

## Common Misconceptions around Human Immunodeficiency Virus in Rural Uganda: Establishing the Role for Patient Education Leaflets Using Patient and Staff Surveys

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**Abstract :** Background: Uganda suffers from high rates of HIV. Misconceptions around HIV are known to be prevalent in Sub-Saharan Africa (SSA). Two of the most common misconceptions in Uganda are that HIV can be transmitted by mosquito bites or from sharing food. The aim of this project was to establish the local misconceptions around HIV in a Central Ugandan population, and identify if there is a role for patient education leaflets. This project was undertaken as a student selected component (SSC) offered by Swindon Academy, based at the Great Western Hospital, to medical students in their fourth year of the undergraduate programme. Methods: The study was conducted at Villa Maria Hospital; a private, rural hospital in Kalungu District, Central Uganda. 36 patients, 23 from the hospital clinic and 13 from the community were interviewed regarding their understanding of HIV and by what channels they had obtained this understanding. Interviews were conducted using local student nurses as translators. Verbal responses were translated and then transcribed by the researcher. The same 36 patients then undertook a 'misconception' test consisting of 35 questions. Quantitative data was analysed using descriptive statistics and results were scored based on three components of 'transmission knowledge', 'prevention knowledge' and 'misconception rejection'. Each correct response to a question was scored one point, otherwise zero e.g. correctly rejecting a misconception scored one point, but answering 'yes' or 'don't know' scored zero. Scores  $\leq 27$  (the average score) were classified as having 'poor understanding'. Mean scores were compared between participants seen at the HIV clinic and in the community, and p-values (including Fisher's exact test) were calculated using Stata 2015. Level of significance was set at 0.05. Interviews with 7 members of staff working in the HIV clinic were undertaken to establish what methods of communication are used to educate patients. Interviews were transcribed and thematic analysis undertaken. Results: The commonest misconceptions which failed to be rejected included transmission of HIV by kissing (78%), mosquitoes (69%) and touching (36%). 33% believed HIV may be prevented by praying. The overall mean scores for transmission knowledge (87.5%) and prevention knowledge (81.1%) were better than misconception rejection scores (69.3%). HIV clinic respondents did tend to have higher scores, i.e. fewer misconceptions, although there was statistical evidence of a significant difference only for prevention knowledge ( $p=0.03$ ). Analysis of the qualitative data is ongoing but several patients expressed concerns about not being able to read and therefore leaflets not having a helpful role. Conclusions: Results from this paper identified that a high proportion of the population studied held misconceptions about HIV. Qualitative data suggests that there may be a role for patient education leaflets, if pictorial-based and suitable for those with low literacy skill.

**Keywords :** HIV, human immunodeficiency virus, misconceptions, patient education, Sub-Saharan Africa, Uganda

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