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BRIEF REPORT

Knowledge of Iranian nurses about HIV/AIDS: A cross sectional study from Bandar Abbas

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ABSTRACT

Background: Surveying knowledge of nurses about HIV/AIDS can provide an evidence for designing appropriate educational program. This study aimed to investigate the knowledge of a sample of Iranian nurses about patients living with HIV/AIDS in Bandar Abbas, Iran.

Materials and methods: In this cross sectional study, 150 nurses completed two questionnaires, one dealing with demographic data and the other inquiring knowledge of nurses about HIV/AIDS based on existing instruments developed by Eckstein in 1987.

Results: The mean age of studied sample was 31.9 ± 8.2 years. At the time of the study, 63.3% of the respondents had previously cared HIV-infected subjects. Most of the participants (99.3%) knew that drug abusers were at higher risk for HIV acquisition. Most of the participants (97.3%) also answered correctly that person with HIV could be asymptomatic but still infected. Finally, 29.3% thought that recapping used needles is a good way to prevent HIV infection. Those who had participated in educational program had higher overall scores of knowledge than non-participants (10.09 ±2.18 vs. 9.66 ±2.32 , p=0.002).

Conclusion: Results revealed that those previously taken part in educational programs had good knowledge about HIV/AIDS.

Keywords: HIV/AIDS, Knowledge, Nurse.

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INTRODUCTION

HIV/AIDS is a life threatening illness with no available curative treatment (1). During the year 2007, about 33 million HIV-infected people, 2.7 million new cases of HIV and 2 millions of AIDS—related deaths were living worldwide (2).

The association between knowledge regarding HIV/AIDS and positive attitudes towards caring these patients was reported in previous studies

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(1,3). These studies showed that improvement in knowledge and attitudes of nurses regarding HIV/AIDS could enhance protective behaviors (1,3).

The HIV epidemic in Iran appears to accelerate at an alarming rate. The high rate of 16090 newly diagnosed HIV infections showed a 3-time increase while comparing this rate during the years 1999-2000 (4).

Although HIV transmission among healthcare workers might probably occur by exposure to contaminated blood through injection, it has been

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estimated that the rate of HIV contamination through such exposure is about 0.3% (4,5-7).

Many studies have documented health care providers' views about HIV/AIDS patients and the ways of contamination (8-10). Despite positive attitudes of health care providers towards HIV patients, poor communication between patients and health care providers is still as a major health challenge (11).

Since health care professionals including nurses have the responsibility of educating people about the ways of HIV contamination, their knowledge regarding HIV/AIDs patients play an important role in communicating with patients. The purpose of this study is to assess the knowledge of nurses living in Bandar Abbass about patients living with HIV/AIDS.

PATIENTS and METHODS

This was a cross-sectional study conducted in Bandar Abbas, Iran during the year of 2007. Using stratified sampling method, 150 nurses were selected from three teaching hospitals. Data were collected by means of two questionnaires. The first one dealt with self-administered questionnaire regarding demographic variables such as age, sex, marital status, education level, and duration of caring HIV patients, however, the other was an instrument originally developed by Eckstein (1987) in order to measure knowledge and attitudes regarding HIV/AIDS. In this study we used only the questions related to knowledge. This part of questionnaire was composed of 33 questions regarding HIV knowledge that are summarized in table 2. To enhance the validity of responses and to ensure clear interpretation, the questionnaire was pretested among a small randomly sample of nurses and each item was reviewed for its applicability to the Bandar abbass population. This instrument was translated to Farsi through forward backward. Then minor changes were made. It revealed a Cronbachs alpha coefficient of 0.81.

Collected data were analyzed using SPSS software version 13 (SPSS Inc., USA). Student's *t*-test and one-way analysis of variance (ANOVA) were used, when appropriate.

The research project was approved by the Research Ethics Committee of Hormozgan University of Medical Sciences, however, written informed consent was signed by all participants.

RESULTS

The study population included 120 female and 30 male nurses with the mean age of 31.9±8.2 years while 102 (68%) were married.

Of 150 subjects, 82(54.3%) had participated in educational programs prior to the study. Those participating in educational programs had overall higher scores of knowledge than non-participants (10.09±2.18 vs. 9.66±2.32; p<0.001). Table 1 shows the frequency of correct answers among nurses. We categorized the participants according to mean score of knowledge, thus, scores ranged 0 to 15 were considered as weak, 16 to 22 as moderate and 23 to 33 as good knowledge. There was no statistically significant relationship between knowledge and experience of HIV patient caring (NS).

This study showed no statistically significant relationship between level of knowledge and educational level (p=0.58), age (p=0.46), and years of HIV patient caring (p=0.16). Meanwhile, gender discrepancy was not associated with higher level of knowledge (p=0.19).

DISCUSSION

Given the importance of minimizing the risk of HIV transmission, adequate knowledge about this disease and the ways of its transmission is warranted. However, up to now, there is little evidence regarding the knowledge of nurses about AIDS patients.

Table 1. Correct response of different items of knowledge

HIV/AIDS can be transmitted by casual contact. F 142	Table	e 1. Correct response of different items of knowledge			
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15 The sexual partners of a person with HIV/AIDS should be blood precaution if hospitalized 16 Gloves are not necessary when handling the specimen of a patient with F 120 HIV/AIDS. 17 Following an accidental needle stick, there is a greater likelihood of T 1117 infection with hepatitis B virus than with HIV/AIDS. 18 Persons with HIV can be asymptomatic, but still infectious. T 146 19 It is possible to transmit the virus to family members of a nurse providing care for persons with HIV/AIDS, even though the nurse is not infected. 20 HIV/AIDS has been transmitted to blood donors during blood transmission. F 52 21 The risk of infection with the HIV/AIDS virus after an accidental needle F 52 stick is high. 22 An individual may be infected with the HIV/AIDS virus even if the test for an antibody is negative. 23 The average length of time from the diagnosis of HIV/AIDS until death is 5 F 88 years. 24 There are many more people infected with HIV than actual AIDS. T 133 25 The risk of infection with HIV/AIDS among nurses is high. F 12 26 Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. 27 People with HIV/AIDS should have different waiting rooms before admission to the ward. 28 HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. T 58 29 One should suspect the diagnosis of HIV/AIDS in young persons who T 61 present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth T 123 resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137	14	Numerous cases of HIV/AIDS have been reported among nurses and	T	81	54
Glove's are not necessary when handling the specimen of a patient with HIV/AIDS	15	The sexual partners of a person with HIV/AIDS should be blood precaution	T	121	80.7
Following an accidental needle stick, there is a greater likelihood of infection with hepatitis B virus than with HIV/AIDS. Persons with HIV can be asymptomatic, but still infectious. It is possible to transmit the virus to family members of a nurse providing care for persons with HIV/AIDS, even though the nurse is not infected. HIV/AIDS has been transmitted to blood donors during blood transmission. HIV/AIDS has been transmitted to blood donors during blood transmission. F 52 The risk of infection with the HIV/AIDS virus after an accidental needle F 52 stick is high. An individual may be infected with the HIV/AIDS virus even if the test for an antibody is negative. The average length of time from the diagnosis of HIV/AIDS until death is 5 F 88 years. There are many more people infected with HIV than actual AIDS. The risk of infection with HIV/AIDS among nurses is high. Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. People with HIV/AIDS should have different waiting rooms before F 115 admission to the ward. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. Pone should suspect the diagnosis of HIV/AIDS in young persons who T 61 present with Kaposi's sarcoma. The risk of transmission of the HIV/AIDS virus during mouth to mouth T 123 resuscitation is extremely low. The hold of they test negative for the antibody to the virus.	16	Gloves are not necessary when handling the specimen of a patient with	F	120	80
18 Persons with HIV can be asymptomatic, but still infectious. 19 It is possible to transmit the virus to family members of a nurse providing care for persons with HIV/AIDS, even though the nurse is not infected. 20 HIV/AIDS has been transmitted to blood donors during blood transmission. 21 The risk of infection with the HIV/AIDS virus after an accidental needle stick is high. 22 An individual may be infected with the HIV/AIDS virus even if the test for an antibody is negative. 23 The average length of time from the diagnosis of HIV/AIDS until death is 5 Ferror 88 years. 24 There are many more people infected with HIV than actual AIDS. 25 The risk of infection with HIV/AIDS among nurses is high. 26 Gloves and gowns are required for any contact with patients with Ferror 72 HIV/AIDS. 27 People with HIV/AIDS should have different waiting rooms before admission to the ward. 28 HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. 29 One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth Tesus of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus.	17	Following an accidental needle stick, there is a greater likelihood of	T	117	78
care for persons with HIV/AIDS, even though the nurse is not infected. 20 HIV/AIDS has been transmitted to blood donors during blood transmission. F 52 21 The risk of infection with the HIV/AIDS virus after an accidental needle F 52 stick is high. 22 An individual may be infected with the HIV/AIDS virus even if the test for T 103 an antibody is negative. 23 The average length of time from the diagnosis of HIV/AIDS until death is 5 F 88 years. 24 There are many more people infected with HIV than actual AIDS. T 133 The risk of infection with HIV/AIDS among nurses is high. F 12 Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. 27 People with HIV/AIDS should have different waiting rooms before AIIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. T 58 One should suspect the diagnosis of HIV/AIDS in young persons who T 61 present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth T 123 resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate F 72 blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137	18		Т	146	97.3
HIV/AIDS has been transmitted to blood donors during blood transmission. The risk of infection with the HIV/AIDS virus after an accidental needle stick is high. An individual may be infected with the HIV/AIDS virus even if the test for an antibody is negative. The average length of time from the diagnosis of HIV/AIDS until death is 5 F 88 years. There are many more people infected with HIV than actual AIDS. The risk of infection with HIV/AIDS among nurses is high. Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. People with HIV/AIDS should have different waiting rooms before admission to the ward. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. The risk of transmission of the HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus.	19		F	77	51.3
The risk of infection with the HIV/AIDS virus after an accidental needle stick is high. 22 An individual may be infected with the HIV/AIDS virus even if the test for an antibody is negative. 23 The average length of time from the diagnosis of HIV/AIDS until death is 5 F sequences. 24 There are many more people infected with HIV than actual AIDS. T 133 25 The risk of infection with HIV/AIDS among nurses is high. F 12 26 Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. 27 People with HIV/AIDS should have different waiting rooms before admission to the ward. 28 HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. T 58 29 One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137	20		F	52	34.7
An individual may be infected with the HIV/AIDS virus even if the test for an antibody is negative. 23 The average length of time from the diagnosis of HIV/AIDS until death is 5 F 88 years. 24 There are many more people infected with HIV than actual AIDS. T 133 25 The risk of infection with HIV/AIDS among nurses is high. F 12 26 Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. 27 People with HIV/AIDS should have different waiting rooms before admission to the ward. 28 HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. T 58 29 One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137	21	The risk of infection with the HIV/AIDS virus after an accidental needle	F	52	34.7
The average length of time from the diagnosis of HIV/AIDS until death is 5 years. There are many more people infected with HIV than actual AIDS. The risk of infection with HIV/AIDS among nurses is high. Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. People with HIV/AIDS should have different waiting rooms before admission to the ward. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. T 58 One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. It is appropriate to use blood precautions on anyone known to be from T 137	22	An individual may be infected with the HIV/AIDS virus even if the test for	T	103	68.7
There are many more people infected with HIV than actual AIDS. The risk of infection with HIV/AIDS among nurses is high. Gloves and gowns are required for any contact with patients with F72 HIV/AIDS. People with HIV/AIDS should have different waiting rooms before admission to the ward. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. The risk of transmission of the HIV/AIDS in young persons who present with Kaposi's sarcoma. The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. It is appropriate to use blood precautions on anyone known to be from T 137	23	The average length of time from the diagnosis of HIV/AIDS until death is 5	F	88	58.7
The risk of infection with HIV/AIDS among nurses is high. Gloves and gowns are required for any contact with patients with F 72 HIV/AIDS. People with HIV/AIDS should have different waiting rooms before admission to the ward. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. It is appropriate to use blood precautions on anyone known to be from T 137	24		т	122	88.7
Gloves and gowns are required for any contact with patients with HIV/AIDS. People with HIV/AIDS should have different waiting rooms before admission to the ward. HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. It is appropriate to use blood precautions on anyone known to be from T 137					8
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28 HIV/AIDS is caused by a retrovirus known as HTL VIII/LAV. T 58 29 One should suspect the diagnosis of HIV/AIDS in young persons who T 61 present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth T 123 resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137	27	People with HIV/AIDS should have different waiting rooms before	F	115	76.7
29 One should suspect the diagnosis of HIV/AIDS in young persons who present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137	20		_	F O	20.7
present with Kaposi's sarcoma. 30 The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. 31 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. 32 It is appropriate to use blood precautions on anyone known to be from T 137					38.7
The risk of transmission of the HIV/AIDS virus during mouth to mouth resuscitation is extremely low. Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. It is appropriate to use blood precautions on anyone known to be from T 137	29		Т	61	40.7
 Members of the high-risk groups for HIV/AIDS are permitted to donate blood if they test negative for the antibody to the virus. It is appropriate to use blood precautions on anyone known to be from T 137 	30	The risk of transmission of the HIV/AIDS virus during mouth to mouth	T	123	82
32 It is appropriate to use blood precautions on anyone known to be from T 137	31	Members of the high-risk groups for HIV/AIDS are permitted to donate	F	72	48
	32	It is appropriate to use blood precautions on anyone known to be from HIV/AIDS high risk group (such as a hemophilic admitted for a tooth	T	137	91.3
extraction) even though they do not have a diagnosis of HIV/AIDS. To prevent accidental injury, contaminated needles should be recapped immediately after use on patients with HIV/AIDS.	33	To prevent accidental injury, contaminated needles should be recapped	F	44	29.3

164 HIV/AIDS and nurses' knowledge

This study aimed to investigate the knowledge of nurses with regard to HIV infection and AIDS disease in Hormozgan province, Iran.

Our study showed that the level of nurses' knowledge was moderate. Our finding is in agreement with some other studies (13,14), while disagreed the others (15,16) in which level of knowledge was reported low. Although this study revealed that the mean score of knowledge among men was higher than women, the difference did not reach a statistically significant level. This is in agreement with Montazeri study (17).

In contrary to other studies, there was no relationship between knowledge and the level of nurses' literacy (1,17,20,21). Even though not significant, this study showed the mean score of knowledge was higher in younger participants. In contrast, other studies failed to show association between age and knowledge of nurses (16,22), however, some studies showed older nurses had higher level of knowledge regarding HIV infection (17).

In general, as expected, this study showed those who had higher level of education and were younger had obtained more knowledge about HIV/AIDS. A recent study showed that level of education, age and gender were associated with the number of questions answered correctly (23). According to the results of this study, there is considerable rationale to include HIV/AIDS education as an integral part of nursing curriculum. Moreover, educational advisors and physicians should intervene in educating nurses about different modes of HIV prevention.

In conclusion, our findings provide basic information on AIDS knowledge among nurses working in teaching hospital of Bandar-Abbas. Unexpectedly, moderate knowledge about AIDS still exists. Since higher educated nurses had higher knowledge, addressing more health education programs for the nurses is recommended.

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