



Learning through Participation: An Innovative Approach to Educate Community Health Workers in Rural India about HIV/AIDS

KEYWORDS

Community health workers HIV/AIDS, knowledge, quiz

* Shah Darshan R.

Undergraduate medical student,
Bharati Vidyapeeth University
Medical College, Pune.
* Corresponding Author

Bogam Rahul R.

Assistant Professor, Department
of Community Medicine, Bharati
Vidyapeeth University Medical
College, Pune

Pawar Shubhadarshini G

Undergraduate medical student,
Bharati Vidyapeeth University
Medical College, Pune

ABSTRACT

Background: Community health worker approach has gained credibility in recent years through its support of HIV/AIDS care, in particular voluntary counselling and testing (VCT) and treatment adherence support for people on HIV and TB treatment. Objective: To assess pre and post intervention knowledge and awareness levels of CHWs pertaining to HIV/AIDS. Material and Methods: A Cross sectional study where all 110 CHWs from rural area of Kolhapur District of Maharashtra participated in quiz competition followed by interactive session and completed pre and post intervention questionnaire. Each completed questionnaire was assigned marking system. The data was analysed by using 'Paired t test'. Results: Statistically significant difference was observed for all 20 questions (Pre test mean marks = 8.17, post test mean marks = 14.54, t value = 28.47, p value <0.001). Conclusion: A simple intervention like quiz and interactive session can make significant change in knowledge of CHWs about HIV/AIDS.

INTRODUCTION

Community health workers are members of community who are accountable to the community that they serve, have limited training compared with health professionals, and receive support from the healthcare system without necessarily being fully integrated into its organization.¹

CHW approach has gained credibility in recent years through its support of HIV/AIDS care, in particular voluntary counselling and testing (VCT) and treatment adherence support for people on HIV and TB treatment.²

AIDS has emerged as one of the most important public health issues of the late twentieth and early twenty-first centuries and is now one of the leading causes of global morbidity and mortality. According to UNAIDS/WHO estimates, more than 95% of all HIV infected people are now living in the developing world.³

Studies have shown that ASHA and Anganwadi worker can be utilized as potential resource person for delivery of health education about HIV/AIDS and need to be oriented towards various aspects of HIV/AIDS like Voluntary Counselling and testing (VCT), condom promotion, ART adherence etc. in order to reduce HIV burden.

Programme managers and policy makers have often recommended that ASHAs and Anganwadi workers can act as centre point for disseminating information and education on HIV/AIDS particularly amongst remote and marginalised population.³

It is evident that it is essential to involve the local community and their opinion leaders to disseminate health messages especially about HIV/AIDS to reach out completely to the community. NGOs and community health workers can be the key personnel for sensitizing community members regarding HIV/AIDS by imparting health education to them.⁴

The present study was undertaken to assess the effectiveness of an intervention in the form of quiz

followed by interactive session on knowledge and perceptions of community health workers pertaining to HIV/AIDS.

OBJECTIVE

To assess pre and post intervention knowledge and awareness levels of community health workers pertaining to HIV/AIDS.

MATERIAL AND METHODS

On occasion of 'Gramin Mahila Arogya Prashikshan Karyakram' (Rural Women Health Training Programme) organised by local Non Governmental Organization (NGO), 'Quiz Competition and Interactive Session' was conducted for all Community Health Workers working in rural provinces of Kolhapur District, Maharashtra. A total of 110 community health workers including ASHAs and Anganwadi workers participated in study. Written permission was obtained from each participant after explaining the purpose of study. A Structured modified pretested self administered questionnaire consisting of twenty questions in local language was distributed to all 110 participants. It consisted of 20 multiple choice questions. They were instructed to complete questionnaire in 20 minutes under strict supervision.

Four teams of two participants each were made as an active participants while others participated as target audience. Quiz competition was conducted by trained facilitators subsequently. Total 72 questions including 20 questions of pretest were covered during quiz. Three rounds were conducted in quiz. They were based on 'Correct option selection', 'Answer in one word' and 'Rapid fire response'. At the end of all three rounds, correct as well as wrong answers were highlighted and discussed before all the participants. After quiz, interactive session was conducted where participants were given an opportunity to ask questions freely on HIV/AIDS. All the queries raised by participants were clarified with suitable examples. At the end of programme, the same questionnaire was given to all participants and responses were collected.

The marking system for each complete question was assigned. The data was entered in Microsoft Office Excel Sheet and analysed by using 'Paired t test'.

RESULTS

A total of 110 participants were enrolled into the study. Out of which, 46 (41.81%) were ASHAs and 64 (58.18%) participants were Anganwadi Workers. About 80% of participants had received Secondary level of education. Nearly 90% of participants were married. All (100%) participants were in age bracket of 19-40 years. The major source of information for HIV/AIDS was television (81.1%). This is similar to the other studies.^{5, 6}

In present study, statistically significant difference was observed for all 20 questions which were based on various aspects of HIV/AIDS. (Pre test mean marks = 8.17, post test mean marks = 14.54, t value = 28.47, p value <0.001).

DISCUSSION

During preintervention phase, 22(20%) participants believed that HIV can be transmitted through having food with HIV infected person. Eighteen (16.36%) participants thought vertical transmission is not a route of HIV transmission while 48(43.63%) participants said that syringes and needles cannot transmit HIV. Twenty two (20%) participants did not give any response. In post intervention phase, knowledge of participants regarding this aspect was improved.

Table 1: Knowledge of participants about HIV/AIDS Transmission (n=110)

Sr. No	Question	Correct Option	No of participants with correct response (%)	
			Pre test (%)	Post test (%)
1	Not a mode of transmission of HIV	Having food with HIV infected person.	22(20%)	92(83.63%)
2	HIV can be transmitted through breast feeding	True	42(38.18%)	102(92.73%)
3	HIV can be transmitted through unsafe blood transfusion.	True	38(34.55%)	92(83.64%)
4	Animal/ insect which transmits HIV virus	None of them	54(49.09%)	78(70.91%)
5	Body fluid with maximum risk of HIV transmission	Blood	56(50.91%)	99(90%)
6	Most predominant route of HIV transmission in India.	Unprotected sex	85(77.27%)	109(99.09%)
7	Prostitute increases the risk of HIV	True	82(74.55%)	101(91.18%)
8	HIV/AIDS is a hereditary disease	False	56(50.91%)	106(96.36%)
9	HIV cannot infect children	False	72(65.45%)	98(89.09%)

10	HIV positive person should not be touched and mingled with others	False	56(50.91%)	110(100%)
11	Wearing clothes of HIV positive person causes HIV infection.	False	55(50%)	102(92.73%)

In present study, Only 42 (38.18%) participants were aware of 'Breast feeding' as possible mode for transmission. Knowledge about breast feeding as possible route of HIV transmission was also found to be low in a study done by Kushwah SS et al.⁷ where only 10.2% of participants were known about breast feeding as possible mode of HIV transmission. Low level of knowledge regarding this fact was also observed in health care workers in study conducted by Kermod.⁵ It reiterates the strong need to train CHWs about modes of transmission of HIV/AIDS as these workers are involved in rendering breast feeding advice to pregnant and lactating mothers in community. However, in present study, the used intervention was proven to effective as in post intervention phase 102 (92.72%) participants became aware that HIV is transmitted through breast feeding (Table 1).

Before an exposure, 56(50.91%) participants had negative social attitude towards HIV positive people, like HIV patients should not be touched and should not be mingled with other people. However, after an exposure to the intervention, all 110 (100%) participants expressed favourable social response i.e. there is no problem in mixing with them and they are harmless. A study conducted by Sudhaker C and Jain AG.⁸ also reported positive social response of participants after an intervention towards seropositive people (Table 1).

Table 2: Knowledge of participants about Diagnosis, Prevention and Treatment of HIV/AIDS (n=110)

Sr. No	Question	Correct Option	No of participants with correct response (%)	
			Pre test (%)	Post test (%)
1	There is difference between HIV and AIDS.	True	41(37.27%)	78(70.91%)
2	Body fluid used for detection of HIV virus	Blood	53(48.18%)	94(85.45%)
3	Not a major sign of AIDS.	Itching all over the body	44(40%)	96(87.27%)
4	Commonest opportunistic infection in HIV positive patient	Tuberculosis	51(46.36%)	101(91.82%)
5	ICTC stands for	Integrated counselling and testing centre	65(59.09%)	105(95.45%)
6	HIV positive person can be identified by physical appearance.	False	61(55.45%)	86(78.18%)

7	False statement about condom.	It can be reused	57(51.82%)	99(90%)
8	ART refers to	Drug therapy to control HIV replication	49(44.55%)	95(86.36%)
9	HIV/AIDS is a curable disease.	False	44(40%)	89(80.91%)

Before an intervention, 65(59.09%) participants were aware about ICTC centre in present study; however none of health workers in Anji Village of Wardha District knew about integrated counselling & testing centre (ICTC).⁹ In present study, after an intervention, 105 (95.45%) participants became aware about ICTC centre.

Present study showed significant improvement in CHW's knowledge regarding all aspects of HIV/AIDS from pre to post intervention as a result of quiz competition followed by interactive session. However before an intervention, participants had misconceptions and stigma about HIV/AIDS. Integrating substantive HIV-related information into the ongoing outreach activities of the service providers (e.g., Anganwadi workers [AWWs], health workers, link

workers, accredited social health activists [ASHAs], etc.) is a strategic and cost-effective way to build community capacity on HIV to reduce stigma and discrimination.¹⁰

There is need to strengthen HIV/ AIDS services through effective training of ASHAs and mainstreaming HIV/AIDS in CHW's routine work. There should be problem solving sessions on HIV/AIDS with CHWs during their periodical meetings. Continuous ongoing training sessions are required to reinforce knowledge of CHWs about various aspects of HIV/AIDS. For better understanding regarding HIV/AIDS, methodologies like quiz competition, group discussion, posters, role play, film show, setting up examples etc. need to be envisaged in training programme of CHWs.

CONCLUSION

Present study showed significant improvement in Community health worker's knowledge about all aspects of HIV/AIDS from pre to post intervention as a result of quiz competition followed by interactive session. It shows that a simple intervention like quiz and interactive session can make significant change in knowledge of community health workers about HIV/AIDS.

CONFLICT OF INTEREST: Nil

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