A STUDY TO ASSESS THE PATIENT PERCEPTIONS OF THE CURRENT HIV AND TB SERVICES AND HOW THESE CAN BE IMPROVED ON AT TWO PHC CLINICS IN CAPE TOWN
A RESEARCH PROJECT DONE BY
UCT 4TH YEAR MEDICAL STUDENTS IN CONJUNCTION WITH THE TREATMENT ACTION CAMPAIGN

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LITERATURE REVIEW

• Double burden of HIV and TB in South Africa
• Need for services to effectively address burden
• Integration seen as a way forward
• National policy for service delivery favours integration
• Reality of service delivery in SA

Question: IS INTEGRATION FAVOURED BY PATIENTS?
THE TREATMENT ACTION CAMPAIGN (TAC)

- Aims to reduce the spread of HIV in SA
- Concerned that current service does not address HIV and TB burden – integration a myth or reality?
CLINICS

• CHAPEL STREET
- TB Clinic
- Some HIV services

• ROBBIE NUROCK COMMUNITY HEALTH CENTRE
- HIV Services
- Referrals
OVERALL PURPOSE

• To gain an understanding of the current HIV and TB services being offered
• To determine how patients feel these services could improve
• To determine patient views on integration

USE OF THESE RESULTS TO PROVIDE TAC WITH INFORMATION, AND TO IMPLEMENT A HEALTH PROMOTION INITIATIVE
OBJECTIVES

1. To gain a broader understanding of patient perceptions surrounding current HIV and TB services
2. To assess basic demographic information such as age, race, sex & home language.
3. To determine the level of general knowledge of services amongst patients attending Chapel Street and Robbie Nurock Clinics for HIV and/or TB treatment
4. To investigate the knowledge patients have around the link between HIV and TB
5. To ascertain how well patients feel that HIV and TB services are being integrated at present
6. To determine what other improvements patients would like to see at these clinics
7. To determine whether patients would like to see further integration of these services
METHODS

• DEFINITION OF TERMS
  - HIV
  - ARVs
  - DOTS
  - TB
  - TAC
  - VCT
  - Researcher
  - Treatment Literacy Practitioner

• STUDY DESIGN
  - Descriptive cross sectional study
STUDY POPULATION AND SAMPLING
- Adults over 16 yrs were interviewed
- A convenient sample was used

MEASUREMENTS
- The instrument used was a questionnaire administered in the form of an interview with the participant
METHODS cont.

• MEASUREMENT OF ERROR
  - Face validity
  - Information bias
  - Content validity
  - Inconsistent validity
  - Measurement bias
  - Selection bias
  - Reliability

• PILOT STUDY
  - Purpose
  - Chapel Street
  - Robbie Nurock
QUESTIONNAIRE

• Constructed as a group

• **44 questions:**
  - Demography (8 questions)
  - Knowledge of the current HIV and TB services (24 questions)
  - Perceptions of the current HIV and TB services
  - Knowledge of the link btwn HIV and TB (5 questions)
  - Desired improvements (7 questions)

• Administered by the researchers

• Back translated into isiXhosa and Afrikaans and administered with the assistance of a translator for those patients who were not comfortable with English
ETHICS

- Patient privacy
  - Disclosure of HIV and TB status

- Non-maleficence and confidentiality

- Autonomy

- Informed consent
DISCUSSION

DEMOGRAPHIC INFORMATION:

• Sample size: 97
  - Robbie Nurock 64% (62 patients)
  - Chapel Street 36% (35 patients)

• Sample ages: 16 – 63 yrs (Mean 37, 5 yr)

• Race:
  - Robbie Nurock (majority black)
  - Chapel Street (black or coloured)
DISCUSSION cont.

Race at Robbie Nurock:
- Black: 50.81%
- Coloured: 13%
- Other: 6%

Race at Chapel Street Clinic:
- Black: 46%
- Coloured: 48%
- Other: 6%
DISCUSSION cont.

DEMOGRAPHIC INFORMATION cont.

- Home language:
  - Chapel Street: Afrikaans, isiXhosa, English
  - Robbie Nurock: isiXhosa

- Level of education:
  - Chapel Street: Primary school level
  - Robbie Nurock: Matric and/or tertiary level
LIMITATIONS:

• Discrepancies in terms of:
  - Sample size
  - Demographics

• Small sample size
DISCUSSION cont.

KNOWLEDGE OF GENERAL SERVICES OFFERED:

- Clinic opening time
- Doctor availability
DISCUSSION cont.

KNOWLEDGE OF TB SERVICES OFFERED:

Knowledge of TB services available at respective clinics

- TB testing available
- Able to see a doctor for TB
- TB medication available at clinic

Chapel Street Clinic
Robbie Nurock Clinic
DISCUSSION cont.

KNOWLEDGE OF HIV SERVICES OFFERED:

Knowledge of HIV services compared to use of services

- Never used HIV services
- Used HIV services

- Knew testing was available
- Didn’t know testing was available
- Total:
DISCUSSION cont.

**TAC: Educate patients of the link between HIV and TB**
- Pick up patients who are suffering from both.

**CHAPEL STREET CLINIC**
- 70% of patients knew that an HIV positive person was more likely to develop TB than an HIV negative person
- 90% thought that a person with TB should have an HIV test
- 70% knew that not all patients with TB necessarily have HIV

**ROBBIE NUROCK**
- 86% of patients knew that an HIV positive person was more likely to develop TB than an HIV negative person
- 86% thought that a person with TB should have an HIV test
- 94% knew that not all patients with TB necessarily have HIV.

**Better knowledge: Robbie Nurock = HIV service, placed more emphasis on the link between HIV and TB because of the greater risk that HIV positive patients have**
DISCUSSION cont.

DESIRE FOR MORE INFORMATION ABOUT TB:

Distribution of Patients Wanting More Information about TB by Clinic

- Chapel Street Clinic: 80.00%
- Robbie Nurock: 67.74%

- Yes: 80.00%
- No: 67.74%

- Yes: 20.00%
- No: 30.65%
DISCUSSION cont.

DESIRE FOR MORE INFORMATION ABOUT HIV:

Distribution of Patients Wanting More Information about HIV by Clinic

- Chapel Street Clinic: 74.29%
- Robbie Nurock: 75.81%

Yes: 25.71%
No: 24.19%
Integrated service means being TREATED for both HIV and TB at the **SAME** clinic.
DISCUSSION cont.

DESIRE FOR INTEGRATED SERVICE:

**Desire for Integration of HIV and TB services**

![Bar chart showing percentage of people who desire integrated services.](chart.png)

- Yes: 87.10% (Robbie Nurock) vs. 91.43% (Chapel Street Clinic)
- No: 12.90% (Robbie Nurock) vs. 8.57% (Chapel Street Clinic)
DISCUSSION cont.

ADVANTAGES OF INTEGRATION:

Patient Perceptions of Advantages of Integration of Services

- Cheaper for transport: 27%
- Save time and more convenient: 4%
- More privacy: 11%
- Clinic has details already: 11%
- Relationship with staff established already: 14%
- Immediate treatment after diagnosis: 1%
- More organised: 1%
- De-stigmatise HIV: 1%
- Not an advantage: 1%
DISADVANTAGES OF INTEGRATION:

Patient Perceptions of Disadvantages of Integrated Services

- People might think I have HIV: 23%
- Scared of contracting TB: 18%
- Scared of contracting HIV: 27%
- Longer queues: 24%
- May be seen by HIV - people, that patient doesn’t want to be seen by: 3%
- More time spent in clinic: 2%
- Too much medication to deal with at once: 1%
- Reason not stipulated: 1%
- Not a disadvantage: 1%
DISCUSSION cont.

CHAPEL STREET

- No improvement
- Services in own language
- Better staff attitudes
- More health professionals
- More info and education

ROBBIE NUROCK

- Services in own language
- More health professionals
- Better staff attitudes
- Improvement in clinic facilities and conditions
- Consistency in staff
CONCLUSION

• Objectives were met
• Small sample + convenient sampling = not statistically significant
• Language barrier + ethics = measurement bias
• Validity?
CONCLUSION cont.

• Good knowledge of services
• Majority in favour of integration
• Current services not currently meeting suggested guidelines

LITERATURE AND PATIENTS BOTH IN FAVOUR OF INTEGRATION
REFERENCES


