

Efficacy of an Interactive Educational Method for Building Tolerance toward PLWH in St. Petersburg, Russia

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ISSUES

St. Petersburg is home to 4.6 million people and one of the highest rates of HIV infection in the Russian Federation. As of June 2008, 33,344 people in St. Petersburg have been registered as HIV-positive, although that number likely reflects about one-third of those infected. The number of individuals seeking treatment at St. Petersburg City AIDS Center is increasing, with 2,390 patients receiving ART as of June 2008.

HIV care is complex and requires significant coordination of medical, psychological, and social support services. Stigma, discrimination, inadequate knowledge about HIV, and lack of HIV case management skills among staff at community-based health and social service institutions prevent PLWH in Russia from accessing appropriate, quality care and services.

Most existing training initiatives target practitioners at specialized HIV care facilities and offer little or no continuing education and support to primary level general practitioners, nurses, and social workers.

METHODS

The American International Health Alliance (AIHA) initiated in 2004 a partnership linking the St. Petersburg AIDS Center with Yale University's AIDS Program. With USAID and PEPFAR support, partners worked closely to develop and pilot an "HIV101" training curriculum at target Russian sites. The 3-day training course—"Basics of HIV and Tolerance Building"—has been implemented at district polyclinics throughout St. Petersburg.

This course was designed for community-based primary care providers, social workers, and psychologists based on the theories of reasoned action and social learning, and the transtheoretical model of behavior change. Workshops included lectures on etiology, epidemiology, HIV diagnosis, ART, case management, and drug addiction. They also included art therapy exercises, small group sessions, and role plays designed to strengthen communication skills and promote patient education on HIV. Baseline and post-training data were analyzed according to demographics, HIV knowledge, HIV transmission risk, attitudes, and social norms.

RESULTS

Comparative analysis of baseline and post-training data demonstrated an improvement in level of knowledge on HIV across all five indicators (see Fig. 1). After attending a

Figure 1: Comparative Analysis of Baseline and Post-training Survey Data for Primary Care Providers Who Participated in "HIV 101" Trainings, St. Petersburg, Russia (2007 – 2008)

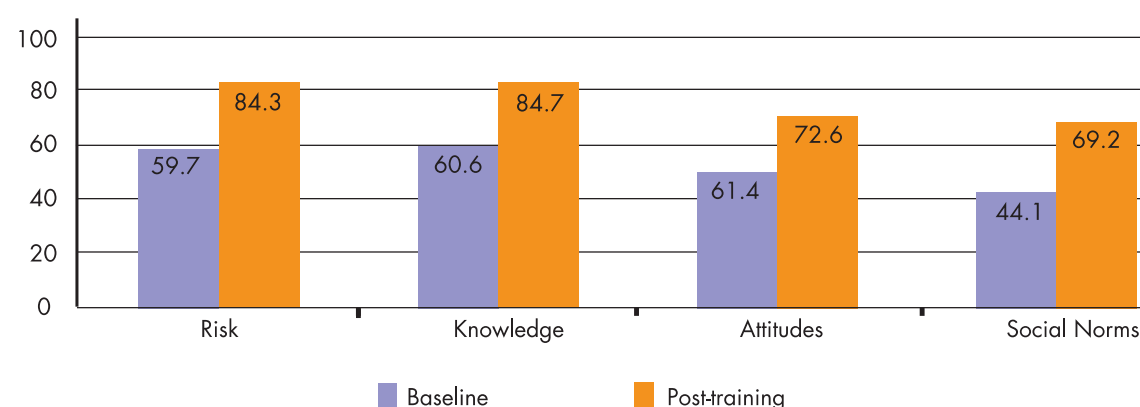
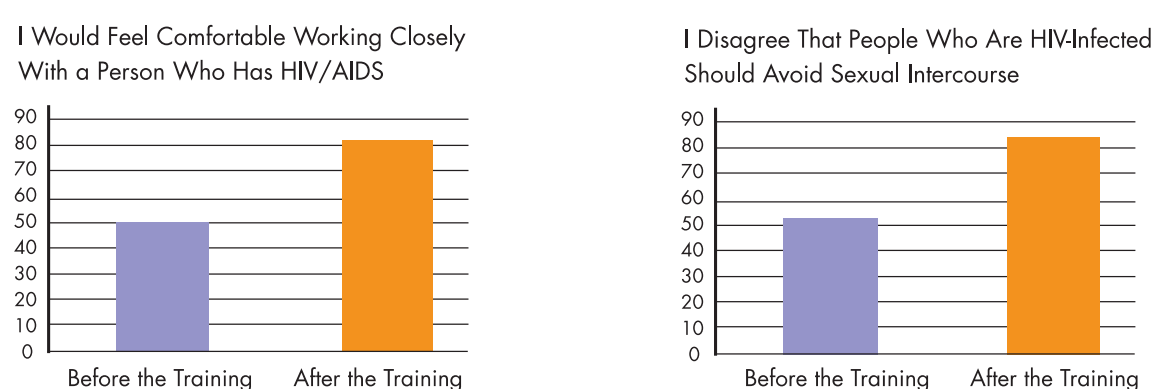


Figure 2: Post-training Questions about Attitudes on HIV and PLWH Demonstrated Significant Improvements among Respondents



workshop, respondents demonstrated greater motivation and willingness to provide social care and psychological support for PLWH and their families, as well as increased compassion and empathy for PLWH (see Fig. 2).

Efficacy of the course led to its dissemination in Orenburg Oblast. AIHA and partner institutions in this region conducted several trainings in 2008 using the same methodology and materials.

As of April 2008, more than 70 social care specialists and 200 medical primary care professionals at AIHA project sites supported by USAID and PEPFAR were trained. The curriculum has also been integrated into postgraduate studies at Orenburg Medical Academy and is fully supported by stakeholders in both St. Petersburg and Orenburg.

CONCLUSIONS

Interactive ways of teaching basic information on HIV to community-based medical and social care specialists can effectively increase caregiver knowledge about HIV, reduce stigma toward PLWH, and improve HIV case management skills. Armed with new knowledge and attitudes, these professionals can play a critical role in HIV/AIDS care. Community-based medical and social services can then be more successfully integrated with HIV care institutions thereby ensuring better access to a comprehensive continuum of care for PLWH and their families.

Russia's primary healthcare professionals represent a valuable resource that can be mobilized to combat the country's growing HIV/AIDS epidemic, as well as to contribute to global efforts to reduce stigma and increase tolerance toward PLWH.

Basic training on HIV infection coupled with communication skills development should be seen as part of the continuum of education required to create competent and tolerant HIV care providers at the primary care level.

Trainee feedback is crucial for identifying training needs and future interventions. Trainers need to be experienced HIV care providers and psychologists practicing in their own right. Training initiatives should follow regional and district health objectives and be coordinated with governmental structures to assure wider coverage and more sustainable outcomes.

