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Knowledge, attitudes and practices of HIV positive patients regarding disclosure of HIV results at Betesda Clinic Namibia

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KNOWLEDGE, ATTITUDES AND PRACTICES OF HIV POSITIVE PATIENTS REGARDING DISCLOSURE OF HIV RESULTS AT BETESDA CLINIC NAMIBIA

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree

Of

Masters in Family Medicine

Johannesburg 2011

DECLARATION

I, Penelope Tom declare that this research report is my own work. It is being submitted for the Masters degree in Family Medicine in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

.....Tom..... [Signature]

.....20.....day of .....SEPTEMBER..... [Month], 2011

DEDICATION

To my family
for their support and understanding

Abstract

Background: HIV prevalence is increasing and more people are being infected despite the messages and the advertising.[1] Namibia has one of the highest HIV/AIDS prevalence rates in the world of 21.3% as at end of 2002. Two hundred and ten thousand people were estimated to be living with HIV/AIDS, more than one in five adults.[2] Disclosure is very important for the prevention and control of HIV infection and is an essential part of behaviour modification, access and adherence to treatment.

Aim: To determine knowledge, attitudes, and practices of HIV positive patients regarding disclosure of HIV results at Betesda clinic in Namibia. **Objectives:** To determine the participant profile, reasons for disclosure and non disclosure, to explore attitudes, knowledge and to understand practices of HIV positive patients with regard to disclosure of HIV results.

Methods: This was a cross-sectional descriptive study done at Betesda clinic a private clinic in Katutura a high density suburb of Windhoek. Two hundred and sixty three HIV positive patients tested after 2004 were entered into the study. Convenience sampling of all willing HIV positive patients was done. A questionnaire was used; a professional interpreter and a counsellor were available. Permission to conduct the study was obtained from Betesda management; ethical clearance was obtained from the Post Graduate Committee and Human Research Committee of the University of the Witwatersrand. Epi Info statistical software package version 3.4.1 July 3 2007 was used to analyze data. An expert statistician was utilized to assist with analyzing data.

Results: Two hundred and sixty three respondents were entered into the study. Sixty four percent were males, 41% were married, 28% were single, and 27% were cohabitating. 68% responded positively to what they thought about disclosure. Reasons for disclosure were 32% needed help, 25% partner to go for testing and 20% to let relatives know. Reasons for non disclosure were mainly fear of gossiping 79%. Seventy three percent had disclosed 60% within one week of knowing the results. Seventy three percent had disclosed to their partners, 23% had disclosed to more than one person. People's reactions were 43% supportive, 29% understood, 9% accepted and 6% angry. Upon disclosure 40% received help, 24% partners were tested, 23% received psychological support and 5% were stigmatized. Disclosure was found to be higher among the married and cohabitating. **Conclusion:** Knowledge of disclosure was positive; most thought disclosure was important and good. Attitudes and practices towards disclosure were encouraging; people were disclosing but to trusted individuals in the society and fear of stigma was still there but actual stigma was very low.

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Symbols and Abbreviations

AIDS - Acquired Immune-deficiency Syndrome

Cl - Confidence Interval

df - degrees of freedom

Fig - figure

HIV - Human Immuno-defiency Virus

UK - United Kingdom