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Full Length Article

Knowledge and attitudes about HIV infection and prevention of mother to child transmission of HIV in an urban, low income community in Durban, South Africa: Perspectives of residents and health care volunteers

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ABSTRACT

Background: HIV prevalence is high among South African women of reproductive age and transmission of HIV from mothers to children is a concern. This study ascertained the level of knowledge about HIV infection and prevention, particularly prevention of mother to child transmission (PMTCT) amongst South African women from a low income community. It also established the challenges in delivering HIV education from the perspectives of health care volunteers.

Method: Female residents (n = 67) from Kenneth Gardens, a low income community in Durban, South Africa were interviewed. In-depth semi-structured interviews were conducted with 12 health care volunteers who were either health care workers or residents who provided some form of social support in the community.

Results: The majority of respondents indicated that a mother could transmit HIV to her child but were unable to specify how. Many women had general HIV/AIDS knowledge but were unable to identify essential prevention behaviours and were not very receptive to more information on HIV/AIDS. They were supportive of routine testing procedures and child bearing amongst HIV positive women. Health care volunteers indicated a need for a community clinic in the area. They also had limited knowledge of PMTCT and indicated that there was a need for more education on HIV, particularly to encourage the youth and men to use preventative measures.

Conclusion: Innovative ways to impart knowledge particularly of PMTCT and updated standards of practice are essential. It is important that the community understands how transmission occurs so that prevention can follow.

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1. Introduction

South Africa has made strides in reducing the number of new HIV infections through a National Strategic Plan for HIV/AIDS with priorities in expanding access to treatment and support services (Department of Health SA, 2007). However, HIV prevalence continues to be high among women of reproductive age, and transmission of HIV from mother to child (MTCT) is a major concern and remains a public health priority (Department of Health SA, 2007; Ginsburg, Hoblitzelle, Sripipatana, & Wilfert, 2007; Manzi et al., 2005; UNAIDS, 2008). Children represent more than 15% of new HIV infections worldwide, and approximately 90% of children become HIV-positive through MTCT (UNAIDS, 2008). The incidence of HIV infection in children in low and middle income countries (LMICs) in 2012 was 260,000 with 90% of these in sub-Saharan Africa (UNAIDS, 2013).

Vertical transmission of HIV from mother to child occurs across the placenta or via breast milk (John & Kreiss, 1996). A more severe maternal infection, indicated by higher viral load and lower CD4 lymphocyte counts, is associated with an increased risk of viral transmission (Lyll et al., 2001). In the absence of any interventions, transmission rates range from 15 to 45% (World Health Organization, 2014) but can be reduced to below 5% with effective interventions such as ARVs, caesarean section deliveries and avoidance of breastfeeding (Cooper et al., 2002; Dorenbaum et al., 2002; European Collaborative Study, 2005). However, the avoidance of breastfeeding is not realistic in developing countries and a large proportion of HIV positive women breastfeed their infants due to social pressure (Becquet et al., 2005; Coutsooudis et al., 2001). Thus the guidelines that SA has adopted for prevention of MTCT (PMTCT) include the promotion of exclusive breastfeeding together with the provision of antiretroviral prophylaxis to all neonates born to HIV-positive mothers (Department of Health, 2013). Additionally all HIV-infected pregnant women are provided with ARVs and counselling during pregnancy (Department of Health, 2013).

In 2012 the HIV prevalence among pregnant South African women attending antenatal clinics was 29%, with the highest provincial prevalence of 37% in KwaZulu-Natal (Department of Health, 2012). According to Goga (2011), one-third of HIV-infected mothers in South Africa received triple-drug antiretroviral therapy (ART) and 20% reported exclusive breastfeeding, both protective factors for PMTCT. Of concern, is that nearly two-thirds of the pregnancies among HIV-infected women were unplanned and this is a risk factors associated with MTCT (Goga, 2011).

Knowledge of HIV/AIDS and PMTCT has been shown to influence the motivation and uptake of ART for PMTCT among women (Duff, Kipp, Wild, Rubaale, & Okech-Ojony, 2010). However, previous studies in rural communities in Africa have indicated that low levels of knowledge regarding PMTCT and misconceptions about the cause of HIV are widespread (Asefa & Beyene, 2013). One of the goals of the PMTCT programme in South Africa is to strengthen community-based activities to enhance the effectiveness of health programmes (Department of Health, 2012). Previous research has

indicated that such community-based activities have been established in the current study setting, however the level of knowledge particularly around HIV and PMTCT of these health care volunteers is unknown.

The aim of this study was to ascertain the level of knowledge and attitudes about HIV infection and prevention particularly PMTCT of HIV amongst South African women residing in Kenneth Gardens, Durban. The study also aimed to understand the key challenges in delivering health care services and HIV education from the perspectives of community health care volunteers.

2. Method

2.1. Study population and sampling

This is a collaborative study between researchers at the Durban University of Technology (DUT) and Virginia Commonwealth University (VCU). Researchers from DUT have been working closely with the Kenneth Gardens community in health and community development projects. Data presented in this paper are a sub-section of a larger study on perceptions of health care particularly regarding HIV and cervical cancer. Permission to conduct the study was obtained from the Institutional Research Ethics Committee (IREC) of DUT and the Institutional Review Board for the Protection of Human Subjects at VCU. Written informed consent was obtained from all participants prior to data collection, between July and September 2013.

Kenneth Gardens is a municipal housing estate, comprising a low income community, within the large metropolitan city of Durban. It offers subsidised housing to approximately 1500–1800 people of a low socio-economic income or with a mental or physical disability. Participants comprised 67 women who are residents in Kenneth Gardens and 12 health care volunteers who were either health care workers or residents who provided some form of service or social support in the community. The health care volunteers were identified by members of the DUT research team through previously established collaborative programmes between DUT and the community. Health care volunteers assisted in participant recruitment by word of mouth. Residents were further recruited using a snowball technique which is effective when recruiting people from a specific population, in this case from Kenneth Gardens only. In order to reduce selection bias, and ensure that participants were members of different social groups, all health care volunteers were asked to help recruit women. Moreover, we had to consider the safety of our research team. As a team of women we were advised not to go door to door, but to have community members come to us in a central location.

2.2. Data collection and management

A mixed methods approach was used, whereby both open and closed-ended questions were part of the questionnaire.

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