

## **An Assessment of the Knowledge, Attitudes and Care Practices of Health Workers on Mental Health Persons Living with HIV/AIDS**

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### **Abstract**

*Evidence has shown that socioeconomic inequalities are an important topic in politics, social sciences and public health research. The common trend is that individuals from low socioeconomic backgrounds are often deprived of essential commodities, in the form of service, that are critical to their wellbeing. Nonetheless, little but surely, these deprivations result in affecting the psychological health of the victims and ultimately may end up causing mental dysfunction. It is against such hypothesis that many scholars have established the link of SES as being a powerful risk factor of mental illness. In light of the above, this study aimed at exploring the association of SES, home environment, HIV/AIDS and mental illness. A more specific approach was to assess the knowledge, attitudes and care practices of health workers on mental Health Persons Living with HIV/AIDS (PLWHA).*

*A mixed method approach was used to carry out this investigation, however, much embedded on the qualitative approached. The study collected primary data study participants through the use of a semi-structured interview guide. The study participants included Nurses and Clinical Officers in Health Centres in Lusaka urban and rural, as well as relatives of the mental health patients. Consent was sought from the ministry of health to conduct the study and all study participants were consented before participating in the study.*

*The study revealed that health workers had adequate knowledge on HIV/AIDS; however, there was evidence on negligence in provision of health care towards mental persons living with HIV/AIDS. Despite a lot of health care reporting to have had training on care for HIV/AIDS persons (90%), the findings revealed that some of them had a negative attitude towards caring for persons living with HIV/AIDS and this affects the quality of care. This study provides strong evidence that SES impacts the development of mental illness directly, as well as indirectly through its association with adverse economic stressful conditions among lower income groups.*

*Based on the findings of the study, there is need for improved awareness on mental health by health providers so that they may have a positive attitude towards to service they deliver and enhance the quality of health care.*

**Keywords:** Knowledge; Attitudes; Practices; Health workers; mental persons; HIV/AIDS; Mental illness.

### **Introduction**

Mental disorders, which include anxiety, depression, schizophrenia, and alcohol and substance use, are highly prevalent and burdensome worldwide (WHO, 2012). Over the years, mental health care has been regarded as being important because it assists the individuals with mental disorders to achieve their optimal capacity in responding to demands of daily living so that they may achieve a better quality of life. Evidence has shown that mental or psychological well-being is influenced not only by individual characteristics or attributes, but also by the

socioeconomic circumstances in which persons find themselves and the broader environment in which they live (Meyer, 2014). There is a growing interest in documenting the role of social factors on the aetiology and evolution of mental disorders, such as the relation between socioeconomic status (SES) and mental health. This is because having understanding of the factors that influence mental health is critical for tailoring interventions and programmes that can improve mental health.

Nonetheless, there is a wide gap of knowledge in this area in Zambia because of lack of systemic

research on this subject compared to Europe and other parts of the world where the subject has been well researched. It has been asserted that the poorer one's socioeconomic conditions are, the higher one's risk is for mental disability and psychiatric hospitalization (Hudson, 2005). In light of the above, this study took keen interest to unveil to current Zambian picture as far as assessing the effect of knowledge, attitudes and care practices of health workers on mental health persons living with HIV/AIDS. The rationale behind this study is not only to contribute to the already existing literature in effect of SES on mental health but also to bridge the gap of the inadequacies of Zambian contextual evidence on mental health care. Therefore, this study would ultimately contribute to policy formulation and interventions as well as informing decision making processes around mental health. Evidence has shown a low stimulus towards mental health issues in Zambia and this, to a great extent, fosters the SES inequalities that may exist as far as mental health care is concerned.

## **Literature review**

There has been a lot of literature surrounding HIV/AIDS knowledge, attitudes and practices of healthcare workers in developing countries. It has been established that even when mental health services are available, patients of low SES are more likely to be treated with pharmacology and less likely to receive any form of psychotherapy (Crosby et al., 2012). Men and women in low SES are less likely to receive mental health treatment of any sort than their urban counterparts (Hauenstein et al., 2006). Those at lower SES also experience more depressive symptomatology compared to their higher SES peers (Everson et al., 2002). Considering this relationship, there is a clear need to research this relationship and identify potential causal pathways upon which we may intervene to promote good mental health among people of lower socioeconomic status.

In an attempt to understand these dynamics, two competing theories of the causal pathway of the association between socioeconomic status and mental illness: the social causation theory and the social selection theory (Hudson, 2005). The social causation theory purports that mental health is affected by adversity and stress associated with low social status; while the social selection theory asserts that people who are

genetically predisposed to mental illness drift down or fail to rise out of poverty. The social causation theory suggests that the inverse relationship between socioeconomic status and mental illness is a function of stressful economic conditions or family fragmentation and lack of support (Hudson, 2005).

However, there has been tremendous research which has revealed that the knowledge, attitude and care practices of health workers also have an effect on the quality of care provided to mental persons. In many Sub-Saharan African countries, there have been concerns about the way and manner some health workers relate to and communicate with patients in health facilities. Reports have been made that health workers, particularly nurses, sometimes do not treat patients or clients well. For instance, Reis et al. (2005) in a study in Nigeria found that a significant number of health professionals showed discriminatory attitudes and engaged in unethical behaviour towards patients with HIV/AIDS.

However, some studies have observed that most nurses reach professional ideals in their interactions with patients or clients during service provision. For instance, a study in Mexico by Fusilier et al. (1998) found that 81 per cent of health care providers interviewed were willing to provide AIDS care. Conversely, early studies conducted in Zambia among nurses revealed that good knowledge of HIV/AIDS, including HIV transmission, is a pre-requisite for quality of health towards PLWHA but majority of the nurses were reported to lack of knowledge about identification of high risk groups, symptoms, diagnostic tests and universal precautions (Chamane, 1997). Another study among nursing staff caring for HIV/AIDS inpatients indicated poor HIV/AIDS knowledge (Dijkstra et. al, 2007), with participants complaining about their lack of training.

Conversely, the attitude of health providers towards PLWHA have been investigated widely, with some studies indicating negative and discriminatory behaviour (Mungherera et. al, 1997; Mbanya et. al, 2001; Reis et. al, 2005; Oyeyemi et. al, 2006). Nonetheless, other studies have revealed more empathic attitude by health providers towards PLWHA (Walusimbi and Okonsky 2004). Clearly from the above set of literature, it is evident that both sides of the coin, as far as attitude of health providers towards

PLWHA, have been witnessed and Zambia is not an exception as it has been stipulated in the studies of Deetlefs et. al (2003) and Smit (2005).

In the study by Shisana et.al, (2004) on the impact of HIV/AIDS on the healthcare sector in Zambia, nearly 50% of the respondents thought that HIV/AIDS had an impact on their work and they were fearful of contracting the disease. This had a great impact on the quality of care. This study revealed that healthcare workers were reluctant to provide care to persons with HIV/AIDS. These sentiments were in contrast with the findings of Smit (2005) in his qualitative study which revealed that more than 50% of health workers expressed empathy and compassion towards persons living with HIV/AIDS despite having fear of infection.

It should be noted that studies have shown that lack of universal precaution adherence and injection safety in developing countries puts both patients and healthcare workers at risk of occupational HIV infection (Kermode, (2004b). For instance, a retrospective analysis done in Zambia of on-duty injury cases among hospital staff identified a high incidence of needle-stick injuries (Ehlers, 2006), while another study revealed that there was incorrect use of sharp containers (Nsabuga and Jokkola, 2005). In light of the above, knowledge on HIV/AIDS and having adequate information of how to prevent contraction among health workers is the best remedy. Ehlers (2006) and HIV/AIDS knowledge has been shown to correlate with attitudes and practices (Dorrington et.al (2006) and to help alleviate the fear of HIV contagion, which seems to be resistant to change among healthcare workers.

Health workers providing care to PLWHA need to acquire new attitudes, knowledge and skill as they confront the multi-disciplinary problems of AIDS care and prevention (Ehlers, 2006). This would foster the agenda toward reduction of stigmatization on HIV/AIDS patients as well as enhance many strategies from the supply side of health care. Negative attitudes about mental illness often are caused by stigma which can interfere with recovery of patients (Weiss et. al., 2006). This could also minimize the contradictions that surround the attitude of health care providers.

## Methodology

The study adopted an empirical and non-experimental design in the sense that (it was carried out in a natural and uncontrolled setup) there was no control group or treatment given to the respondents in order to obtain certain information. However, the research design that was employed to carry out the investigation was exploratory as the study intended to unveil the knowledge levels, attitudes and care practices of health workers on mental health persons living with HIV/AIDS.

The study population comprised of Nurses and Clinical Officers caring for people living with HIV/AIDS in Health Centres of Lusaka urban and rural district, as well as mental patients living with HIV/AIDS (discharged from the mental facility) and relatives of the mental health patients at the Out Patient Department / filter clinic at Chainama Hills Hospital. A target population of 250 participants (10 Nurses and Clinical Officers; 150 relatives; 90 mental health patients living with HIV/AIDS) was sampled for this study. The sample sized was determined based on the number of medical personnel at different health centers and the number of mental patients being discharged from the mental facility per quarter. The medical personnel were purposively sampled for this study, whereas the mental health patients and their relatives were conveniently sampled.

The data was collected using a semi-structured interview guide (for medical personnel) and a structured questionnaire (for mental health patients and their relatives). This means that a mixed approach method of data collection was used to capture both qualitative and quantitative data. The study used SPSS version 21 to carry out statistical analysis for this study. For background characteristics of the study participants, descriptive statistics were done. To determine association of the independent and dependent variables, Chi-square test was performed and to measure the level of association, correlation analysis was employed.

As far as ethical issues are concerned, the study upheld voluntarily participation of participants, anonymity of personal information as well as stipulating the benefits and risks of

participation in this study.

## Results

The findings of the study were presented based

### Demographics of Respondents

on the three thematic areas of the objective: Knowledge, Attitude and Practices of Care.

**Table 1**

Health workers	F (n)	P (%)
Nurses	7	70%
Clinical Officers	3	30
<b>Total</b>	<b>10</b>	<b>100</b>

Table 1 above shows that there were more nurses (70%) than clinical officers caring for mental PLWHA in the selected facilities.

**Table 2**

Mental PLWHA	F (n)	P (%)
Sex		
Male	40	44.4%
Female	<b>50</b>	55.6%
Education		
Primary	<b>50</b>	55.6%
secondary	<b>30</b>	33.3%
College	<b>10</b>	11.1%
Occupation		
Employed	<b>20</b>	22.2%
Not employed	<b>70</b>	77.8%
Total	<b>90</b>	<b>100</b>

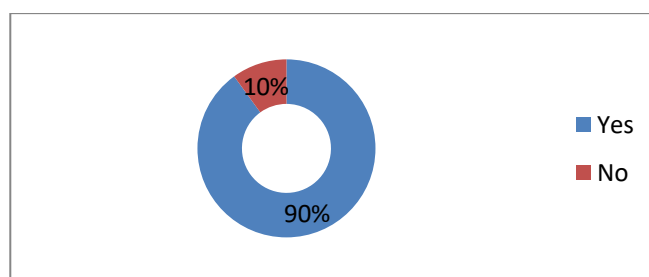
According to table 2, majority of the mental PLWHA were females (55.5%) compared to 44.4% who were males. Furthermore, the table shows that majority of the mental PLWHA had attained an education up to primary level (55.6%) and majority were not in any formal employment (77.8%).

### Knowledge

As far as knowledge on HIV/AIDS among

health workers that were responsible of PLWHA,

it was established that all reported to have had adequate knowledge and awareness of HIV/AIDS. Furthermore, the study established that over 90% (n=9) of the health workers reported to have had training on HIV/AIDS care and thus fully understood what was required of them (*see figure 1 below*).



**Figure 1.** Training on HIV/AIDS

Source: Field data

The figure above shows that 10% (n=1) of the health workers lacked knowledge and skills to care for PLWHA who have mental health

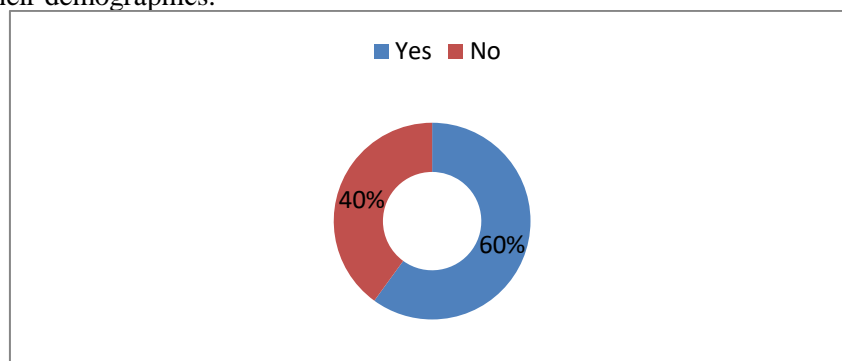
problems. Ideally, all health workers must be equipped with adequate knowledge and skills so

that they are able to deal with mental health problems of PLWHA.

Nonetheless, the findings of this study further revealed that many health workers (80%, n=8) felt that they do not know how to treat PLWHA who have long-term (or chronic) mental health problems. Conversely, the study findings also showed that most health workers (70%, n=7) perceived that they know how to communicate with mental PLWHA. However, the correlation analysis shows that there was no significant difference between different professions of health workers and their demographics.

## Attitude

As earlier alluded to, attitude of health workers towards their work has a strong effect on the quality of care and as such, the study endeavoured to assess the attitude of health workers towards mental PLWHA. The study enquired on what the health workers thought about how easy it was for them to attend to the mental PLWHA. Majority (60%, n=6) reported to that it was easy, however, there were some health workers that felt it was not easy but rather very difficult (*see figure 2*).



**Figure 2.** Easy to care for mental PLWHA

*Source: Field data*

Conversely, majority of health workers reported that they felt it was risky for them to contract the disease since they were where dealing with persons that were not mentally stable. In light of this, it was established that there was an element of fear in the health workers.

Nonetheless, Pearson correlation suggested a weak positive linear relationship between these feelings and views of health workers towards mental PLWHA and their total knowledge levels on HIV/AIDS ( $p < 0.01$ , 2-tailed,  $r^2 \times 100 = 5.0\%$ ). This suggests that as HIV/AIDS knowledge increases, so do positive feelings and views towards PLWHA.

## Practices

The study reported that 80% of the health workers reported that they understood their facility's written HIV testing policy. In light of this, the study established that 80% of professionals reported obtaining informed consent from next of kin of mentally ill patients for HIV tests in most cases, however, 20% of the health workers reported otherwise (i.e. never obtained consent for HIV tests).

Health workers who reported that they lacked adequate training in HIV/AIDS treatment and

ethics in the current study had 60% higher odds of reporting that they failed to obtain informed consent for HIV tests (most of the times) compared to health workers reporting adequate training in these areas.

## Discussion

Evidence from the analysis that was performed for this study shows that majority of the health workers had knowledge on HIV/AIDS and that there were no significant discrepancies in terms of professions of health workers. This finding is in contrast with the findings of Chamane (1997) which revealed that majority of health workers lacked knowledge about identification of high-risk groups, symptoms, diagnostic tests and universal precautions. However, this current study suggested that, in most cases, the lack of protective and other materials needed to treat and prevent the spread of HIV and related conditions can contribute to discriminatory behaviour by health workers towards PLWHA.

With regards to attitude of health workers towards PLWHA, it was established that there was weak positive linear relationship between these feelings and views of health workers towards mental PLWHA and their total

knowledge levels on HIV/AIDS. This finding is similar to that of a study by Ehlers (2006) which asserted that HIV/AIDS knowledge had been seen to correlate with attitudes and practices. However, the study showed that about 40% of the health workers had a negative attitude towards mental PLWHA which is in harmony with the findings of Reis et al. (2005) in a study in Nigeria found that a significant number of health professionals showed discriminatory attitudes and engaged in unethical behaviour towards patients with HIV/AIDS.

Overall, the study suggests a significant proportion of health professionals in Zambia as reporting discriminatory attitudes and engaging in discriminatory and unethical behaviour toward patients with HIV or AIDS, including denial of care, breach of confidentiality, and non-consented HIV testing

## Conclusion

This study provided information on knowledge levels, attitudes and care practices of health workers on mental health persons living with HIV/AIDS. Overall, the study has established that there is need for improved knowledge and awareness by the health providers in order to have a positive attitude towards their service rendered to mental persons living with HIV/AIDS. This in turn would enhance the quality of care provided to these patients.

## Recommendations

The following recommendations were made:

1. There is need to provide proper and exclusive training for health care providers of mental persons living with HIV/AIDS
2. There is need to increase the provision of suppliers or equipment for mental persons living with HIV/AIDS
3. There is need to enhance awareness and knowledge on care practices by health care providers of mental persons living with HIV/AIDS
4. There is need for the continued development of preventive and early intervention strategies that pay particular attention to the devastating impacts of unemployment, economic displacement, and housing dislocation, including homelessness.
5. Further empirical studies on social inequalities in health are needed to make sense of the mixed research findings, to

understand the pathways through which they influence health, and to find out ways of reducing their magnitude.

6. The study of the associations between contextual SES and mental health also needs more powerful studies, using multilevel analyses and establishing mediating pathways and effect-modifying factors, in order to disentangle the individual effect from the neighbourhood effect on health.

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