

Promotion of Voluntary Test, Confidential and Consultation for HIV

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Objective

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- Screening for the presence of HIV.
 - Assessment of the demographic profile of families with seasonal immigrant members and families without immigrant members.
 - Assessment of their standard and way of their life and analysis of risk factors associated with the way of behaving
 - Assessment the community knowledge and sensitivity on the problems of HIV/AIDS, by age group, education, employment and civil status.
 - Assessment of prevalence of HIV and STIs.

Method

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- Answers on prepared questionnaires and take of the blood samples for rapid HIV test. For cases assessed, it was perform gynecological visits for STIs.
- The choice of target group; clients in reproductive age, who accepted voluntarily and with their desire, participation in interview and blood testing for rapid HIV test.
- The location is selected by assessing the presence of risk groups, such as families with immigrants and the rom community because of the way of life.

About methodology¹

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- Communities of villages where the project was implemented were contacted in advance for awareness campaign. Information and awareness sheet was distributed, and promotional posters were placed in health centers.
- Participants, who agreed to participate in the project, were interviewed by answering the questionnaire containing questions about socio-demographic data and lifestyle, knowledge and sensitivities to HIV/AIDS. To the participants who agreed to participate to response to questionnaire, was taken blood samples for rapid HIV test.

About methodology²

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- The first step: with the interviewer was discussed in general for health problems and in particular the problems of HIV/AIDS, in groups of 3-4 persons.
- The second step: responds to the questionnaires were filled in special facilities, and giving assurances that the responder will remain anonymous. All questionnaires were codified. Once answered the questionnaire, was taken to them the consensus to realize the rapid HIV test. Pre-test counsel were given to all interviews.

About methodology³

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- Third step: in facilities in health center, was taken blood samples for the rapid HIV test in the presence only of the doctor gynecologist and staff of secondary health specialized. In the moment that they wait for the response, was explained to them that the test is not surefire. It happens to have false positive results as well as false negative, although confirmation tests are very reliable. For some clients, also were performed the gynecology visit to assess the situation of STIs.
- Fourth step: after that they receive the test results, the clients received post-test counseling. They were informed for the period "window" to think about the repeating of the test after 3-6 months.

Results¹

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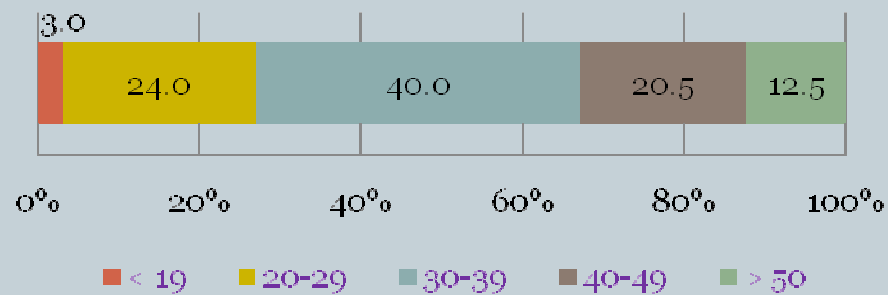
- Until February 15, 2010 (date that was applied for this conference), was asked the consent to participate in this project, to 408 persons. Agreed to participate in the interviewing and perform rapid HIV test, 234 clients. None of the tests conducted doesn't result to be suspected as positive.

Results²

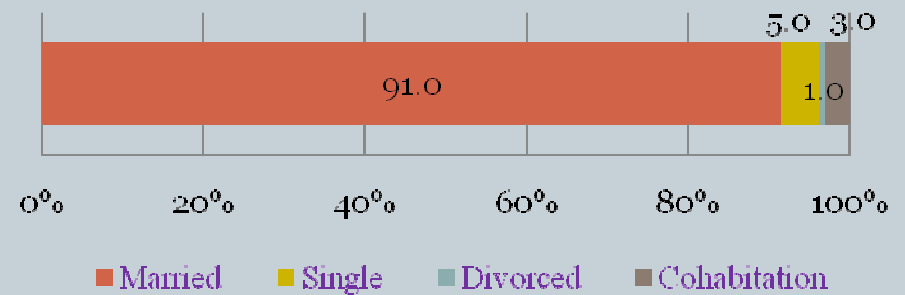
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Structure of interviewed

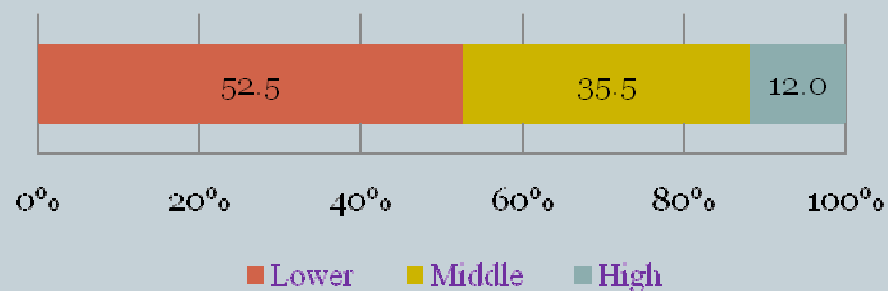
Structure according to age group



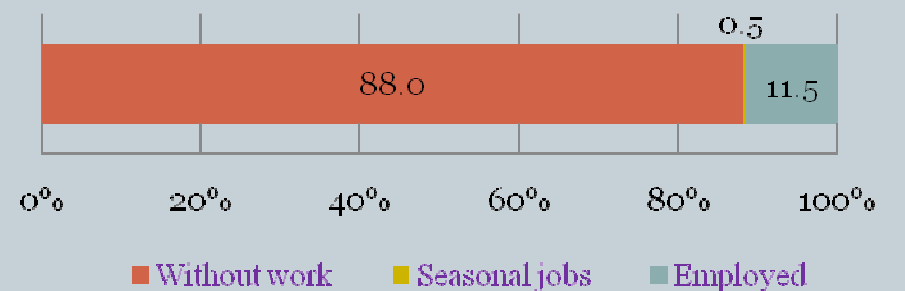
Structure according to civil status



Structure according to education



The employment structure

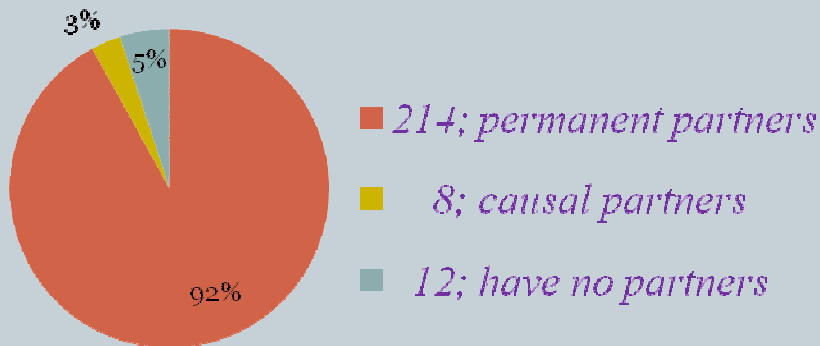


Results³, (*way of life*)

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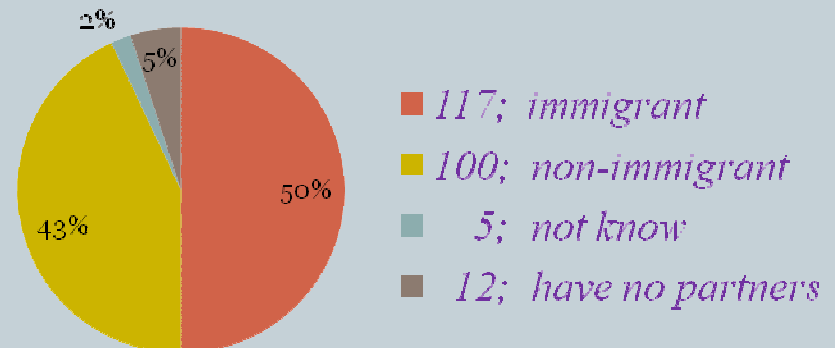
Status of partner

- Permanent partners, 214 cases or approximately 92.0%.
- Casual partners, 8 cases or about 3.0% (6 are male and 2 were women).
- Have no partners, 12 cases or approximately 5.0% (10 were women and 2 are single divorced women).



Partner's immigration status

- They have lived or live in emigration, 117 partners or 50.0%.
- Have not lived or live in emigration, 100 partners or approximately 43.0%.
- They don't know if the partners have lived or live in emigration, 5 cases or nearly 2.0% .

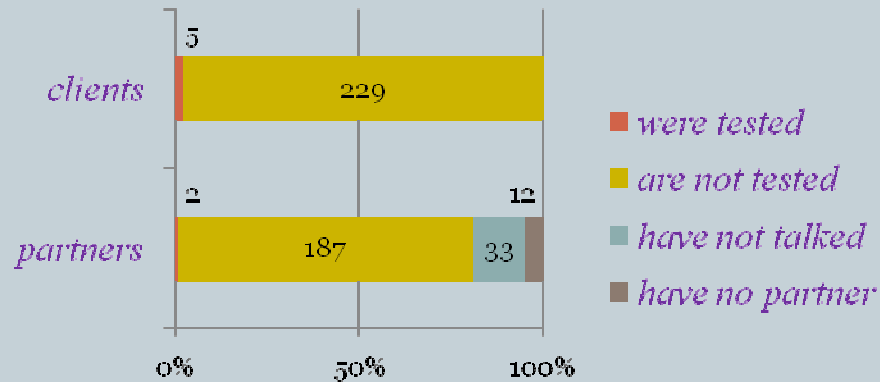


Results⁴ (*sensitivity to HIV*)

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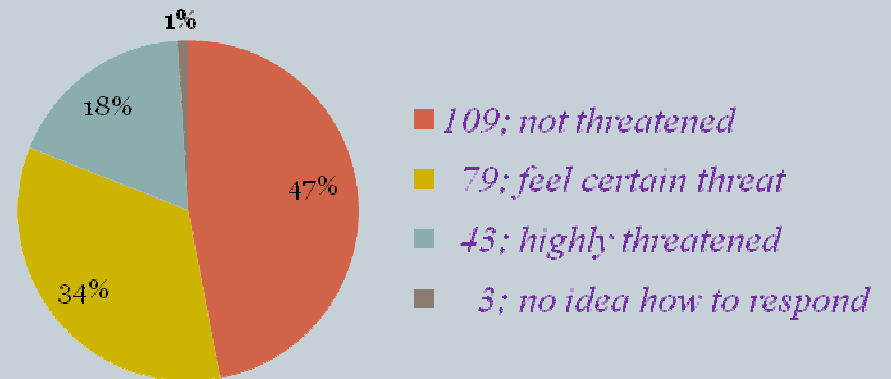
HIV testing

- Were tested for HIV, 5 clients.
- Are not tested, 229 of them.
- Were tested, only 2 of the partners of clients.
- There never discussed with partners for HIV test, 33 of the clients.



Susceptibility to HIV

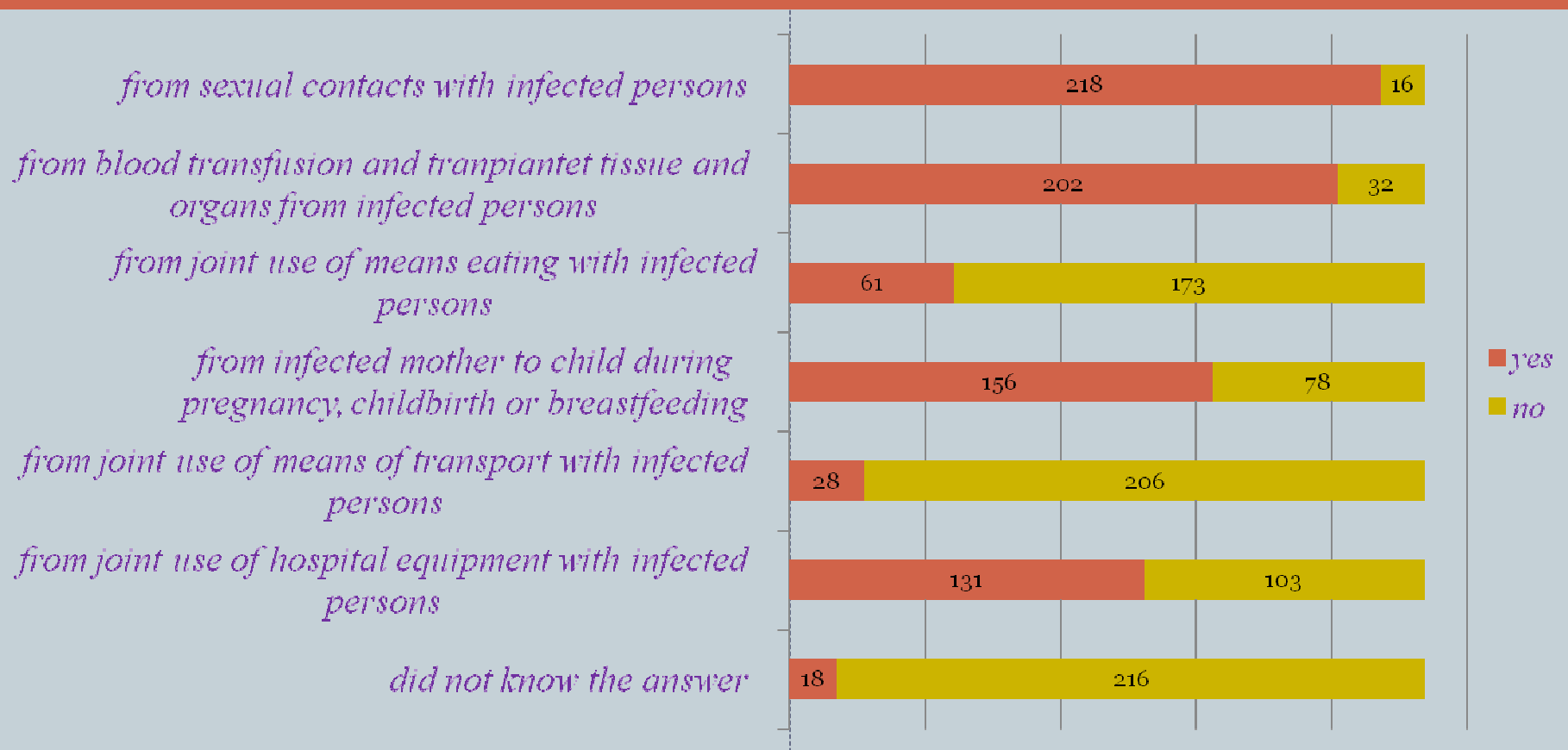
- Not threatened, 109 clients.
- Feel certain threat, 79 of them.
- Highly threatened, 43 clients.
- No idea how to respond, 3 of them.



Results ⁵, (*knowledge of HIV*)

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Interviews knowledge of HIV transmission :



Discussion¹

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- They have declared for casual sexual partners, 8 of the respondents. Of these, 2 are women. They have stated they have no sexual partners, 12 of responders. 10 are female single and 2 are women divorced.

Must be taken into consideration that 50% of the responders partners work and live in emigration and return to they family on vacation, holidays or other reasons in certain periods of time.

Discussion²

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- It was declared that they are tested for HIV, 5 of the responders and 2 of the partners of the responders. At the same time feels themselves threatened and highly threatened to HIV, 122 responders.

These statements do not go with each other and are contradictory. The sensitivity of the risqué can be justified, due to the chosen way of life. 50% of families in the community have partners in immigration.

- Also, 33 clients declared that they never discussed with their partners about HIV. But even this data, it remains controversial in the context of the mentality and culture.

Discussion³

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- They declared that are treated at least one time for STIs, 123 of the responders. There are never treated for STIs, 111 of them.

Because of the not periodically visit from family doctor or gynecologist, the treatment from STIs of approximately 53% of clients, shows that their health concerns have led them to health centers.

- It is a fact that only 5 clients have done the rapid HIV test. This fact shows that the perception and sensitivity to HIV, is not supported by information, education and knowledge they have and they have not had real reasons to led them to health centers.

Discussion⁴

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- The number of the clients, who are treated with STIs, is approximately equal to the number of partners in emigration. This does not mean that those clients, who were presented with the STIs, have partners in emigration. The assessment of responders which at least once were treated for STIs, with partners in emigration, it is not done. This link is not assessed even in relation to age group, education, civil status and employment of responders.
- Responders with higher education have good general knowledge. But the accuracy of some specific professional knowledge is lower.

Discussion

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- The insufficient knowledge of HIV/AIDS requires that information and education programs on public health in particularly the sexual health, must widely applied in the community.
- The separated life because of immigration has become the way of life. Educational programs should provide messages to empower the positive elements to this way of living.
- The data received from project implementation, must direct us to vulnerable groups at the future projects .
- Insufficiency of knowledge on HIV/AIDS, were observed and in health personnel of health centers where the project was implemented.

Recommendations

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- To realize educational and promotion programs on sexual health, that become a priority of health and educational services.
- To increase the collaboration between health services and consulting screening-organizations advice should be aimed at increasing mutual responsibilities.
- To appoint to the increasing of the knowledge for the danger for the connection between STIs and HIV, to the population in general and in particular vulnerable groups.

Thank you

March. 2010, Zagreb, Croatia