

**P – 33**

**Developing a psychosocial curriculum for the Caribbean**

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**Objective:** To build capacity of healthcare workers to provide support to people living with HIV (PLHIV).

**Design and Methods:** Needs assessment was carried out using qualitative and quantitative data collection in eleven Caribbean countries, with a sample size of 162 persons. The qualitative methods (mini-survey, focus group discussions and semi-structured in-depth interviews) were used to gather data on the issues related to the psychosocial needs of clients. The quantitative method (online survey-questionnaire) sought to identify the limitations of psychosocial care and support and to prioritize information generated for instructional design. The curriculum was designed and developed utilizing the Analysis, Design, Development, Implementation and Evaluation (ADDIE) model as well as feedback from the technical working team and the pilot training.

**Results:** A content document and curriculum package (curriculum overview, participant and facilitator manual) and other training materials were developed. A workshop to pilot the curriculum was conducted. Twenty-four healthcare workers participated in the workshop. Prior to the workshop, a one day orientation session was held for facilitators.

**Conclusion:** A psychosocial curriculum was developed for healthcare workers guided by the results of a needs assessment. A cadre of healthcare workers in the Caribbean were trained so that they would be equipped to provide psychosocial support to PLHIV using healthcare facilities.

**P – 34**

**An outcome evaluation of training for nursing faculty to integrate HIV themes into the nursing curriculum**

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**Objectives:** To investigate whether Jamaican nursing educators who were trained in HIV teaching strategies were utilizing knowledge and skills they acquired during the training; and to determine whether they were more comfortable in teaching HIV-related topic areas.

**Design and Methods:** An outcome evaluation was conducted two years after the initial training using pur-

posive sampling. Changes in attitudes, behaviour and knowledge were investigated through interviews, desk-reviews and review of secondary data (reports). Twenty of 30 targeted nursing educators were reached and interviewed. Data were entered into a constant comparative analytical matrix. Common themes and categories were identified. Major themes and corresponding codes were sorted and visualized using the NVIVO and X-Mind qualitative software.

**Results:** Of the 20 respondents interviewed, 18 (90%) had started implementation of knowledge and skills learned. Several topics learned during their training were being taught. Twelve educators indicated a greater level of comfort to teach HIV-related topics. Three stated they were still uneasy or reluctant to teach these topics. Challenges to implementation of lessons included competing priorities, lack of time and/or resources, staff shortages, and no motivation to create opportunities.

**Conclusion:** Training pre-service nurse educators in HIV care is an effective way of addressing the shortage of healthcare workers with the capacity to offer care to persons living with HIV. An understanding of the challenges faced by individual institutions will help in tailoring workshops to meet specific needs to help ensure success in implementation. Despite training, a few graduates may remain uncomfortable to teach subjects involving human sexuality and HIV.

**P – 35**

**Knowledge and attitudes of Trinidadian dental students toward HIV/AIDS patients**

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**Objective:** To describe dental students' and dental surgery assistants' (DSAs) views toward patients with HIV/AIDS in Trinidad.

**Design and Methods:** All students, interns and DSAs attending The University of the West Indies, School of Dentistry were invited to complete a self-administered thirty-item questionnaire. Questions covered knowledge of transmission, pathogenesis, diagnosis, cross infection and oral manifestations of HIV and AIDS and perceptions of the severity of the disease.

**Results:** There was a response rate of 98.9% (180/182). Most participants (83.3% and 85.6%) were able to expand upon the acronym HIV and AIDS, respectively. Perception of seriousness of the disease in the Caribbean was 92.9% and 84.8% in Trinidad and Tobago. The knowledge of the participants on the pathogenesis of HIV/AIDS was very good (86.7%) and 80% were aware of the cause of the disease. However, only 62.2% were aware of the available

treatment for the disease. The major concern when treating patients with HIV/AIDS was that of infection (25%). Overall, the general knowledge of the dental interns was the highest (44.9%) compared to the other groups with the DSAs having the lowest overall knowledge about HIV/AIDS (19.3).

**Conclusion:** The study investigated attitudes, knowledge and beliefs of dental students and assistants at the Dental School. Further research may involve qualitative analyses of the opinions of students and DSAs to obtain a better understanding of these views and to generalize these findings within the dental profession.

#### P – 36

##### **An exploration of the perspectives and experiences of general practitioners in Barbados in relation to lesbian, gay, bisexual and transgendered patients**

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**Objective:** To explore the perspectives and experiences of Barbadian general practitioners (GPs) in relation to their lesbian, gay, bisexual and transgendered (LGBT) patients.

**Design and Methods:** A qualitative study whereby 10 GPs in the private and public sector were interviewed using a semi-structured topic guide shaped by literature review. Interviews were audio-taped, transcribed verbatim and thematically analysed.

**Results:** Themes identified concerned physician communication, LGBT invisibility, disclosure and sexual minorities as 'abnormal'. General practitioners avoided routinely discussing sexual orientation or gender identity, and when encountered, discussions and screening recommendations focussed mainly on safe gender and sexually transmitted infections. All GPs reported training deficits in LGBT health issues, except for those currently, or recently graduated from post-graduate Family Medicine. Training recommendations, like initiating medical school LGBT training, and GP lectures or workshops tied to accreditation points were identified, along with societal, professional and methodological challenges to training implementation.

**Conclusion:** oup involve communication and knowledge training, along with improved confidentiality procedures.

#### P – 37

##### **Perceptions of care among HIV-positive patients attending a clinic in South Trinidad**

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**Objective:** To assess how HIV-positive patients perceived the quality of services being delivered at a clinic in South Trinidad and determine patient expectations of service quality from healthcare providers (HCPs) and healthcare facilities.

**Design and Methods:** A questionnaire with structured and semi-structured questions was administered to patients in face-to-face interviews. Every patient 18 years and older who presented at the clinic during the three-month period was invited to participate. Participation was voluntary and anonymous. Data were analysed using SPSS version 18. Responses were analysed quantitatively and qualitatively.

**Results:** Four hundred and nine patients were interviewed. Seventy per cent of patients reported that the reasons they attended this particular facility was because they liked and trusted their HCPs, 69% because they received good service and 68% because they got confidential service. Forty-six per cent defined good service as friendly, polite and courteous staff that treated the patient "like a family member". Among all patients who reported a high-level of satisfaction with HIV services, these were primarily linked to friendly staff, a welcoming and comfortable atmosphere, effectiveness and efficiency of service and staff willingness to offer advice. When asked for suggestions for improvement, 28% said that they were happy with the way things were, 23% wanted shorter wait times and a more flexible schedule.

**Conclusion:** Patient provider interaction plays the most significant role in patient satisfaction and perception of quality care. Training for HCPs must emphasise the significance of this aspect of patient treatment and care.

#### P – 38

##### **The renal function test profile of HIV-positive patients before and after initiation of highly active antiretroviral therapy in St Paulo's General Hospital**

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**Objective:** Antiretroviral treatment (ART) related effects, including proteinuria, renal tubular damage and overall declines in glomerular filtration rates have been noticed in HIV patients. This study was aimed at assessing the renal profile of HIV-positive patients before and after initiation of treatment.

**Design and Method:** A retrospective cohort study was conducted among HIV-infected individuals who take highly active antiretroviral therapy (HAART) and visit St Paulo's generalized hospital laboratory for renal function testing.

**Results:** A total of 2026 HIV-positive patients started HAART during the study period. Among them, 380 HIV patients, with two and three visits for CD4+ and renal function test (creatinine and urea), were recruited to the study; 240 (63.2%) were female. The mean age of the participants was 36.84 years (range 19–68 years). The presence of association between renal profiles abnormality and drug type was analysed by using linear regression. For almost all drugs there was no significant association ( $p > 0.05$ ). The number of patients with abnormal creatinine and urea increased from before they started HAART to when they were measured in subsequent visits.

**Conclusion:** Highly active antiretroviral therapy resulted in improved immunostatus of HIV patients, with remarkable increase in CD<sub>4</sub> T lymphocyte count but at the same time there was an increase in azotemia after the introduction [part of] HAART which suggests the impact of drug in renal function.

#### P – 39

##### **Efficacy in a community-based approach to gender-based violence and HIV/AIDS intervention**

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**Objectives:** Theory and assessment mechanisms are embedded in collective community action directed at limiting the spread of gender based violence (GBV) and HIV/AIDS infection among vulnerable populations. We evaluated how these attributes can be used to make the link between the two.

**Design and Methods:** The study is based on systematic analysis of a civil society intervention project designed to mobilize community action against gender-based violence and HIV/ADS in Grenada, and two national programmes on prevention of GBV and HIV/AIDS. Qualitative data coding and cross-referencing techniques were used to identify characteristics and associations between GBV and HIV/AIDS on socio-economic demographics, health and support services, and stakeholder influences.

**Results:** Whereas the civil society approach reflects that

relationship between the two public health problems are mutually reinforcing and comprehensively conditioned by geo-social demographics, the national approach maintains a tenuous link generally anchored in discourse on the scale of incidences. Moreover, despite its capacity to systematize a unifying response to GBV and HIV/AIDS, national programme plans indicated conflicting coordination mechanisms in addressing the two issues with the result that essential information on scale and conditions of the target populations seemed suppressed.

**Conclusions:** Differences between the two approaches can be conceptualized in the extent to which community is used as a tool to dissect and diffuse access and service response to the populations. By diversifying the number of community groups implementing the intervention, the spread of service points to the target population is assured and the nature of interactions naturally controlled to unearth differentiated data for decision making.

#### P – 40

##### **Understanding attitudes, barriers and challenges in Barbados to disease notification for HIV and other sexually transmitted infections: A qualitative study**

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**Objectives:** To understand the attitudes, barriers and challenges in Barbados to disease notification (DN) for HIV and other sexually transmitted infections (STIs).

**Design and Methods:** Six key informants identified individuals to be interviewed from diverse backgrounds. Twenty-nine people were interviewed using an open-ended interview guide.

**Results:** Interviewees (16 males, 13 females) had a mean age of 59 years (range 30 to 68 years). Few were familiar with current STI DN practices, but HIV DN was described as an informal process that was "quite good" and without a negative public reaction. Acceptability by the public of mandatory HIV DN had a median rating of 3 on a scale of 1 (unacceptable) to 5 (very acceptable) due to the information being personal, concerns about confidentiality and the associated stigma. Acceptability of DN for other STIs would be the same or slightly better because there was less stigma. Challenges included maintaining confidentiality in a small island where people were secretive about their own health but liked to gossip, public perception that confidentiality was not well maintained, HIV infection is associated with fear and stigma, concern that it would deter

testing, reporting may not occur, passing legislation would be difficult and that some opinion leaders might oppose it. Strategies to overcome barriers included improving trust and reducing fear through public education, educating practitioners and introducing penalties for breaking confidentiality.

**Conclusions:** There was both concern that mandatory DN would deter testing because of concerns about confidentiality and stigma, and recognition of the benefits of its introduction.