

IMPACT OF A PEER-GROUP INTERVENTION ON URBAN HEALTH WORKERS IN MALAWI



Urban Health Workers (HWs): Authors



Kathleen F. Norr¹
James L. Norr¹
Jane Chimango²
Angela Chimwaza²
Diana L.N. Jere²
Sitingawawo I. Kachingwe²
Mary M. Mbeba²
Chrissie P.N. Kaponda²

¹*College of Nursing, University of Illinois at Chicago*

²*Kamuzu College of Nursing, University of Malawi*

Urban HWs: Purpose



- To examine the impact of the *Mzake ndi Mzake* peer group intervention on urban hospital workers:
 - Personal HIV-related knowledge, attitudes, and behaviors
 - Work related behaviors
 - Universal precautions
 - Client teaching

Urban HWs: Setting & Participation



- The urban central hospital is a large and complex organization
- 855 urban hospital workers took part in the intervention, nearly all the workforce
- Workers were encouraged to participate but it was not required

Urban HWS: Evaluation



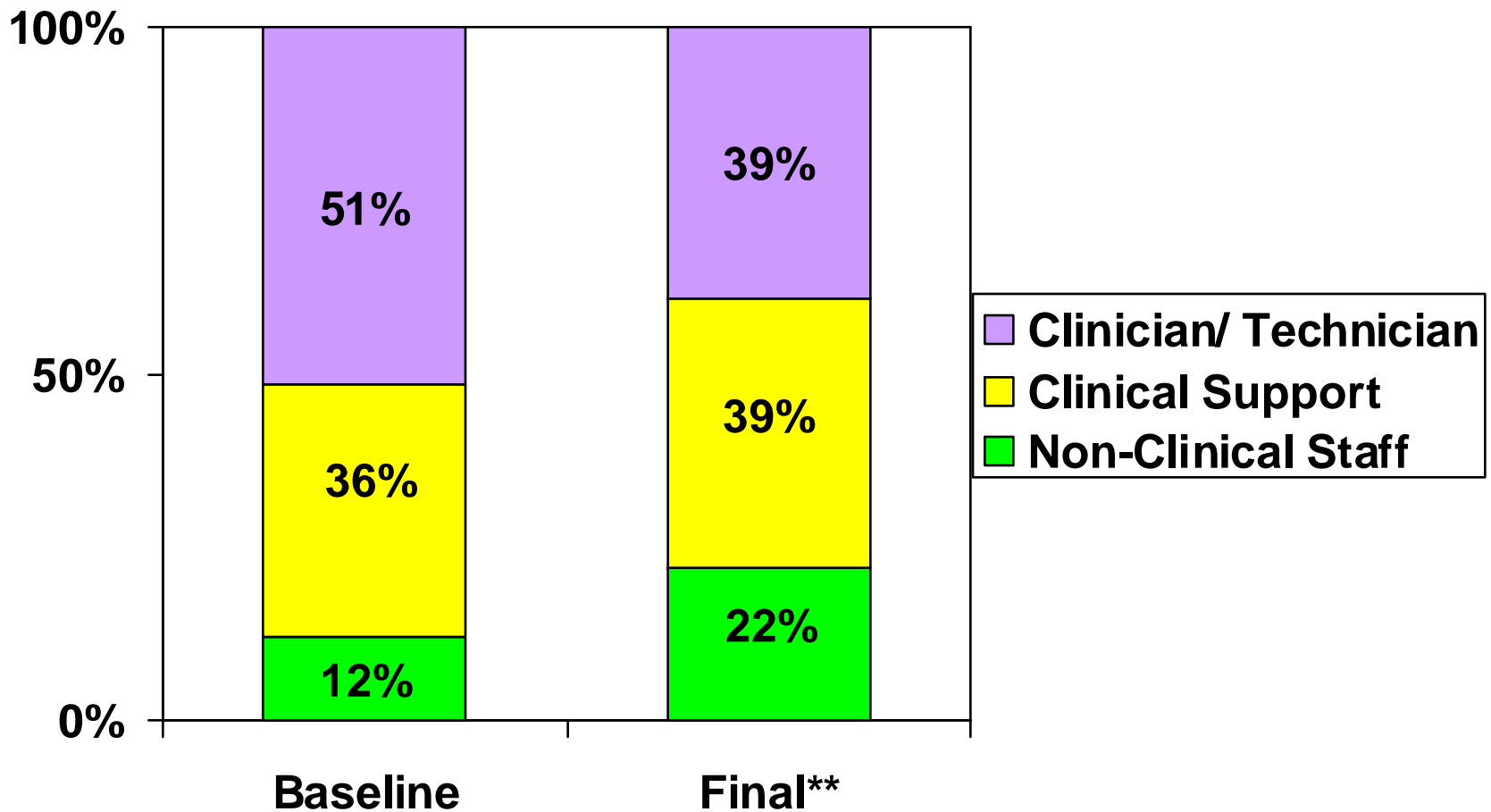
- Hospital workers' outcomes were assessed using interviews with workers before and after the intervention (with no control group):
 - Selected to include a variety of jobs, units, and shifts
 - The baseline occurred one month before the intervention.
 - The final evaluation occurred an average of 6.5 months after the intervention
- Participants: Baseline = 366 Final = 561

Urban HWs: Demographics



- Gender: 39% were male
- Age: 58% were over age 35
- Education: 45% had at least secondary education
- Religion: Over 70% were Protestant
- There were **no significant differences** in these characteristics at baseline and final

Urban HWs: Job Categories



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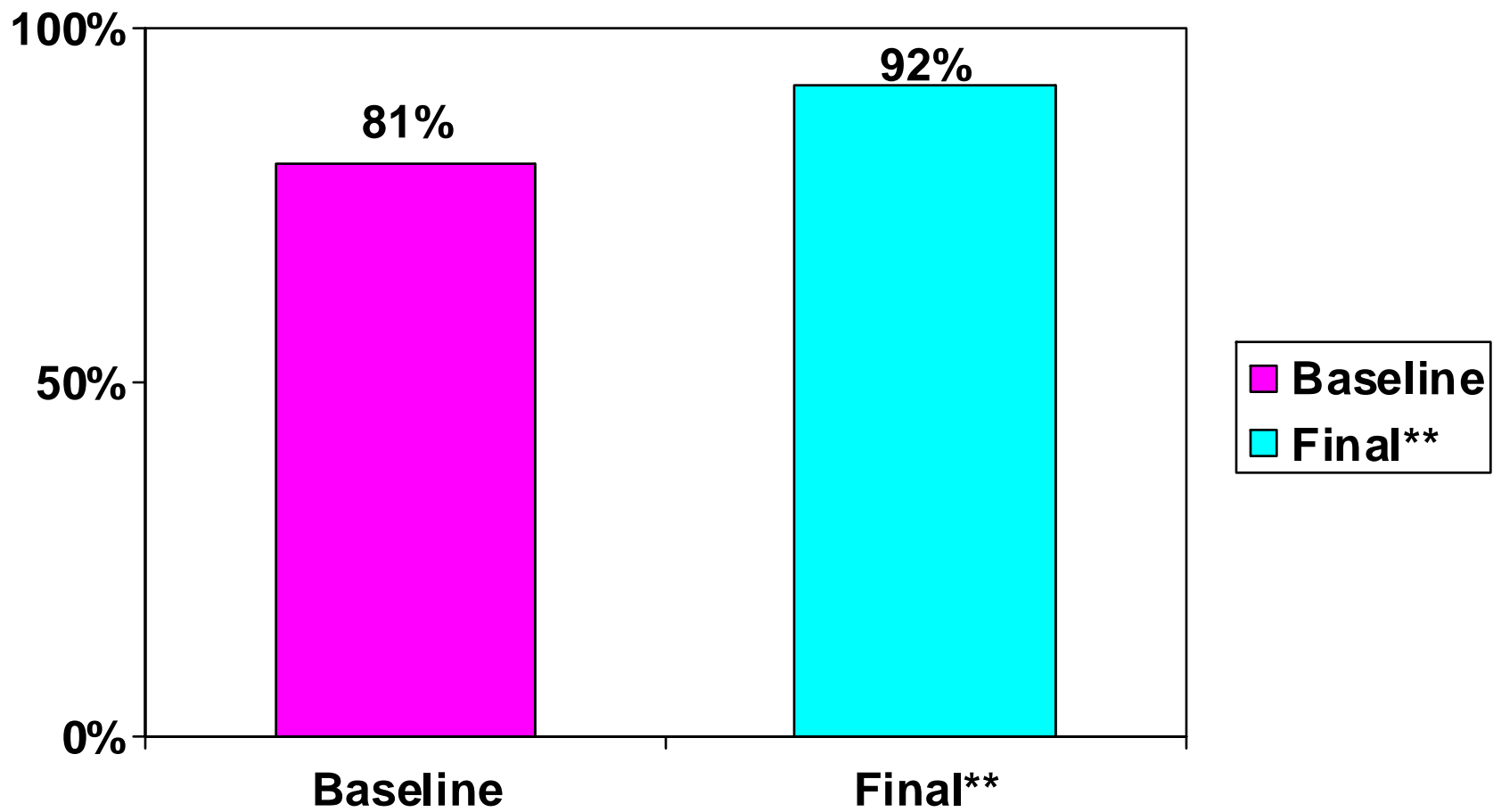
Urban HWs: – Differences Between Baseline and Final Characteristics



- We corrected this at the final evaluation
- However, differences between baseline and final may be due to type of worker, not the intervention
- We looked at all outcomes for the 3 types of workers separately, but these results did not differ and are not shown

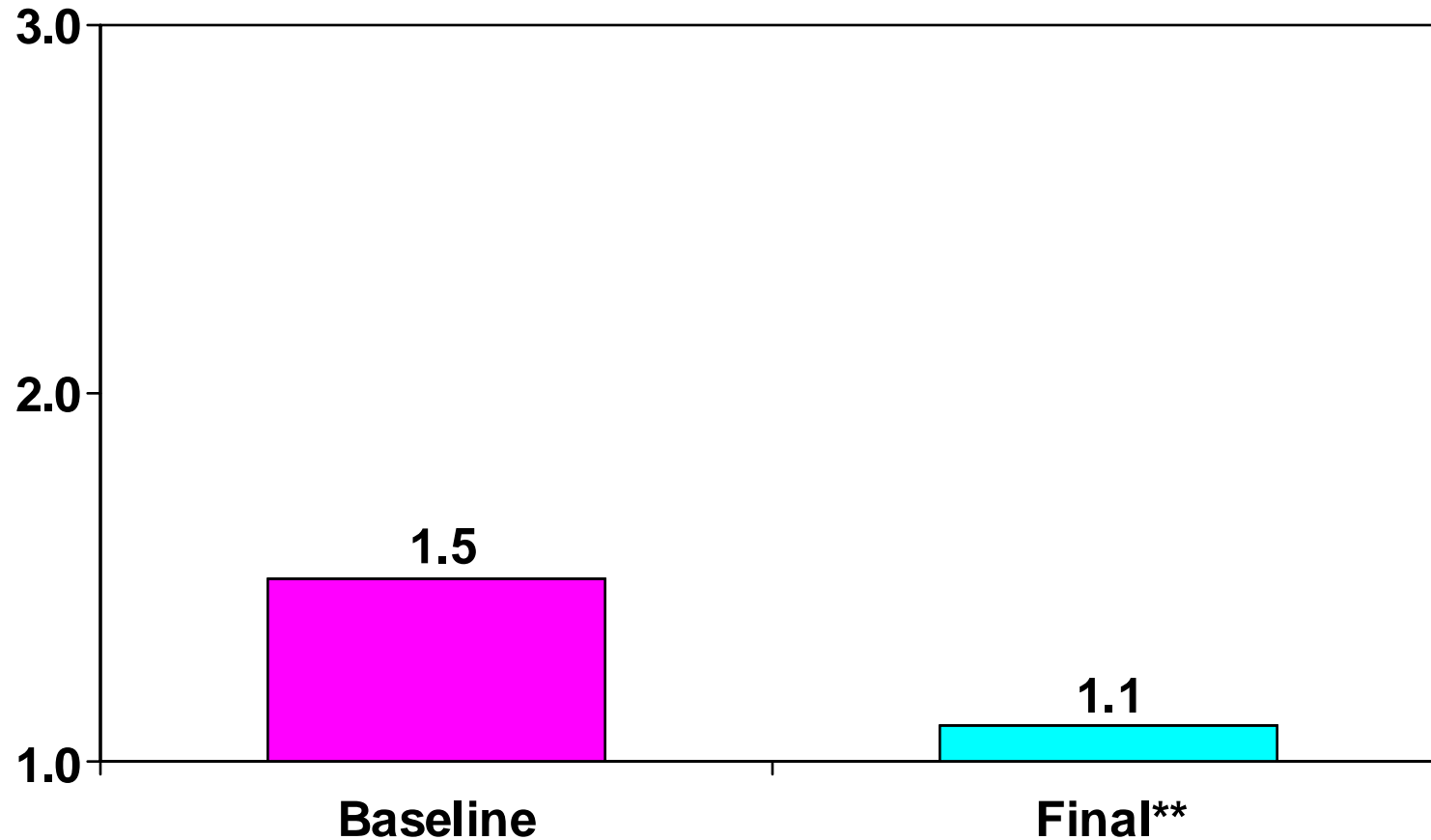
Urban HWs: AIDS Knowledge Score

(6 items, % correct)



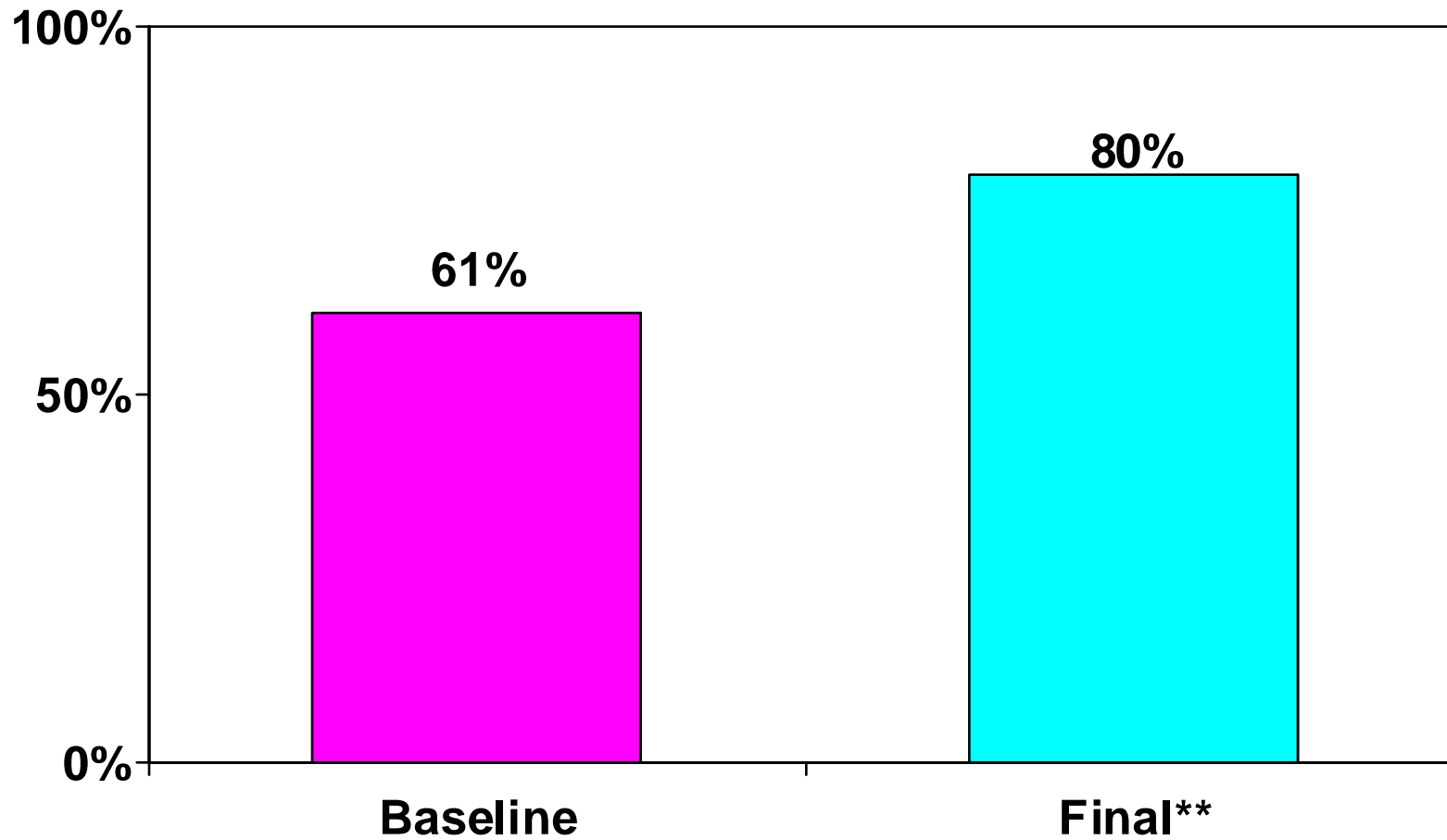
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Urban HWs: Blame Person with HIV (Single item, 1=no, 2=not sure, 3=yes)



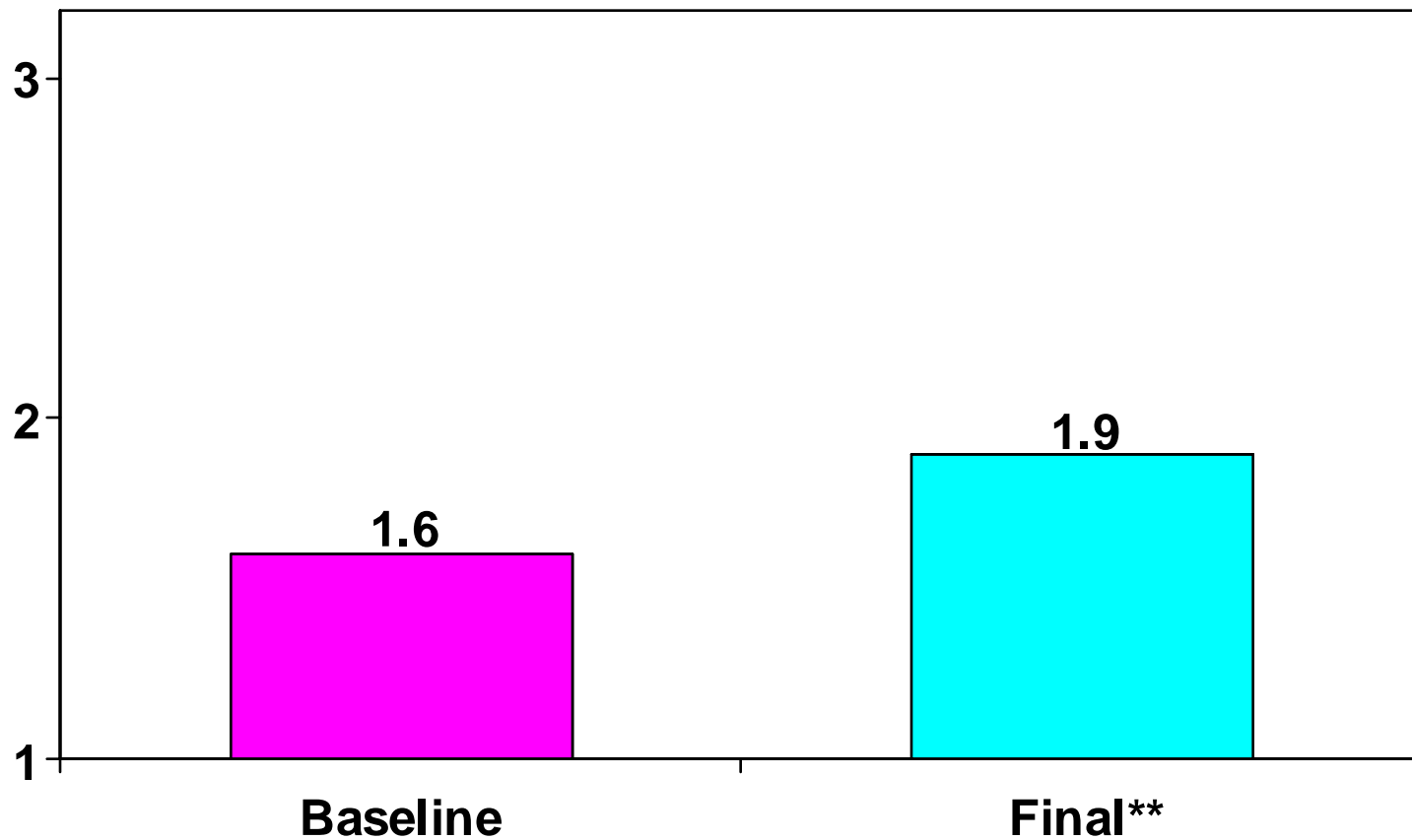
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Urban HWs: Condom Attitudes (10 items, % answered positively)



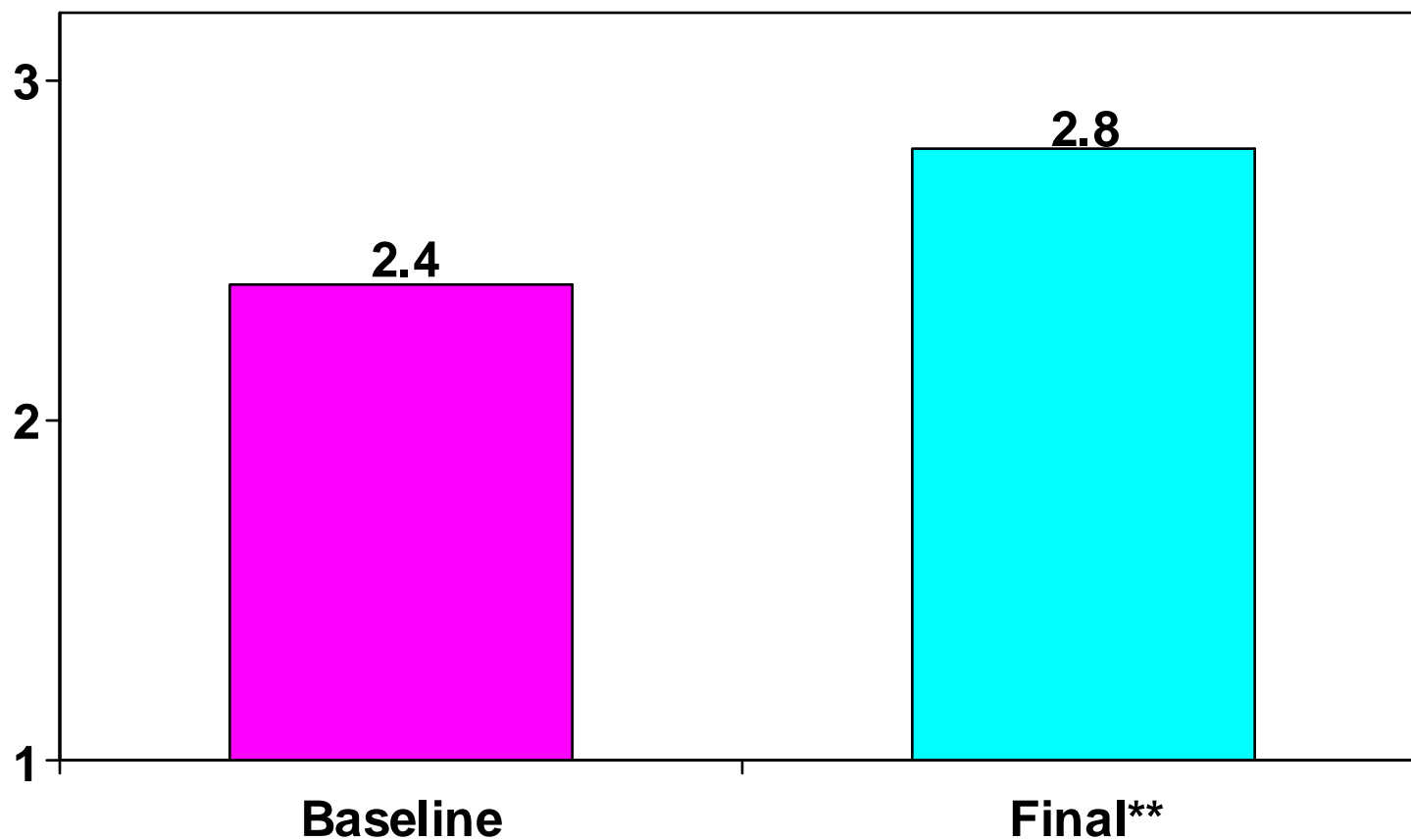
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Urban HWs: Attitude Toward HIV Testing (2 items, range 1-3, 3=most positive)



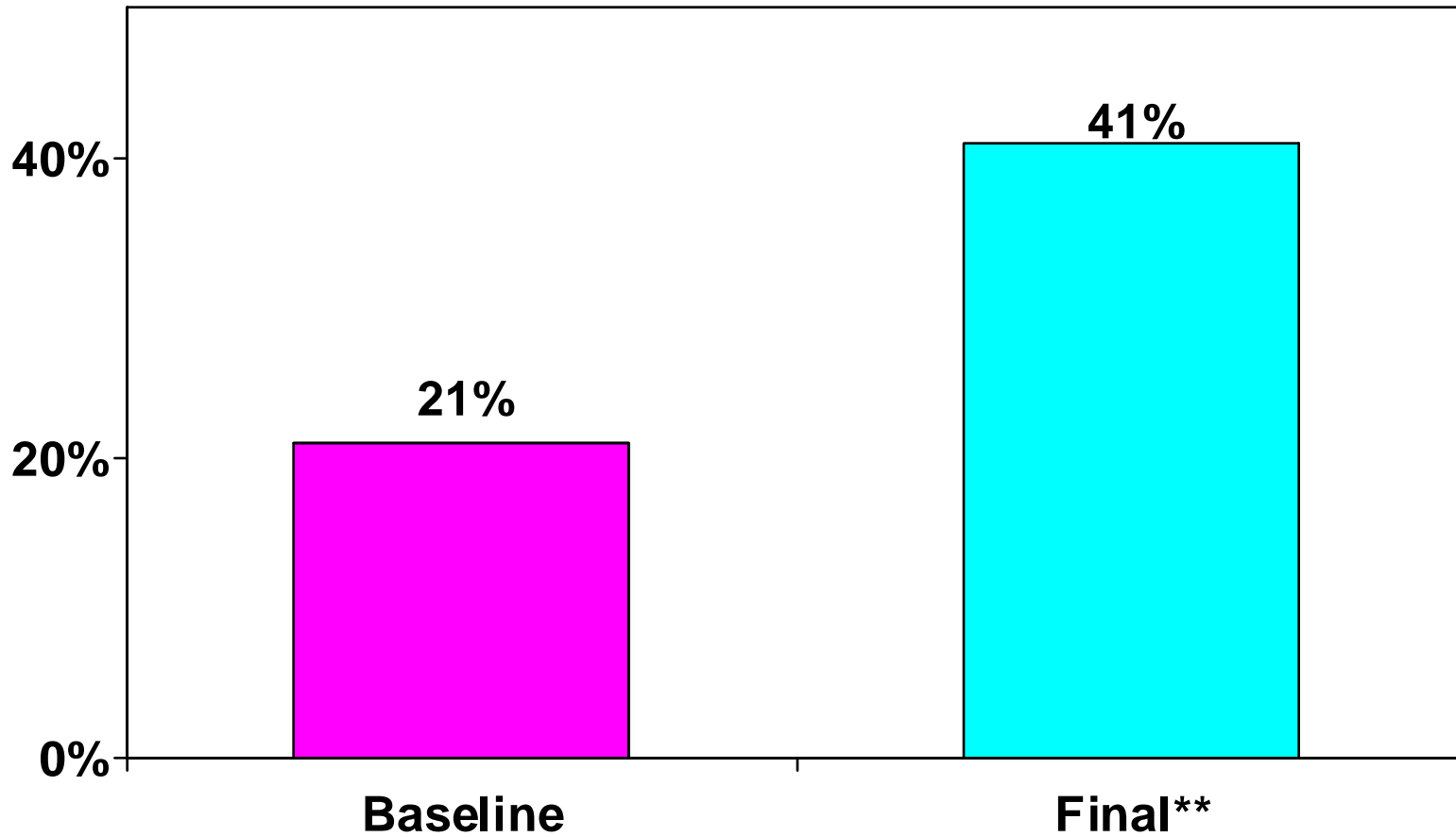
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Urban HWs: Self-Efficacy for Safer Sex (6-items, range 1-3, 3= very confident)



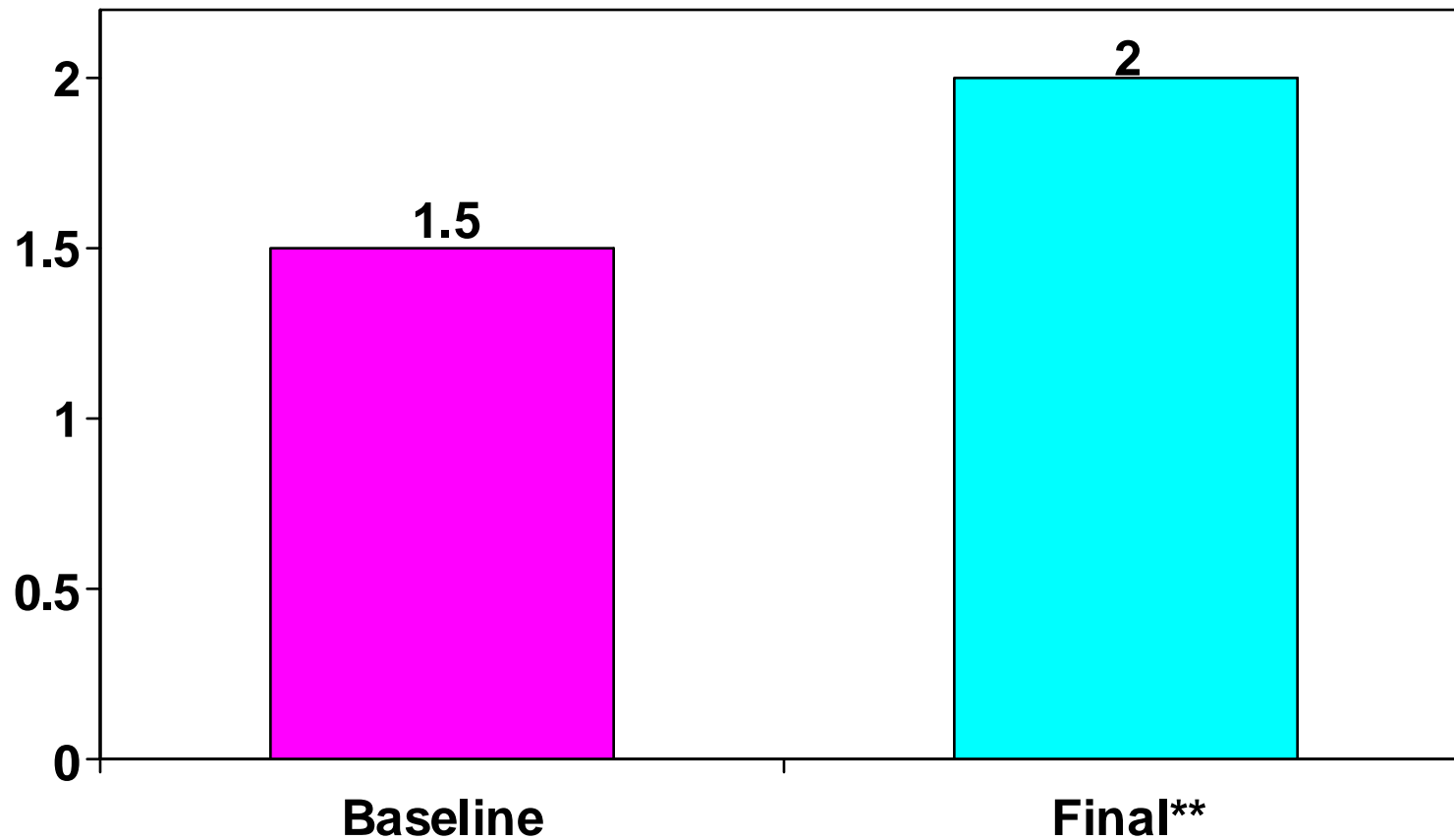
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Urban HWs: HIV Test in Last Year (% reported having test)



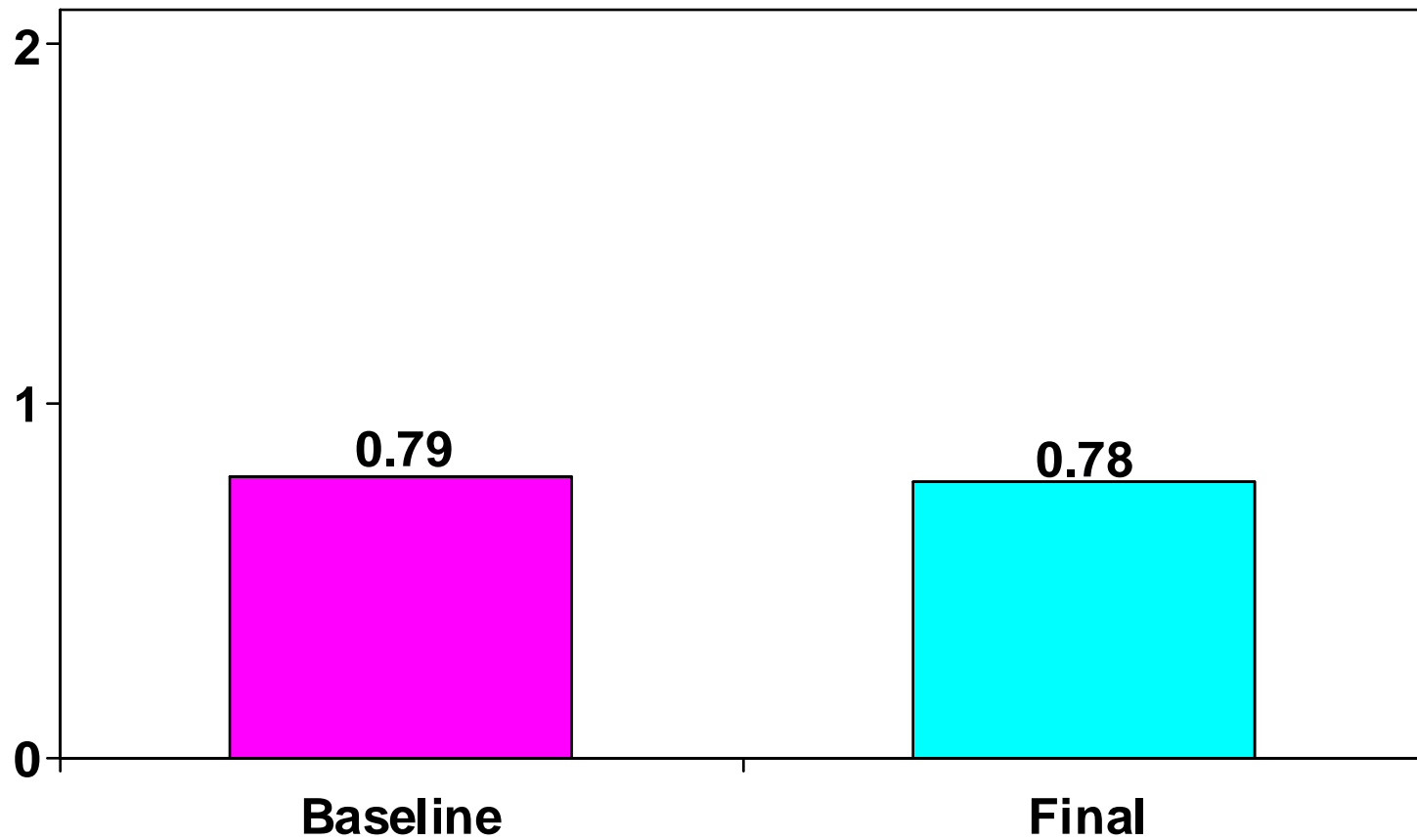
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Urban HWs: Discussed Safer Sex with Partner (2 items, # discussed)



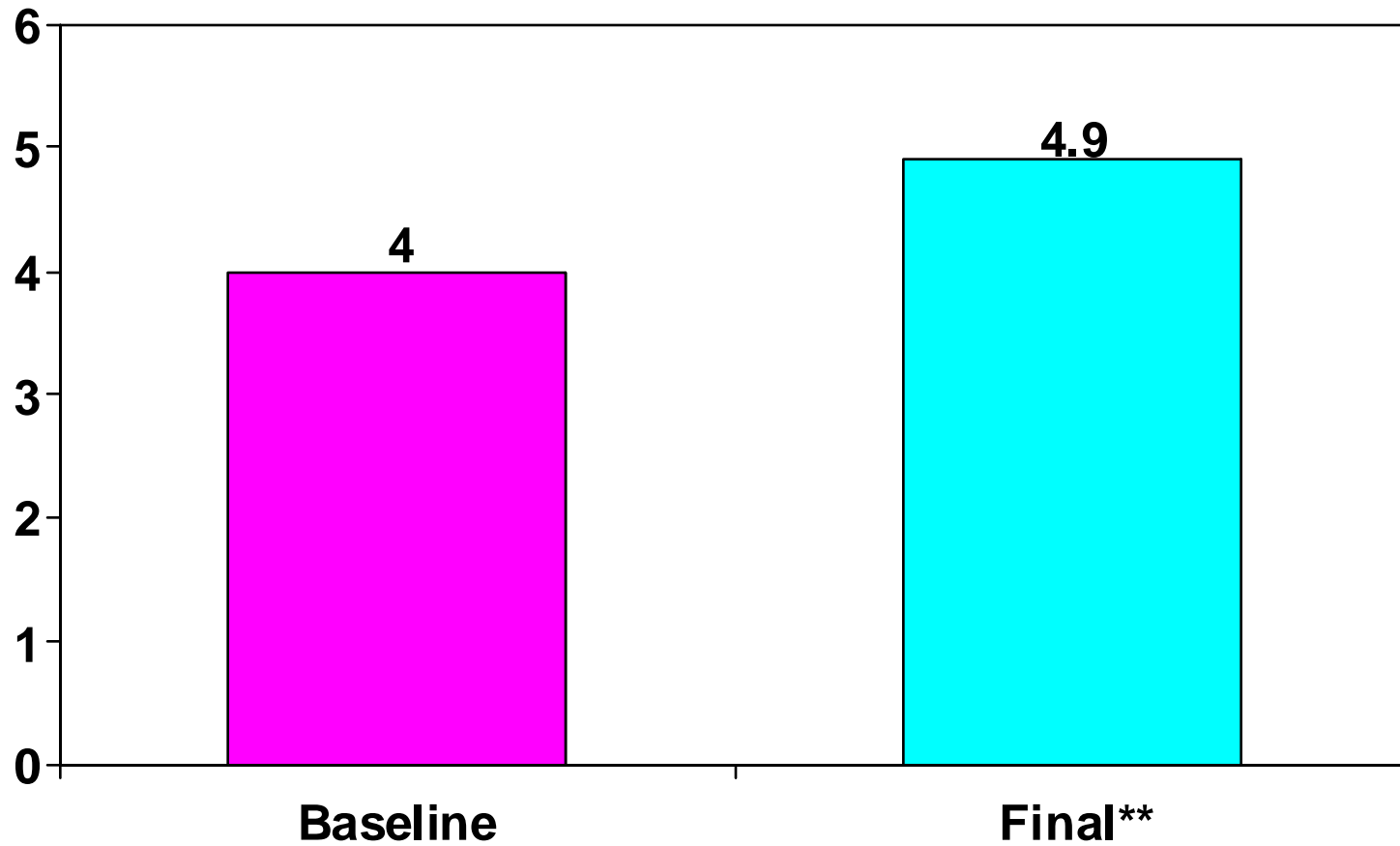
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Urban HWs: Risky Sex Practices (5 items, # reported for last 2 mo.)



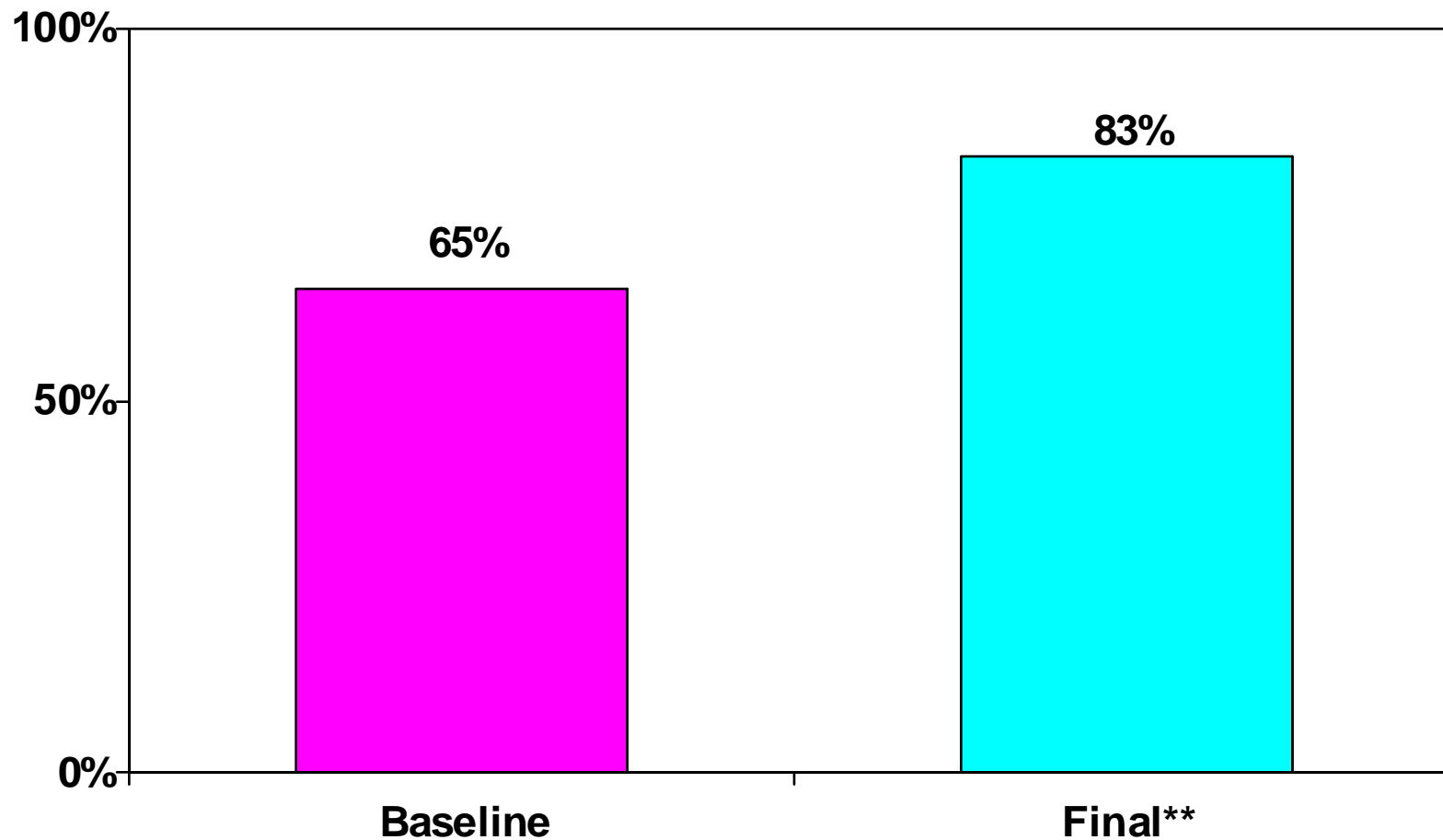
No significant difference

Urban HWs: Community HIV Prevention (6 activities, # done in last 2 mo.)



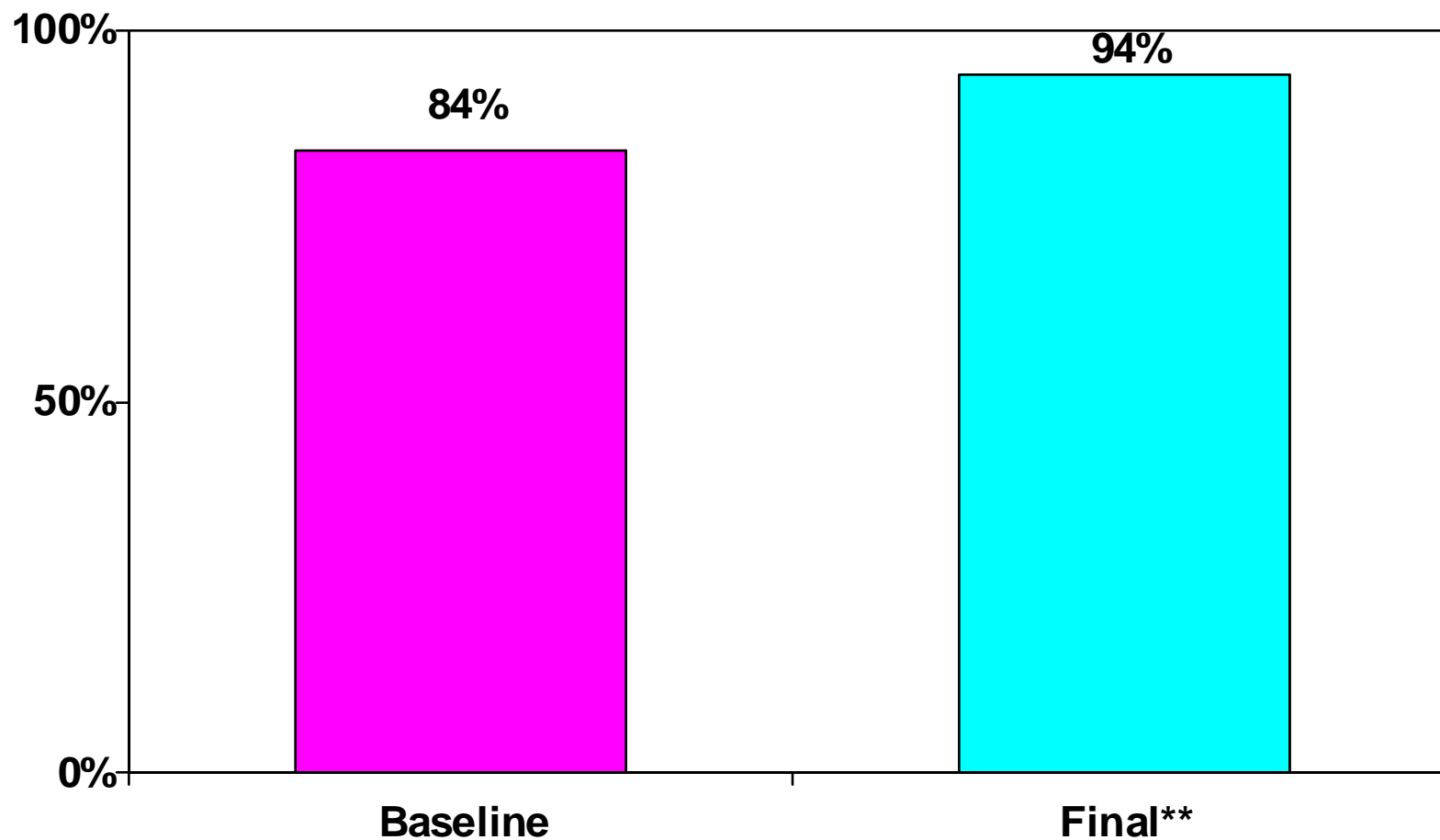
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Urban HWs: Observed Hand Washing After Contamination (%)



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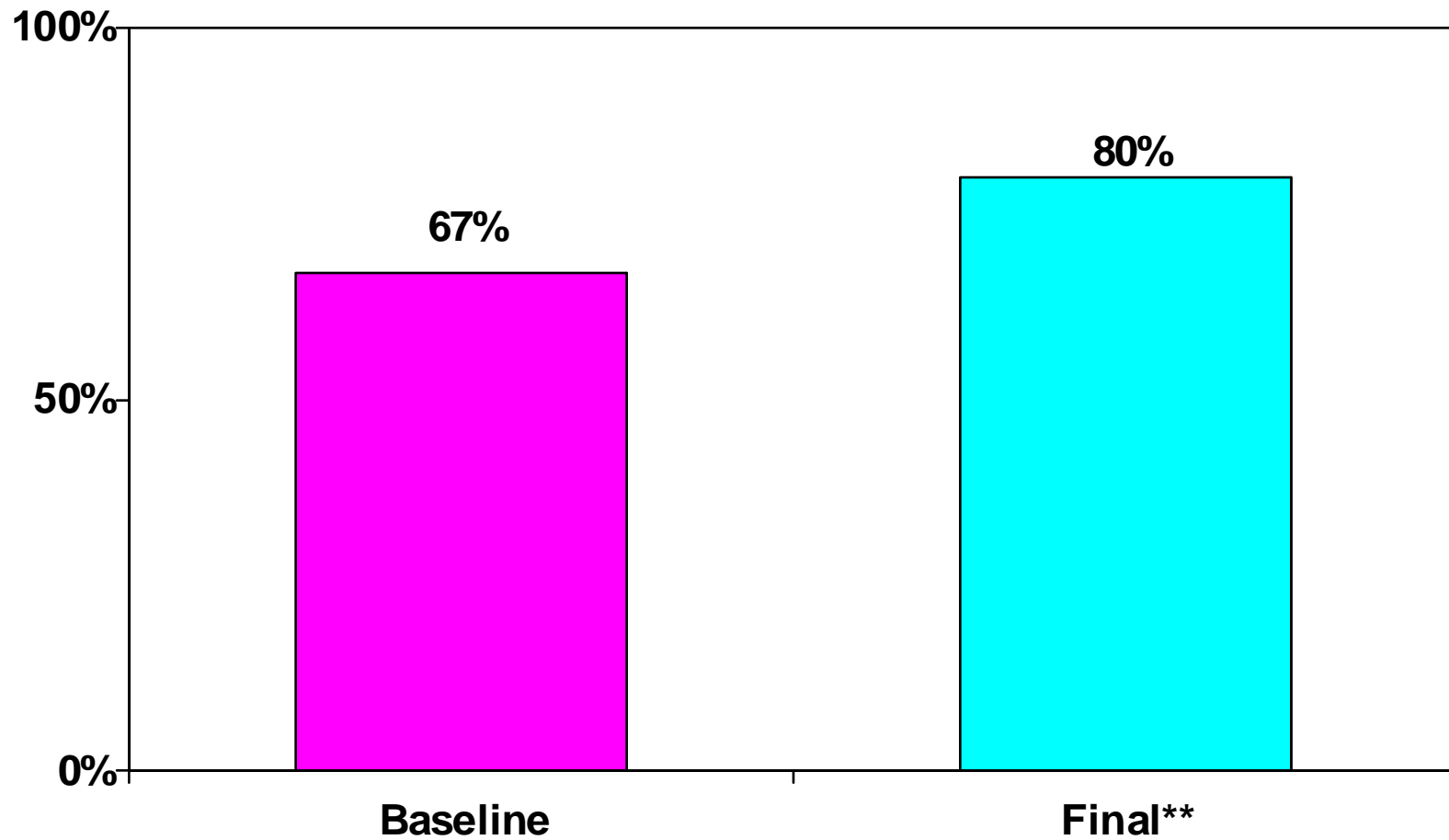
Urban HWs: Observed Glove Wearing for Contamination (%)



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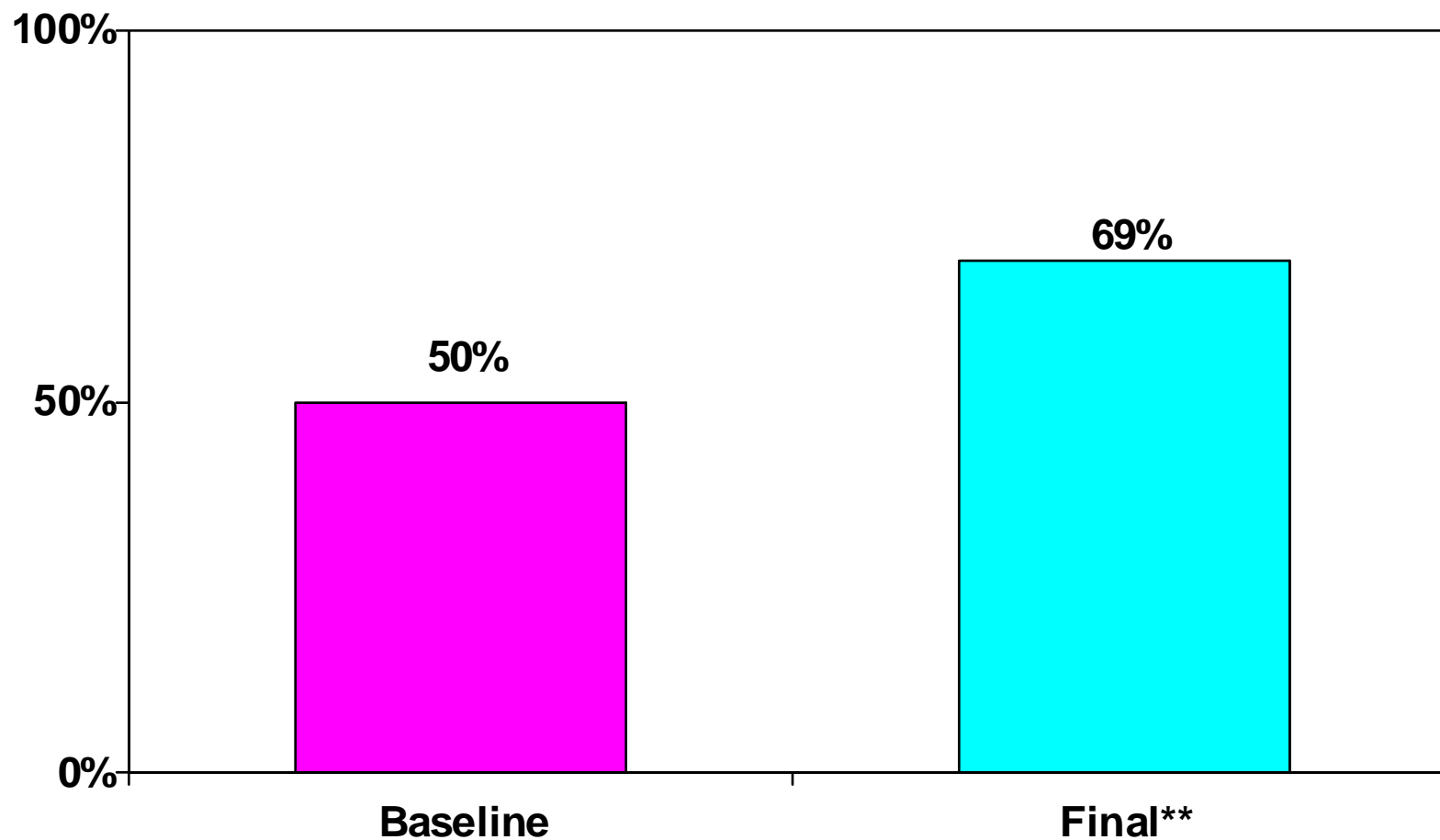
Urban HWs: Observed Interactions

(% done -11 items for respectful interactions with clients/families)



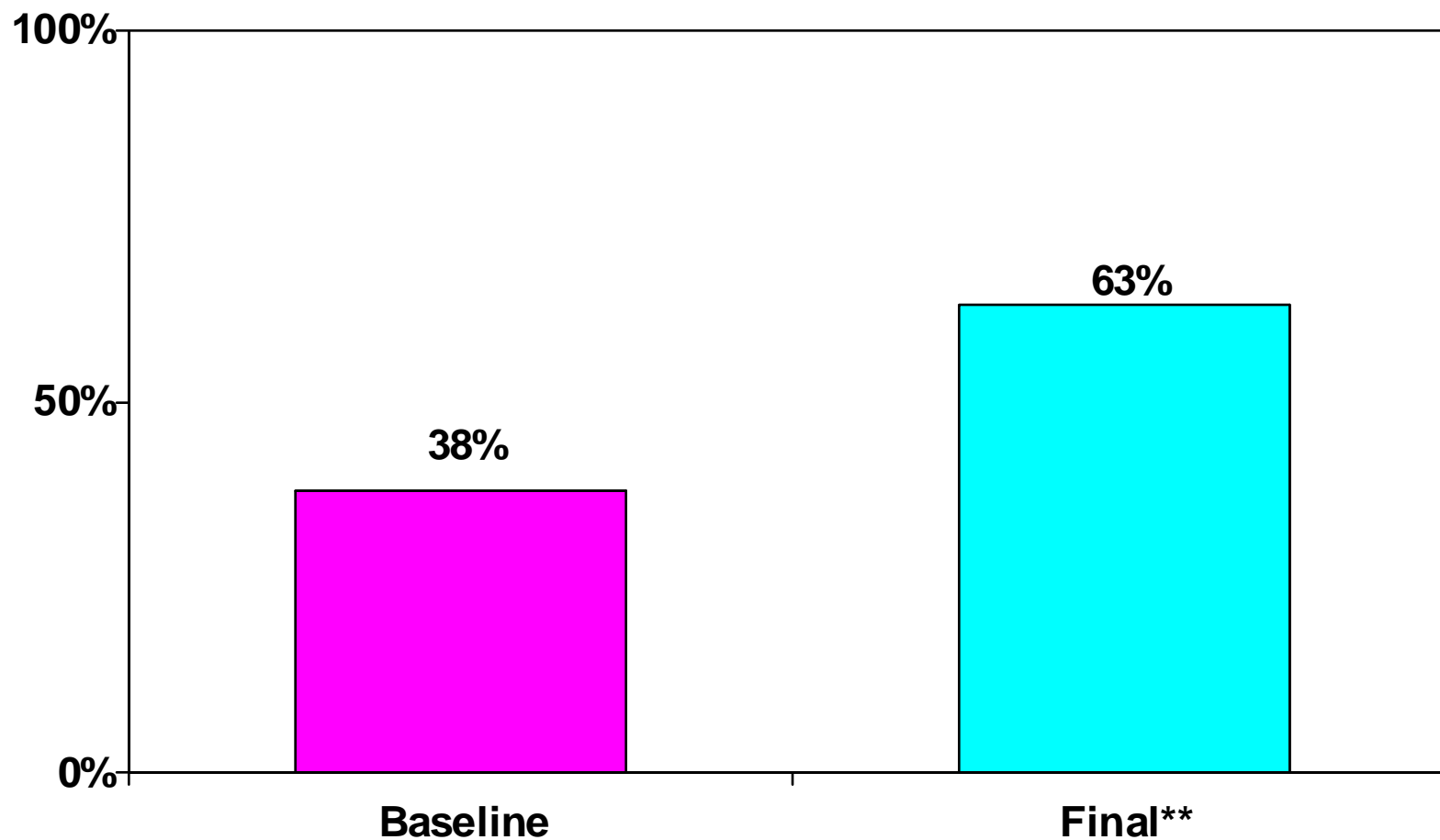
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Urban HWs: Observed Use of Opportunity to Teach (% Yes)



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Urban HWs: Observed HIV Prevention Teaching (% Yes)



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Urban HWs: Summary



- Increased **knowledge** about HIV
- Improved **attitudes** regarding:
 - Less stigmatization or blaming of persons living with HIV, and
 - More favorable attitudes towards HIV testing and condoms

Urban HWs: Summary



- Increased **self efficacy** for personal safer sex behaviors
- **Behavioral changes**
 - More HIV tests
 - More communication with partner
 - No change in overall risky sexual behaviors
 - More involvement in community HIV prevention activities

Urban HWs: Summary



■ Universal Precautions

- Observed appropriate hand washing and glove wearing both increased significantly

■ Interactions and Teaching with Clients

- Observed respectful interactions increased significantly
- Observed general teaching and HIV-related teaching were significantly higher after the intervention

Urban HWs: Discussion



- The urban hospital workers did not reduce their risky sexual behaviors
- For urban workers, the emphasis on personal behavioral change needs to be strengthened
 - More discussion and role plays for urban situations
 - More emphasis in the intervention on personal change as well as workplace change
 - More consistent support for personal HIV prevention in the workplace

Urban HWs: Discussion



- The *Mzake ndi Mzake* peer group intervention should be made available for all urban health workers because participation can enhance:
 - Prevention of transmission in the health facility for the health worker and the client
 - Workers' personal knowledge, attitudes and work-related behaviors
 - Client teaching and respectful interactions
 - Support for HIV prevention among co-workers

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