

Knowledge, Attitudes and Practices of Women of Childbearing Age with Regard to HIV in Brazzaville-Congo



Ossibi Ibara BR^{1,2*}, Antaon J SS³, Kibimi Goubili CE³, Bintséné née Mpika Gickelle⁴ Adoua-Doukaga T^{1,2}, Angoga Pabota E², Sekangué née Potokoué S⁴, Ekati M², Ellenga-Mbolla BF⁵ and Itoua C⁴

¹Faculty of Medicine, Marien Ngouabi University, Brazzaville, Congo

²Department of Infectious Diseases, Brazzaville University Hospital, Congo

³Ministry of Health and Population, Congo

⁴Department of Gynecology-Obstetrics, Brazzaville University Hospital, Congo

⁵Department of Cardiology, Brazzaville University Hospital, Congo

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***Corresponding author:** Ossibi Ibara BR, Faculty of Medicine, Marien Ngouabi University, Department of Infectious Diseases, Brazzaville University Hospital, Congo

Summary

Introduction: The objective of the study was to assess the knowledge of women of childbearing age about HIV and to describe their attitudes and practices in relation to HIV infection.

Methodology: This was a descriptive cross-sectional study conducted in Brazzaville among women of childbearing age in Brazzaville from September 1 to October 15, 2019

Results: Eighty women interviewed with an average age of 34.0 \pm 10.62 (17-59 years), civil servants and housewives respectively, married (n=30;37.5%), residing in the city (n=58;72.5%). In 30% of cases, there was a high school education level. The median age of first sexual intercourse was 17 years (12-25 years). The main communication channels on HIV were television (no.27; 35.5%) and the entourage (no.24; 31.5%). The most cited HIV risk factor was multiple sexual partners (n=60; 75%). HIV can be prevented according to 87.5% of the women surveyed and condom use was the most cited means of prevention (n=29; 41.4%). The majority of women (59.5%) considers it advantageous to carry out screening in order to benefit from early management. The hospital was the most cited screening site (n=49; 61.3%). HIV infection had been seen as unlucky in 22 cases (27.5%). More than half of women were not in favor of sharing HIV status (n=51; 63.7%). Thirty-three (41.3%) women had never been tested and the reasons were fear (n=41;51.3%) and stigma (n=29;36.3%).

Conclusion: The majority of women surveyed have a good knowledge of HIV infection and a positive attitude towards condoms despite reluctance to be tested for stigmatization reasons. It is necessary to communicate on the importance of screening and current preventive measures in order to reduce morbidity and mortality associated with this infection.

Keywords: Knowledge; attitudes; practices; HIV; women; age of childbearing

Introduction

HIV/AIDS infection continues to pose a real public health problem at the global level despite the advent of highly active antiretroviral therapies and new prevention strategies [1]. Each week, about 6,200 young women aged 15 to 24 are infected with IH, and in sub-Saharan Africa, four out of five new infections among adolescents aged 15 to 19 are girls. Young women aged 15 to 24 are twice as likely to live with HIV as men [1]. According to UN AIDS estimates in 2017, HIV prevalence was 36.9 million (31.1 million-43.9 million) people with an incidence of 1.8 million (1.4 million-2.4 million) [2]. In Africa, morbi-mortality remained a concern with 69% of global infections, or about 25 million people

infected, 1.7 million new infections. Women and children under the age of 14 pay the heaviest price. In Congo, since the discovery of the first AIDS cases in 1983, there has been a political will to reduce HIV-dependent mortality through the implementation of central and departmental control programmers and units [3]. Despite these efforts, the epidemic affects all social strata with high prevalence's among key populations. Preventive measures, although known, are not always observed, specifically among the female population where there are few HIV-related studies, which justifies this work, which was intended to assess women's knowledge of childbearing age about HIV infection, to describe

and analyze the attitudes and practices of these women on the diagnostic and preventive aspects.

Patients and Methods

The study took place in the different randomly selected, densely populated neighborhoods in Brazzaville, sometimes involving women consulting health facilities for health problems. This was a descriptive prospective study that involved women ranging in age from 15 to 49, who did not recognize themselves as immunosuppressed to HIV, conducted from September 1 to October 15, 2019. The data were collected by staff from outside the medical world following a direct interview with closed and open questions the following epidemiological characteristics were informed namely age, parity, occupation, marital status, place of residence, level of education, age at first sexual intercourse. As far as knowledge is concerned; the source of information related to VIH, HIV risk factors, prevention methods and screening sites were the questions asked. The perception of HIV infection, the importance of testing, the sharing of its HIV status has concerned the attitude component. The practice-related questions were whether the woman of childbearing age had ever been tested for HIV, the reasons for getting tested, and the route to be taken if they were HIV positive.

Data Analysis

The data was collected using a survey sheet developed for this purpose, then transcribed on an Excel spreadsheet and analyzed using Epi Info 3.5.3 software. Quantitative variables were presented in medium more or less standard deviation and qualitative variables resulting from the recording of the interview were presented in numbers and percentages. The interview form written in French has been translated into local languages (Lingala and Kituba) to ensure that women who have

given free and informed consent to participate in the study are well understood. The favorable opinion for the study was obtained from the Ethics Committee on Health Science Research at Marien Ngouabi University.

Results

Interviews involved eighty (80) middle-aged women of 34.06 ± 10.62 (17-59 years). The com age group between the ages of 17 and 35 was the most represented (n-46;57.5%). These women had one or two children in 28 cases (35%), and no children in 21 cases (26.25%). They were civil servants and housewives respectively in 32.50% of cases, students accounted for 25 cases (31.3%). They were married (n-30;37.5%), singles and divorcees accounted for 15 cases respectively (18.7%) and 28 cases (35%). They resided in the city (n-58;72.5%). (Table 1). In 30% of cases, there was a high school education level. Academics accounted for 28 cases (35%). The median age at first sex was 17 years (12-25 years). In terms of knowledge (Table 2), the main channels of communication on HIV were television (n.27;35.5%) and the entourage (no.24; 31.5%). The most cited HIV risk factor was multiple sexual partners (n-60;75%). HIV can be prevented according to 87.5% of women surveyed and condom use was the most cited means of prevention (n-29; 41.4%) (Table 3). The majority of women (59.5%) considers it advantageous to carry out screening in order to benefit from early management. The hospital was the most cited screening site (n-49; 61.3%). No patients cited voluntary and anonymous screening centers as a screening structure. HIV infection had been seen as unlucky in 22 cases (27.5%). More than half of women were not in favor of sharing HIV status (n-51; 63.7%). Thirty-three (41.3%) women had never been tested and the reasons were fear (n-41; 51.3%) and stigma (n-29; 36.3%) (Table 4).

Table 1 : Epidemiological aspects of inter-materialized women

Epidemiological aspects	Respondents No. 80	
	N	%
Age of woman		
Average	34,06 ± 0,62	
Extreme	(17, 59)	
Age (class)		
17-35	46	57,50
36-59	34	42,50
Number of children		
Average (years)	2,19 ± 2,08	
Extremes (years)	(0; 8)	
Number (class)		
0	21	26,25
1-2	28	35,00
3-4	22	27,50

5-8	09	11,25
Profession		
Official	26	32,50
Housewife	26	32,50
Student	25	31,25
Other	3	03,75
Marital status		
Single	15	18,75
Bride	30	37,50
Divorced	28	35,00
Widow	7	08,75
Residence		
Urban	58	72,50
Semi-urban	13	16,25
Rural	9	11,25
Education level		
Primary	15	18,75
Secondary	30	37,50
University	28	35,00
No	7	08,75
Age of 1st sexual intercourse		
Average	16,59	
Extreme	(12; 25)	
Age 1st report (Class)		
17-Dec	50	62,50
18-25	30	37,50

Table 2: Women's knowledge of HIV.

Women's knowledge of HIV and HIV testing	Respondents No. 80	
	N	%
Have you ever heard of HIV?		
Yes	76	95,00
Not	4	05,00
If so by which channel?		
Family environment	3	3,95
Entourage	24	31,55
Radio	12	15,75
Television	27	35,50
Other	10	13,25
What do you think are the risk factors or causes of HIV that you are aware of?		
Multiple partners	60	75,00
Transfusion	3	03,75
Precocity of sexual intercourse	5	06,25
Age	3	03,75
Poverty	4	05,00
Other	5	06,25
Do you think HIV can be prevented?		

Yes	70	87,50
Not	4	05,00
Don't know	6	07,50
If so, what are the known means of prevention?		
Condom	29	41,43
Abstinence	1	01,45
PrEp	0	00,00
Loyalty	5	07,15
Preservative - Loyalty	33	47,14
Other	2	2,83
How old do you think a woman should start HIV testing?		
From the beginning of sex life	41	51,25
At 20 years old	5	06,25
At 30 years old	1	01,25
Before the wedding	5	06,25
After 35 years	27	33,75
I do not know	1	01,25
What do you think are the benefits of HIV testing?		
Behaving responsibly	9	11,40
Early management	47	59,49
Avoiding the AIDS stage	7	08,86
Don't know	16	20,25
Do you know where to test for HIV?		
Voluntary screening center	16	20,00
CSI	10	12,50
Hospital	49	61,25
Pharmacy	4	05,00
Don't know	1	01,25

Table 3: Women's attitudes towards HIV.

Attitudes	Respondents No. 80	
	N	%
How do you perceive HIV infection?		
Divine punishment	16	19,00
Witchcraft	7	08,75
Bad luck	22	27,50
Other	35	43,75
Is it important to get tested for HIV?		
Yes	64	77,50
Not	11	13,50
Don't know	5	09,00
If so, will you accept that your test is done by a health worker?		
Yes	60	93,75
Not	4	06,25
Are you in favour of sharing the HIV status?		
Yes	29	36,25

Not	51	63,75
If so, which third party informed?		
Parents	20	68,96
Spouses	5	17,24
Friends	0	0
Pastor	0	0
Parents - spouses	4	13,80
If the test is positive, what would be the use of care?		
Hospital	51	62,75
Religious confession	11	13,75
Tradipraticien	1	1,25
Doing nothing	1	1,25
Other	16	20,00

Table 4: Women's HIV practices.

Practices	Respondents No. 80	
	N	%
Have you ever been tested for HIV?		
Yes	47	58,75
Not	33	41,25
If so, when was your last screening?		
Less than 1 year	22	46,80
1 to 2 years old	11	23,40
More than 3 years	11	23,40
Don't know	3	06,40
What are the reasons why you can't get tested?		
Stigma	29	36,25
Lack of medication	5	06,25
Fear of getting infected	41	51,25
Ignorance	3	03,75
Don't know	2	02,50
If you get tested now (after risky behaviour) when will you do the next screening?		
1 month	14	17,50
Three months	18	40,00
1 an	2	02,50
Don't know	46	57,50
Other	0	0
If the test proves positive, what would be your route?		
Hospital	54	67,50
Church	5	06,25
Tradipraticien	3	03,75
Don't know	1	01,25
Hospital - Church	17	21,25

Discussion

We chose to do this study in a sexually active and childbearing population in relation to epidemiological data on the feminization

of HIV infection [1]. The choice of patients to be interviewed was random in densely populated neighborhoods that favoured transmission of the human immunodeficiency virus. Women

of childbearing age regardless of their HIV status with regard to HIV had been simply questioned. Because this is a very vulnerable social strata since, every week, approximately 6,200 young women between the ages of 15 and 24 are infected with HIV5 [1]. These were middle-aged youth of 34.06 ± 10.62 (17-59 years) some of whom had already had children without knowing in advance their HIV status. In significant proportions, some women did not yet have children. Almost half of the women surveyed were housewives. This occupation partly affects the level of knowledge of health problems such as HIV infection. This finding is similar to that made by some African authors [4,5]. The main sources of communication on HIV infection cited were television and the entourage. In Dakar, Senegal, the main sources of information on HIV remain radio and television in 79% and 68% respectively [4]. While the media remain the most effective means of communication for development (C4D), one of the strategies used by UNICEF in urban areas, it is worth noting the difficulty of these emometers in the most remote country areas and this is an obstacle to behaviour change [4].

The most cited mode of HIV infection by women of childbearing age (60; 75%) was having multiple sexual partners. These results are consistent compared to those given by the OUAIDS report on the heterosexual mode of transmission of HIV infection developing countries in particular sub-Saharan Africa [1,6]. Other modes of contamination have been cited in very negligible proportions such as vertical transmission from mother to child and sharing of Syringes for drug use. The same observation had already been made in Togo [7] about ignorance of other modes of transmission of HIV infection. The development of new communication strategies excluding the media in participation women would take these young women out of their sleep to the extent that most between they don't have children yet. In 87.5% of cases, women of childbearing age know that HIV infection can be prevented and the most cited prevention method by this population category was condom use. This knowledge is similar to that found in Togo and Dakar [4,7]. However, no woman interviewed knew that early detection of HIV infection, as well as antiretroviral therapy, were the means preventing complementary traditional measures. Indeed, the preventive effectiveness of the treatment of infected people on the risk of transmitting the virus during unprotected sex is based at the individual level on the knowledge of an undetectable viral load and the use of this information to have unprotected sex [8]. In 2018, 79% (67%-92%) people living with HIV knew their status, 62% (47%-74%) have access to treatment, 53% (43%-63%) of these people had their viral load suppressed and therefore unable to transmit the virus to a large extent [1].

Knowledge of HIV status makes it possible to adopt a responsible and therefore preventive behaviour. This knowledge is one of the major keys use of ARVs as prevention [9,10]. Anti-retroviral drugs lower the viral load threshold below the detection threshold and the fetal transmission model shows that lowering the viral load reduces the risk of transmission [10]. All of

these information preventive measures should be made available to the most disadvantaged social strata at risk of HIV infection. Pre-exposure prophylaxis (PrEP) which is a method that has revolutionized the prevention of HIV infection in key populations has not been cited by any of the women of childbearing age. The majority of women had a good attitude about the value of pre-screening HIV infection and the hospital had been the most cited screening place. In a context of decentralization of HIV-positive care activities, peripheral structures should be able to detect and in charge of simple cases HIV infection. While in more than half of the cases (59.5%), women of childbearing age were in favour of HIV testing, in non-negligible they linked to bad luck being infected with HIV. This negative view of the disease is similar to that found by several authors in the sub-region [7,11].

At 51(63,8%) Women respondents, the sharing of HIV status was not an option and in five cases, the route to be followed in the event of HIV was a religious denomination, whereas in more than half of the cases (n=54; 67.5) the hospital had been cited as a reference structure for HIV-positive status. Fear of stigma (no.29;36.3%) and to be rejected by the spouse on the one hand and ignorance on the other (3;3.8%) justify partly the various opinions found in these women of childbearing age. This information conforming to that found in literature [11]. The development of the new awareness channels awareness would significantly reduce the stigma experienced in people living with HIV. The women surveyed had never tested for HIV in 47 cases (58.8%) and nearly half of these women (n=46; 57.5%) did not know the timing of HIV follow-up after sexual behavior at risk of HIV transmission. This data is contrary to UNAIDS guidelines that 90% of people living in high-risk areas know their HIV status. In Congo, the fight against HIV infection, which is coordinated by the National AIDS Programmed, is experiencing enormous difficulties with departmental control units that are no longer functional, almost non-existent screening companions.

Conclusion

Information related to the level of knowledge of women of childbearing age is good, while attitudes found in the same population group also see practices related to the ignorance and stigma often encountered towards people living with HIV. The national AIDS programmed is expected to strengthen communication channels and means to achieve UN AIDS' first target of 90 by 2030.

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