

Nurses' Experiences Working With HIV Prevention: A Qualitative Study in Tanzania

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Despite the high rates of HIV infections in Tanzania, significant gaps in the depth and comprehensiveness of HIV knowledge persist among the population in Tanzania. The aim of our study was to explore nurses' experiences of providing information about HIV prevention in Tanzania. Semi-structured interviews with open-ended questions were conducted with eight nurses in health care centers. The interviews were transcribed and analyzed using qualitative content analysis as described by Burnard. The results showed that the nurses carried out the preventive HIV work by giving information, offering counseling, and teaching precautions. The nurses faced many challenges: for example, misconceptions about condom use, people's lack of information about HIV, dealing with the stigma attached to HIV, and the lack of resources in the country. The preventive work affected the nurses emotionally, as they felt a sense of social responsibility to help prevent HIV.

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Background

Today, 36.7 million adults and children live with HIV worldwide (Joint United Nations Programme on HIV/AIDS, 2016), and certain regions such as Sub-Saharan Africa are disproportionately affected.

Information and education about HIV are considered the main strategies to prevent its spread (World Health Organization [WHO], 2016). The key to reducing transmission rates is to encourage behavior change, with a focus on supporting safer behavior and sustaining positive change. Behavioral interventions have aimed at providing information, motivation, and education regarding behavior in risky situations. The aim of these interventions is for individuals to gain the correct knowledge, skills, and self-beliefs to limit risk of HIV transmission and acquisition (WHO, 2014).

Transmission of HIV

HIV transmission mechanisms vary across geographical areas (WHO, 2016). In Africa, the main transmission route is through heterosexual intercourse; thus, the use of condoms is emphasized to decrease the prevalence of HIV in this region (WHO, 2016). Africa includes Tanzania, where 80% of HIV transmissions were through heterosexual intercourse (Tanzania Commission for AIDS, 2014). Among children younger than 5 years old, 90% of the infections were caused by mother-to-child transmission (Ministry of Health and Social

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Welfare, 2015), which could be prevented by anti-retroviral therapy and avoiding breastfeeding (Ministry of Health and Social Welfare, 2015). Pregnant women are tested for HIV during their first visit to the clinic in Tanzania. If the mother is infected, the baby is also at risk of becoming infected during the pregnancy, delivery, and breastfeeding. These mothers are followed closely and given antiretroviral therapy, as well as instructions on proper medication use, prophylaxis to the infant when delivered, and to avoid mixed breast and formula feeding (Ministry of Health and Social Welfare, 2015).

Tanzania and HIV Prevention

Significant gaps in the depth and comprehensiveness of HIV knowledge have been identified among the people of Tanzania (National Bureau of Statistics, 2011), a country located in Sub-Saharan Africa with a population of 52 million people (The World Bank Group, 2014). Overall, the level of knowledge about HIV is lower in rural areas compared to cities. Lower levels of HIV knowledge have also been found among people with lower levels of education and among those ages 15 to 24 years (The World Bank Group, 2014). In Tanzania, most HIV prevention programs focus on using condoms, staying faithful to a partner, limiting the number of sexual partners, and delaying one's first sexual encounter (The World Bank Group, 2014).

Tanzania has implemented various policies and strategies to address the HIV epidemic (Tanzania Commission for AIDS, 2014). The Tanzania Commission for AIDS' control program created policies that address all the nation's sectors relating to HIV and AIDS. Thus far, five main goals to prevent HIV have been implemented nationally, and the focus of these goals is on the prevention of new HIV infections in both adults and children (Tanzania Commission for AIDS, 2014). Other aims targeted the problems of behavior change when social and cultural norms, as well as cultural values and practices, were identified as obstacles for prevention behavior. Furthermore, there has been a drive to reduce the probability of infection after exposure has occurred (Tanzania Commission for AIDS, 2014).

Nurses and HIV

Nurses in Tanzania have described their work as filled with much difficulty (Häggström, Mbusa, & Wadensten, 2008). They have expressed feeling overwhelmed due to many duties, the lack of equipment or defective equipment, not having enough training or knowledge, and not being valued by their supervisors. While they try to make the best of the situation to protect their patients, their working conditions paired with certain ethical dilemmas often get in the way, and this has had negative effects on their self-confidence and self-reliance (Häggström et al, 2008). The overwhelming working conditions of nurses working to prevent new HIV infections, combined with the 1.4 million people in Tanzania who are already infected with HIV (Avert, 2015), has led to an urgent need to understand the nurses' experiences related to HIV prevention. Although Tanzania has made advances in improving access to counseling services and HIV testing, infection rates are increasing. Children and adolescents are a particular concern because one-third of the Tanzanian population is ages 10 to 24 years, a range when most people become sexually active (Avert, 2015). Therefore, it is important to understand the experiences of Tanzanian nurses related to HIV prevention in order to inform systems and policy changes that will facilitate their work. The aim of this qualitative study was to understand nurses' experiences when providing information about HIV prevention to patients in Tanzania.

Method

A qualitative design was used and interviews were conducted among nurses working in health care centers in Tanzania. The interviews were conducted, transcribed, and analyzed with descriptive content analysis following the method by Burnard (1991). The study was approved by the Ethical Advisory Board at the Malmö University and was approved by the contact person who also worked as a director. It was emphasized that participation in the study was completely voluntary and that the participants could withdraw from the study at any time without any explanation; all participants were asked to sign a written consent form.

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