# *Identifying What Rural Health Workers in Malawi Need to Become HIV Prevention Leaders*

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*Health workers have high potential as HIV prevention leaders, but health system and individual barriers limit their impact. This descriptive qualitative study identified the HIV prevention needs of rural health workers to use as a basis for tailoring an HIV/AIDS risk-reduction intervention. Data included interviews with 9 health administrators, 22 focus groups with 200 health workers, and 12 observations of caregivers in two rural districts. Health system barriers identified included lack of essential supplies, staff shortages, overcrowded facilities, and lack of training. Individual barriers included hopelessness, stigmatizing attitudes, knowledge gaps, and risky personal behaviors. Health workers also expressed willingness to be HIV prevention leaders and role models. Most results agree with previous African studies. Personal risky behaviors and willingness to be HIV prevention leaders have not been previously reported. Results provide insights for developing effective interventions and health policies to address health workers' HIV prevention needs.*

***Key words:*** *occupational risk, universal precautions, health workers, HIV/AIDS*

Health workers play a major role in reducing the negative impact of the AIDS epidemic, especially in southern Africa where HIV infection rates are the highest in the world (UNAIDS & WHO, 2006). The health system penetrates even the most remote areas, so health workers are already located where they can disseminate HIV prevention widely. Health workers are trusted sources of health information and viewed as role models, so they can effectively promote HIV prevention for their clients and communities (Norr, Tlou, & McElmurry, 1996; Rahlenbeck, 2004; Tarwireyi & Majoko, 2003). Health workers can prevent the spread of HIV in health care settings, which is important because unsafe health care practices may be an important preventable source of HIV infections in many countries, including Africa (Brody & Potteratt 2004; Gisselquist, Potteratt, Brody, & Vachon, 2003; World Health Organization [WHO], 2006). However, little has been done to mobilize health workers as HIV prevention leaders in Malawi or other African countries. Some African countries have

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trained selected health workers in voluntary counseling and testing and/or home-based care (Ezedinachi et al., 2002; McCreary, Mkhonta, Popovich, Dresden, & Mndebele, 2004), but most countries have included only factual information and seldom reached lower level health workers. No African country to date has trained health workers as community peer leaders for HIV prevention.

The purpose of this qualitative descriptive study was to describe the health system and individual barriers that hinder HIV prevention by health workers as well as their interest in being HIV prevention leaders. Results from this preliminary study have been used as a basis for tailoring an HIV/AIDS prevention intervention currently being tested in a larger study (described elsewhere) to mobilize rural health workers in Malawi as leaders in HIV prevention (Norr et al., in press).

## Literature Review

In both industrialized and developing countries, research has shown that health workers have not achieved their potential as HIV prevention leaders (Mccaughey, 2006). In African countries, both observation and surveys have reported a lack of consistent use of universal precautions and inadequate teaching of HIV prevention to clients (Garbus, 2003; Mbanya et al., 2001; Newsom & Kiwanuka, 2002; Nsubuga & Jaakkola, 2005; Orji, Fasubaa, Onwudiegwu, Dare, & Ogunniyi, 2002; Reis et al., 2005; Sadoh, Fawole, Sadoh, Oladimeji, & Sotiloye, 2006; Walusimbi & Okonsky, 2004). Further, occupational exposure to bloodborne pathogens in Africa is high; two recent studies in Uganda reported that 55% to 57% of hospital workers reported a needle-stick injury in the last year (Newsom & Kiwanuka, 2002; Nsubuga & Jaakkola, 2005). Recapping of needles was common in Nigeria and Uganda, respectively (Newsom & Kiwanuka, 2002; Nsubuga & Jaakkola, 2005; Orji et al., 2002). No studies of occupational transmission have been conducted in Malawi (Garbus, 2003).

Both health system and individual health worker barriers have been identified as hampering HIV prevention by health workers. Health system barriers in Malawi and other African countries include chronic, severe shortages of essential resources for prevention such as gloves and disinfectant, staff shortages of trained personnel, and lack of adequate staff training and supervision (Ansa, Udoma, Umoh, & Anah, 2002; Garbus, 2003; Chelenyane & Endacott, 2006; Mbanya et al., 2001; Reis et al., 2005; Sadoh et al., 2006; Walusimbi & Okonsky, 2004). Staff shortages have been exacerbated by out-migration of trained health workers to more affluent countries (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004) and by premature health worker deaths caused by AIDS. Additionally, the burden of patient care has risen sharply because of the AIDS epidemic. In Malawi, HIV/AIDS-related conditions are estimated to account for over 40% of all inpatient admissions (Garbus, 2003). Understaffing and lack of training have been related to higher occupational exposure rates in several African countries (Nsubuga & Jaakkola, 2005; Smit, 2005).

Individual health worker barriers to HIV prevention identified in previous research include knowledge deficits, HIV/AIDS stigmatizing attitudes, reluctance to discuss HIV/AIDS and sexuality, and risky behaviors in their personal lives (Adebajo, Bamgbala, & Oyediran, 2003; Ezedinachi et al., 2002; Kohi & Horrocks, 1994; Mbanya et al., 2001). Several studies in African countries also report stigmatizing attitudes and discomfort in talking to clients about HIV and AIDS among health workers (Adebajo et al., 2003; Atulomah, & Oladepo, 2002; Kohi & Horrocks, 1994; Mbanya et al, 2001; Ofili, Asuzu, & Okojie, 2003; Reis et al., 2005). Fear of contagion was related to knowledge deficits in health workers in Lagos (Adebajo et al., 2003) and among nurses in Uganda (Walusimbi & Okonsky, 2004). Related to stigma, a recent study reported that health workers in Zimbabwe were reluctant to have an HIV test, which inhibited their ability to be role models and to discuss HIV testing with clients (Tarwireyi & Majoko, 2003)

Traditional values in many African countries prohibit open discussion about sexuality, especially with children, and these cultural values may be a contextual factor that especially affects health workers' HIV prevention teaching (Fuglesang, 1997; Lugalla et al., 1999; Susser & Stein, 2000; Uwakwe, 2000). However, similar reluctance reported in other countries warns against interpreting this reluctance as