to 100% ($p=0.00$). The caregivers trained in oral health care had knowledge levels shown by higher knowledge levels on four of seven variables compared to those who were not trained in oral health care ($p< 0.05$, Table 3.3 p.21). The majority of caregivers NTOHC reported that caring for the mouth of HIV positive patients is an óunpleasant difficult task and poses an infection risk to the caregiversô while these concerns were expressed by the minority of caregivers TOHC ($p<0.05$). Practices performed by caregivers NTOHC were appropriate for **dry mouth**, **difficulty in swallowing** but was inappropriate for bleeding gums and bad breath while those caregivers TOHC provided appropriate advice/practices for **oral thrush**, **bad breath**, **bleeding gums**, **dry mouth** with statistical difference.

Conclusion: The caregivers TOHC had fairly better knowledge, attitudes and practices regarding oral lesions in HIV compared to those NTOHC. There was strong likelihood of knowledge variables and training in oral health care.

Recommendations: Bearing in mind the limitations of KAP surveys and the cross sectional nature of the study, it is recommended that training in oral health care and refresher courses for those trained must be incorporated into the programme of all caregivers working in palliative institutions because it will provide specialised knowledge about oral health and oral lesions in HIV improve their knowledge, attitudes and practices and thus provide a better service to their patients.

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