

SEA-NUR-437
SEA-AIDS-127
Distribution: General

Nursing Role in HIV/AIDS Care and Prevention in South-East Asia Region

A Review

WHO Project: ICP RHR 001



World Health Organization
Regional Office for South-East Asia
New Delhi
August 2002

(C) World Health Organization (2002)

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

CONTENTS

	<i>Page</i>
ACKNOWLEDGEMENT.....	v
1. INTRODUCTION TO THE REVIEW AND REPORT	1
1.1 HIV/AIDS Epidemic in South-East Asia Region.....	1
1.2 Justification for the Review	1
1.3 Objectives.....	2
1.4 Methodology.....	2
2. FINDINGS.....	4
2.1 Characteristics of Review Respondents.....	4
2.2 Collaboration between the National AIDS Programme and Nursing	7
2.3 Present Role of Nursing in HIV/AIDS	10
2.4 Pre-Service Education on HIV/AIDS	10
2.5 In-Service Education for HIV/AIDS	13
2.6 Teaching-Learning Resources	15
2.7 Access to Information.....	15
2.8 Universal Precaution Practice.....	16
2.9 Knowledge, Attitude and Practice of Practicing Nurses/Midwives on HIV/AIDS.....	17
3. CONCLUSIONS.....	18
4. RECOMMENDATIONS	19
4.1 Strengthening Collaboration between National AIDS Control Programmes and Nursing.....	19
4.2 Curricular Review/Revision for HIV/AIDS	19
4.3 Capacity Development for Nursing and Midwifery in HIV/AIDS	20
4.4 Teaching-Learning Resource	20
4.5 Access to Information.....	20

Annexes

1. Bibliography.....	21
2. List of Persons Met and Institutions Visited	22

LIST OF TABLES

Table 1: Designation of National Nursing Focal Point respondents.....	4
Table 2: Designation of National AIDS Programme respondents	5
Table 3: Type and number of nursing schools included in the Review by country ..	6
Table 4: Number of practising nurses by type and country.....	7
Table 5: Present role of nursing as reported by AIDS programme managers	9
Table 6: Present role of nursing as reported by national nursing focal persons.....	9
Table 7: Curriculum last reviewed and revised.....	11
Table 8: Number of classroom hours allocated to HIV/AIDS teaching	12
Table 9: Nurses who received in-service education in HIV/AIDS by country	14
Table 10: Implementation of UP by country as reported by national Nursing focal persons	16

ACKNOWLEDGEMENT

The support rendered by the following people in organizing visits to nursing schools and hospitals and group discussions is gratefully acknowledged.

- (1) Mr Dilip Kumar, Nursing Advisor, Ministry of Health, Delhi, India
- (2) Ms Veena Panday, Principal of Jaipur Nursing College, Jaipur, Rajasthan, India
- (3) Ms Sumita Datta, Registrar, West Bengal Nursing Council, Kolkata, West Bengal, India
- (4) Ms Madhavi Das, Assistant Director, (Nursing) Health Services, Kolkata, West Bengal, India
- (5) Dr Hla Hla Aye, Dy. Director, Dept. of Medical Sciences, Ministry of Health , Yangon
- (6) Ms Daw Aye Myint, Asst. Director, (Nursing) Dept. Medical Science, Ministry of Health, Yangon, Myanmar
- (7) Dr Tassana Boontong, President Thailand Nursing Council, Bangkok, Thailand
- (8) Ms Chiraporn Yachompoo, Chief Nurse, AIDS Division, Dept of CDC, Ministry of Public Health, Thailand.

1. INTRODUCTION TO THE REVIEW AND REPORT

Realizing the important role that nurses/midwives play in the care and prevention of HIV/AIDS, the HIS-STB unit in WHO/SEARO thought it necessary to develop strategies to enhance their role. Therefore, a review was undertaken to assess the current role of nurses and midwives in HIV/AIDS care and prevention and nursing education on HIV/AIDS. In addition, existing collaboration between nursing and national AIDS programmes was also assessed.

The review was carried out between July and September 2001. Questionnaires were mailed to national nursing focal persons, nursing schools/colleges and national AIDS programme managers through the WHO offices. In addition to the questionnaire survey, focus group discussions were conducted in the three countries visited (India, Myanmar and Thailand).

1.1 HIV/AIDS Epidemic in South-East Asia Region

South-East Asia Region has one of the fastest growing AIDS epidemic in the world. Since HIV made its entry into the region in the 1980s, every country has seen new infections. As of April 2001, it is estimated that India with 3 860 000 has the highest number of HIV infected adults and Thailand the highest number AIDS with 156 309 reported cases in the South-East Asia Region. High-risk behaviours and vulnerability that promote HIV transmission are present in all countries and therefore, there is no room for complacency for those countries who presently have low prevalence. This being the current scenario, it is imperative to consider the role and responsibilities of all health care providers and particularly nursing and midwifery. By virtue of numbers and close and continuous contact with individuals, families and communities, nurses and midwives have huge potential for development.

1.2 Justification for the Review

Wide ranging skills and competencies are required from nurses and midwives, to combat the HIV epidemic in the Region.

Have sufficient investments been made towards nursing and midwifery development to meet the challenges of the HIV/AIDS epidemic? Are nurses and midwives being sufficiently trained and provided with necessary support to prevent HIV/AIDS spread and care for those who are affected? How do national AIDS programmes and nursing services/education collaborate for HIV/AIDS prevention and care?

WHO/SEARO undertook the initiative to review the activities undertaken by nursing schools/colleges in the Region in preparing nursing students for HIV/AIDS management and to ascertain the role that nurses currently play in HIV/AIDS prevention and care. Findings from this review are expected to help plan strategy for enhancing role of nurses in HIV/AIDS care and prevention.

1.3 Objectives

The overall objective of the review was to collect information that will be useful to develop strategies for enhancing greater investment of nursing and midwifery professionals in the HIV/AIDS control programme in the Region.

The specific objectives of the review were:

- (1) To review activities being undertaken in nursing schools and colleges with regards to HIV/AIDS pre service and in service education of nurses and midwives;
- (2) To ascertain the role nurses and midwives play in HIV/AIDS prevention and care;
- (3) To assess knowledge, attitude and practice of nurses regarding HIV/AIDS;
- (4) To ascertain the participation of nursing/midwifery personnel in policy-making process of national AIDS control programme, and
- (5) To assess the level of collaboration between the national AIDS programme and nursing education and services.

1.4 Methodology

To get an overall view of the situation, a questionnaire survey was designed to gather information from the following category of respondents:

- One national nursing focal person
- One national AIDS programme manager
- Three heads/principals of nursing schools per country
- Thirty practising nurses per country to respond to a self-administered KAP(knowledge, attitude and practice) questionnaire on HIV/AIDS.

In addition to the questionnaire survey, focus group discussions were held in the schools among the faculty members. Visits were made to hospitals and AIDS programme managers to discuss nursing roles on a one-to one basis. Fully completed responses were received from seven countries and partially completed responses from two countries.

Brief outlines of the tools are described below. (Questionnaires annexed)

Tool 1: National nursing council or national nursing focal point

This tool for the nursing official recognized by the government as the national nursing focal point sought information in three areas: (a) managerial role of nursing (e.g. do nurses participate in planning and policy development for nurses, are nurses represented in national AIDS committee etc.) (b) nursing education in HIV/AIDS and (c) activities to enhance nursing role in HIV/AIDS care and prevention.

Tool 2: Nursing schools and colleges

This tool targets Heads/Principals or senior faculty members of three nursing schools/colleges per country. Countries were instructed to try to include schools for general nurse midwife, auxiliary nurse midwives well as BSc nurses. Information sought from this group was: a) HIV/AIDS curriculum; b) access to information on HIV/AIDS; teaching-learning resources, and c) participation/inclusion in national AIDS programme activities.

Tool 3: Questionnaire for practising nurses

This self-administered questionnaire for currently practising nurses/midwives focused on assessing basic knowledge on HIV/AIDS and attitudes and practice of the nurses towards HIV/AIDS.

Tool 4: National HIV/AIDS programme managers

To assess the level of interaction and collaboration between national HIV/AIDS programme and the nursing professionals, the national HIV/AIDS programme managers were included in the questionnaire survey.

In India, the numbers of nursing schools for the review was increased to include three schools per state from the following eight states; Bihar, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and West Bengal. However, responses were received from only six states.

2. FINDINGS**2.1 Characteristics of Review Respondents**

Description of respondents are as given below.

National nursing focal points

Respondents varied in function from being heads of nursing association and nursing councils to those holding posts in the nursing directorate.

Table 1: *Designation of National Nursing Focal Point respondents*

Country	Designation of Respondent
Bangladesh	Director Nursing, Directorate of Nursing
Bhutan	Nursing Superintendent
India	Nursing Advisor, Ministry of Health Cum President of Indian Nursing Council
Indonesia	President, Indonesian National Nursing Nurses Association
Maldives	Assistant Director of Nursing, Indira Gandhi Memorial Hospital
Myanmar	Director of Nursing, Nursing Division, Dept. of Health
Nepal	Special Secretary (Nursing) Ministry of Health
Sri Lanka	Director of Nursing, Medical Services, Dept of Health
Thailand	President, Thailand Nursing Council

National AIDS programme managers

As in the case of the national nursing focal point, respondents for national AIDS programme varied from Chief Nurse in the AIDS Division to the Director of the AIDS programme.

Table 2: Designation of National AIDS Programme respondents

Country	Designation of Respondent
Bhutan	Programme Officer, STD/AIDS
India	Joint Director, National AIDS Control Organization
Indonesia	Chief, Sub Directorate of AIDS and STD
Maldives	Assistant Director General, National AIDS Programme
Nepal	Under Secretary, National Centre for AIDS and STD, Dept. of Health
Sri Lanka	Director, National STD/AIDS Control Programme
Thailand	Chief Nurse, Medical & Care Development Section, AIDS Division

Principals/Heads of nursing school and colleges

In all, 30 nursing schools and colleges were included in the review. The category of institutes ranged from diploma, certificate and midwife programmes to the bachelor degree in nursing. Of the 30 schools, 12 were for GNMs, 11 for B Sc, two for ANMs, two for female health worker/multi purpose health worker and one midwife academic. The percentage of schools running B Sc programme looks high, but in reality, GNM and ANM programmes are by far the most common. For example, in India, of the more than 800 nursing schools, only 99 run the B.Sc. programme.

Table 3: Type and number of nursing schools included in the review by country

Country	Type and Number of Institutes	Total
Bangladesh	B Sc – 1 GNM – 1	2
Bhutan	ANM and GNM - 1	1
India:		
<i>Delhi</i>	B Sc – 2	
<i>Bihar</i>	GNM – 1	
<i>Karnataka</i>	GNM – 1, B.Sc. – 1	
<i>Madhya Pradesh</i>	Female Health Worker – 1	13
<i>Maharashtra</i>		
<i>Rajasthan</i>	GNM – 1	
<i>West Bengal</i>	B Sc – 1, GNM – 1, Female Health Worker – 1 B Sc – 1, GNM – 2	
Indonesia	Midwife Academic – 1	1
Maldives	GNM – 1	1
Myanmar	B Sc – 1, GNM – 2	3
Nepal	B Sc – 1, GNM – 1, ANM – 1	3
Sri Lanka	Epidemiological Units - 2 Post Basic School of Nursing - 1	3
Thailand	B Sc – 3	3
9 Countries		30 Schools

Practising nurses

In total 276 nurses from 45 different hospitals and eight countries of the Region responded. Fifty seven percent (158 nurses) were general nurse midwives, twenty nine percent (80 nurses) B Sc nurses, six percent (18 nurses) auxiliary nurse midwives, five percent (16) were other categories of health workers and the remaining one percent (4 nurses) described themselves as public health nurses.

Table 4: Number of practising nurses by type and country

Country	Number and Type	Total
Bangladesh	15 GNMs, 11 B Sc, 1 other types	27
Bhutan	13 ANMs, 14 GNMs, 2 B Sc 1 other types	30
India	1 ANM, 49 GNMs, 10 B Sc	60
Indonesia	1 ANM, 26 GNMs, 25 B Sc 6 other types	58
Maldives	1 ANM, 22 GNMs, 7 B Sc 1 other types	31
Myanmar	17 GNMs, 6 B.Sc.	23
Nepal	2 ANMs, 10 GNMs, 16 B Sc 2 other types	30
Sri Lanka	5 GNMs, 3 B Sc, 4 public health nurses, 5 other types	17
8 Countries		276 Respondents

2.2 Collaboration between the National AIDS Programme and Nursing

It appears there is no established mechanism of collaboration or communication between national AIDS programme and nursing services or education. Field observation and discussions give the impression that much depends on personal relationship or rapport in the absence of established system of collaboration. Formulation of national nursing task force for HIV/AIDS would have provided the structure for coordinating nursing activities and plans with national AIDS programme. Unfortunately, so far Thailand is the only country to have a national nursing task force for HIV.

While more than half of the (5 out of 8 programme manager) AIDS programme managers reported the level of interaction between nursing services and AIDS programme as being regular and satisfactory, majority (6 out of 9) of national nursing focal persons believe the level of interaction has to improve. This belief is substantiated by comments from a couple of AIDS programme officials who said they saw no need to include nursing in developing HIV/AIDS training plans even though the training was meant for nurses.

17 of the 30 (56%) nursing schools reviewed reported never being invited to participate in HIV/AIDS planning meetings. A senior AID programme official admitted that nursing schools have often been overlooked. Private nursing schools and nurses of private hospitals appear to be excluded from information sharing and in service training open to government institutions.

Faculty members of one nursing college in Delhi felt it would greatly benefit all, if nursing educators were included by the national AIDS programme in the development of training modules and materials for nurses.

Responses made by AIDS programme respondents when asked to give three suggestions to enhance the role of nursing in HIV prevention and care were as follows;

- Four programme managers (PM) said nurses need training in management of HIV/AIDS.
- Three PMs said nursing curriculum should be reviewed to incorporate HIV/AIDS and STI.
- Three PMs felt nurse should be involved in monitoring and evaluation of HIV/AIDS activities.
- Three PMs said nurses need to be trained in VTC and in basic counselling skills.
- Two PMs said nurses should be included in HIV/AIDS policy and planning meetings.
- Only one PM mentioned nurses should be represented in the National AIDS Committee and one other saw the need to improve collaboration between nursing and AIDS programmes.

Table 5: Present role of nursing as reported by AIDS programme managers

Country	Nse task force	Nse in NAC	Nse ICC	Participate in planning	Participation in campaigns	Interaction with Nse
Bangladesh	Not formed	Tech. Com.	No	Regularly	Yes	Sometimes
Bhutan	Not formed	No	Yes	Regularly	Yes	Regularly
India	Not formed	No	No*	Yes**	Yes	Regularly
Indonesia	Don't know	No	Don't know	Not invited	Don't know	No interaction
Maldives	Not formed	Yes	Yes	Regularly	Yes	Regularly
Nepal	Not formed	No	Yes	Not invited	Yes	Sometimes
Sri Lanka	Not formed	No	Don't know	Occasionally	Yes	Regularly
Thailand	Yes	Tech Com	Yes	Regularly	Yes	Regularly

* Only in individual hospitals and not at state or district levels

** NACO says Nursing Council representative is invited to participate in meetings, but Nursing Council reported not be invited.

NAC - National AIDS Committee

ICC – Infection Control Committee

Table 6: Present role of nursing as reported by national nursing focal persons

Country	NAC member	Tech. Com.	Participate in HIV Planning meetings	Budget for Nsg Education in HIV/AIDS	Collaboration With NAP
Bangladesh	No	Yes	Sometimes	No	Need to improve
Bhutan	No	No	Yes	No	Need to improve
India	No	No	No	No	No collaboration
Indonesia	No	No	Sometimes	No	No collaboration
Maldives	No	No	Yes	No	Need to improve
Myanmar	No	Yes	Yes	No	Need to improve
Nepal	No	Yes	Yes	No	Need to improve
S/Lanka	No	No	Sometimes	No	Need to improve
Thailand	No	Yes	Yes	Yes	Good

2.3 Present Role of Nursing in HIV/AIDS

To understand the role of nursing in HIV/AIDS or any other programmes for that matter, it is important to understand the nursing and midwifery situation in the Region. Most countries in the Region do not accord sufficient professional status to nurses and midwives and that has resulted in poor leadership development for nursing at all levels. In many countries, nursing is not represented at either the department or ministry level of the health services to provide a voice for nursing.

Talking with the nurses, one sees the presence of general apathy but on the other hand one also sees the untapped potential. Potential undeveloped for lack of strong leadership and good role models. To meet the challenges of the HIV/AIDS epidemic every potential should be explored and developed.

The questionnaire survey reveals that;

- No nurses are represented in the National AIDS Committee of any country in the Region.
- Nurses are represented in the national technical committees in Bangladesh, Myanmar, Nepal and Thailand only.
- Nurse are represented in the Infection Control Committee only in Bhutan, Maldives, Nepal and Thailand.
- With the exception of India, nurses in all the other countries are invited to participate in HIV/AIDS planning meetings, some regularly and others only occasionally.

2.4 Pre-Service Education on HIV/AIDS

All countries in the Region have established nursing institutes, but capacity differs from country to country. India, for example, has over 800 institutes that are recognized by the Indian Nursing Council, while Bhutan and Maldives have only one institute each. Majority of the schools runs the GNM programmes. High cost of developing programmes and faculty for upgrading nursing education is a constraint faced by many countries in the Region. Thailand is the only country in the Region with one uniform basic nursing education for the professional nurse with the four-year bachelor nursing degree.

Teaching HIV/AIDS in nursing schools varies greatly between countries and between schools within a country. Schools with the B Sc degree programme who are often attached to a medical college enjoy better facilities. Regardless of whether B Sc, GNM or ANM schools, it is apparent that most countries in the Region have yet to develop standards and to identify key elements of HIV/AIDS that need to be included in nursing curriculum.

Curriculum

All the 30 schools reviewed teach HIV/AIDS with varying standards. Nurse teachers have tried to fit HIV/AIDS classes wherever applicable. Fifteen nursing schools (50%) are currently using curricula that were reviewed/ revised or developed more than ten years ago and most do not mention HIV/AIDS specifically. Schools in Myanmar and Thailand are in the process of reviewing their current curriculum. India plans curricular review/revision exercise in 2002 and hopes to include a separate unit on HIV/AIDS. Bhutan, Maldives and Indonesia had their curriculum revised three years ago and probably have no plans to review/revise for some years. The curriculum in Nepal and Bangladesh was revised more than nine years ago. The table below gives a general picture.

Table 7: Curriculum last reviewed and revised

When curriculum last reviewed/revised	Frequency	Percentage
More than 10 years ago	15	50.0
Four to nine year ago	8	26.7
Less than three years ago	7	23.3
Total number of Nursing schools	30	100.0

Time allocated for teaching HIV/AIDS in nursing schools

The number of hours allocated for classroom teaching of HIV/AIDS during the course of study programme range from less than four hours to over ten hours. Opportunities for student nurses to gain practical skills in providing nursing care for AIDS patients depends on local situations. Teachers of one nursing

school in Rajasthan said they did not allow student nurses to provide nursing care for AIDS patients, as the hospital could not supply student nurses with gloves. Table 6 below gives an indication of the number of hours given for HIV/AIDS by the schools.

Table 8: Number of classroom hours allocated to HIV/AIDS teaching

Number of hours	Frequency	Percentage
More than 10 hours	13	43.3
Between 6 to 8 hours	5	16.7
Between 4 to 6 hours	6	20.0
Less than 4 hours	6	20.0
Total number of schools	30	100.0

Capacity development of nursing faculty members in HIV/AIDS

On the whole, there is a shortage of qualified nurse educators at all levels and more acutely at the post basic and graduate levels. Thailand is the only country in the Region that presently has facilities for doctoral degree in nursing programmes. India is in the process of developing the doctoral programme with WHO support. Nepal recently established its M Sc nursing programme.

Regarding capacity development of nurse educators for teaching HIV/AIDS, 20 (66%) of the 30 schools reviewed reported that faculty members teaching HIV/AIDS had received basic training in HIV/AIDS (mostly 2-3 day orientation on HIV/AIDS). In three schools (10%) only the Head or Principal of the institute had received training, while the ones who actually taught HIV/AIDS did not get training opportunity. Four (13 %) of the school said no faculty member has had training on HIV/AIDS.

Content of HIV/AIDS curriculum taught in nursing schools

Coverage of HIV/AIDS topic differs widely. According to the head/principals of the 30 schools reviewed, ten (33%) schools claim to teach all listed topics on HIV/AIDS. Topics listed were as follows: epidemiology, transmission,

prevention, testing for HIV, nursing care of adults and children, care of ante and post natal women, health education for HIV/AIDS, counselling skills, post exposure prophylaxis and universal precaution. Sixteen (53%) schools reported teaching all the listed topics except for post exposure prophylaxis management. Almost half the schools (14) were not aware of post exposure prophylaxis management and current policy. Four (13%) schools admitted teaching only few basic topics such as transmission and prevention methods. Thirty nine percent (108 nurses) of currently practising nurse respondents to the KAP questionnaire said they did not receive HIV/AIDS education while in nursing school, thirteen percent (35 nurses) report being taught a few basic topics on HIV/AIDS while in nursing school and twelve percent (33 nurses) said they were taught extensively.

Training in counselling skills in most schools is provided but is not related to counselling specifically for PLHA.

2.5 In-service Education for HIV/AIDS

Answers to the question of who is responsible for ensuring HIV/AIDS in service education for nursing/midwifery was widely varied. According to national nursing focal persons, in Bhutan, India and Myanmar, the national AIDS programmes are responsible, while in Thailand and Bangladesh it was ensured by the nursing council. The respondent from Maldives was not aware who was responsible and Indonesia said no one was responsible. In the case of Sri Lanka and Nepal, it was the Directorate of Nursing and the Department of Health Services respectively.

Focus group discussions and questionnaire survey results revealed that:

- National AIDS programmes and individual hospitals are seen as the key actors for providing in service education.
- More than half the schools reviewed (16 schools) reported, taking part in providing in-service education for HIV/AIDS.
- In Delhi, AIDS programme provides funds to individual hospitals to organize their own in-service training.
- West Bengal has a Nodal Nursing Officer in the State AIDS programme to implement in service education programme for nurses.

- In Thailand, individual hospitals take the responsibility of ensuring HIV/AIDS education of all newly recruited nurses. Participation in continuing education is a criterion for re licensing for practising nurses.
- In Myanmar, individual doctors (head of unit) appear to take keen interest in ensuring on-the-job training of nurses in HIV/AIDS prevention and care.
- In general, nurses of private hospitals and private nursing schools are excluded from AIDS programme supported training.
- Findings from the KAP survey revealed that 156 nurses (56.5%) had received in-service training at least once since joining service while 118 (42.8%) were yet to receive in-service training. Majority of KAP respondents from Bangladesh, Bhutan and Maldives reported not receiving in-service education on HIV/AIDS while majority of respondents from Sri Lanka, and India report receiving in-service training.

Table 9: Nurses who received in-service education in HIV/AIDS by country

Country	Total number of respondents	No. of nurses who got in-service training on HIV/AIDS
Bangladesh	27	4 (15%)
Bhutan	30	9 (30%)
India	60	52 (86%)
Indonesia	58	34 (58%)
Maldives	31	9 (29%)
Myanmar	23	13 (56%)
Nepal	30	20 (66%)
Sri Lanka	17	16 (94 %)
Total	276	

2.6 Teaching-Learning Resources

In 1988, the World Health Organization's Global Programme on AIDS (WHO/GPA) and the International Council of Nurses jointly developed guidelines on nursing people living with HIV infection and HIV related illnesses. At the same time, core-teaching modules for *Basic Nursing and Midwifery Education in the Prevention and Control of HIV Infection* was developed by WHO/GPA. The modules were updated in 1993 and widely distributed. Some countries like India adapted the modules to suit local situations/traditions and distributed it, while in some countries the document has lain on shelves of central level offices.

Ten (33%) out of 30 schools reviewed reported not having sufficient reference or teaching materials. A GNM training school in Rajasthan reported having no reference materials other than the notes and handouts from a HIV/AIDS training workshop that the officiating principal had attended some six years ago.

Majority of the 30 schools (20 schools) reported having teaching materials. However, very little teaching materials were seen in the 14 schools visited. When asked to show their teaching material, invariably, posters and charts prepared by students and IEC materials for general public were displayed. Only five of the 14 schools visited were using the WHO/GPA teaching modules for nurses and midwives and other schools had never seen the modules. Further, when asked for suggestions to improve nursing role in HIV/AIDS prevention and control, two of the national focal persons and 10 of the 30 nursing schools requested for improved teaching-learning resources.

Visual teaching aids in the form of transparencies for overhead projection were observed in three schools in India and one in Myanmar. All schools visited in Thailand used transparencies and other AV supports like videos. Almost all schools in India and Myanmar requested for videos, particularly for teaching infection control.

2.7 Access to Information

Regarding access to information on national policies and strategies on HIV/AIDS, two of the national nursing focal persons and 11 of the 30 nursing

schools felt that access to information was inadequate. The nursing focal person for India reported that there was no mechanism established for sharing and exchange of information regarding developments in the field of HIV/AIDS.

With regard to general information on HIV/AIDS, majority of the nursing schools got their information through an assortment of sources eg. nursing journals, books, the media, circulars from national AIDS programme and a small percent access information from the internet. Six (20%) out of the 30 schools reported having no access to information.

2.8 Universal Precaution Practice

Judging from the responses of the national nursing focal persons, focus group discussions with nurse educators and observation from the hospitals visited, it appears that universal precaution policy is not being implemented in all the hospitals of many countries in the Region. Bhutan, Myanmar and Thailand report universal precaution as being implemented in all hospitals within the country.

Table 10: Implementation of UP by country as reported by national nursing focal persons

Country	Implementation of universal precaution	Availability of PEP* facilities for staff
Bangladesh	No response	No response
Bhutan	All hospitals	No facilities
India	Few hospitals	In few hospitals
Indonesia	Few hospitals	No facilities
Maldives	Few hospitals	In few hospitals
Myanmar	All hospitals	In few hospitals
Nepal	Few hospitals	No facilities
Sri Lanka	Few hospitals	In few hospitals
Thailand	All hospitals	Available in most hospitals

* Post exposure prophylaxis

Findings from the KAP survey, focus group discussions with nurse educators and hospital staff and few nursing superintendents are as follows::

- 228 nurses (82%) of the 276 respondents of the KAP questionnaire reported following universal precaution guidelines strictly.
- 42 nurses (15%) said they could not follow all the precautions due to shortage of supplies. It is surprising only 15% reported shortage of supplies since this issue was pointed out as a concern by the staff of many hospitals visited. In Myanmar, the wards have a system of ward fund raising through donations from well-to-do patients. Money thus collected is used to buy gloves and disinfectants when government supplies run out. An auxiliary nurse midwife in a rural health post in Rajasthan, India has no supplies of gloves or disinfectants. She buys disposable plastic gloves and disinfectants using her own money.
- Four nurses (1.4%) said they avoided risky procedures that could expose them to HIV.
- In Thailand, nurses are designated as infection control nurses. They take responsibility for monitoring and supervision of infection control activities. This is not being practised in many hospitals of the other member countries.
- Several hospitals and nursing schools commented that nursing staff should be protected with hepatitis vaccination, while some hospitals have already implemented this.
- Sweepers and cleaners who are the ones who usually clean up blood spills and other wastes, do not normally receive any formal training on Universal Precaution.

2.9 Knowledge, Attitude and Practice of Practicing Nurses/Midwives on HIV/AIDS

With regard to basic knowledge of HIV/AIDS, 220 nurses (79%) could tell the commonest mode of HIV transmission and 146 (53%) could describe window period correctly. 204 nurses (74%) knew the full form of HIV. Less than half, 115 nurses (42%) were able to identify the best method of prevention (maybe the question was poorly framed). Less than half, 134 nurses, (48%) could tell the common major signs that help in provisional diagnosis of AIDS.

As opposed to 186 nurses (67%) only 58 nurses (21%) have heard of cases of nurses refusing to provide nursing care to PLHA, however 21% is still a large percentage of nurses, considering nurses are the main care providers while PLHA are in hospitals.

While 120 nurses (43.5%) said AIDS patients should be nursed in isolation to protect the patient from infections, 52 nurses (18.8%) felt AIDS patients should be nursed in isolation to protect others from being infected with HIV. 220 nurses (79.7%) said identity of an HIV positive patient should be revealed to protect nursing staff from infection. Although a large majority of nurses claimed to follow universal precaution practices strictly, obviously the principles are not well understood by many nurses.

While 33 nurses (12%) said they were extremely afraid of being in contact with AIDS patients, 118 (42.8%) said they were a little afraid. Overall, more than half the respondents (54.7%) admitted to being afraid. 125 (45%) said they were not afraid at all. Of the 276 respondents, 30 nurses (11%) reported having had no experience of caring for PLHA.

With regard to the practice of universal precaution, 228 (82.6%) of nurses reported following universal precaution practices strictly and 42 (15.2%) said they could not follow all practices due to shortage of supplies. Four nurses (1.5%) said they avoided risky procedures that may expose them to HIV infection.

3. CONCLUSIONS

In general, nursing role relating to HIV/AIDS prevention and care is minimal at all levels but particularly at the managerial level. Potential of nursing services and education remains largely unexplored and undeveloped. For nurses to make substantive contributions in the HIV/AIDS epidemic and all other programmes, nursing must be developed and the necessary support provided. Support is required to train nursing leaders, educators, trainers and role models to change the present attitude of poor public and self-image of nurses.

Collaboration between nursing and AIDS programme appears to have no structure or a formalized mechanism for planning, information sharing or more importantly assessing and developing nursing component of the HIV/AIDS control programme. If the nursing workforce is to be utilized to its fullest potential to combat the HIV/AIDS epidemic, serious thoughts need to be given to develop nursing and midwifery.

4. RECOMMENDATIONS

4.1 Strengthening Collaboration between National AIDS Control Programmes and Nursing

- (1) Nursing task force for HIV/AIDS prevention and care composed of nursing managers, educators responsible for curriculum development, nursing associations, nursing councils and nurses serving as members of the HIV/AIDS technical committees should be established in each country for collaboration with the national AIDS programme. As nursing leadership is still lacking in many countries, the national AIDS programmes should take the lead in initiating activities for formulation of nursing task force for HIV.
- (2) Where establishment of nursing task force is not possible, the national AIDS programme can identify a senior nurse to be the nursing focal person for HIV and set up a mechanism of collaboration, to define nursing roles and responsibilities; establish channel of communication for information sharing at all levels through regular meetings/seminars; monitor and evaluate implementation of policies such as universal precaution, occupational safety practices; adequacy of supply of disinfectants and protective equipment.
- (3) To enhance the quality of nursing education in HIV/AIDS, AIDS programmes managers and nursing schools must establish closer links by collaborating in the following areas; a) developing teaching-learning materials for pre-service and continuing education b) updating knowledge of nurses/midwives on HIV/AIDS through talks/discussion organized by nursing schools with AIDS programme persons as resource people and c) participation of nursing schools and nurses in local campaigns for HIV/AIDS awareness.
- (4) Nursing representatives should be invited to participate in national/international HIV/AIDS programme managers meetings.

4.2 Curricular Review/Revision for HIV/AIDS

Many of the countries are in the process of planning curricular review of the nursing schools and therefore an opportune time for supporting the nursing

schools in developing curriculum to ensure essential elements of HIV/AIDS teaching is included.

4.3 Capacity Development for Nursing and Midwifery in HIV/AIDS

- (1) WHO should support the countries in the Region to develop a core group of nurse trainers in HIV/AIDS. The Nursing Faculty at Siriraj, Mahidol University, which happens to be a WHO collaborative centre, has the capacity to offer international course for training of trainers in HIV/AIDS.
- (2) Nursing schools at state/province or national levels with potential should be identified and developed to serve as resource centres for HIV/AIDS to provide both human and material support for HIV/AIDS related training and other activities.

4.4 Teaching-Learning Resource

WHO SEARO should support practical and easy to use the development of resource packages composed of transparencies for teaching essential elements of HIV/AIDS care and prevention with accompanying facilitator's guide and videos, particularly on infection control and counselling skills.

4.5 Access to Information

- (1) To increase access to HIV/AIDS information, WHO could consider collaborating with the Nursing Associations to include information on HIV/AIDS and other programmes on a regular basis in their monthly/quarterly publications.
- (2) WHO mailing list should be updated and new nursing schools and nursing association or councils added.

Annex 1

BIBLIOGRAPHY

- (1) Strategic Planning for Nursing and Midwifery Development in Countries of the South-East Asia Region: Report on Intercountry Consultation 1995, Thailand WHO SEARO
- (2) Nursing and Midwifery Education in the Twenty-first Century: Report on Intercountry Consultation, 1999, Thailand, WHO SEARO
- (3) Nursing and Midwifery Management for Prevention and Control of HIV Infection/AIDS: Report on Intercountry Consultation, 1989, Thailand, WHO SEARO
- (4) Beyond 2000 Responding to HIV/AIDS in the new millennium, 2001, WHO SEARO
- (5) Manual for Control of Hospital Associated Infections, 1999, NACO
- (6) Training Module for Nurses: NACO, 1999
- (7) Prevention and Care: Training Modules for Nurses and Midwives, 1993, WHO GPA
- (8) Lessons from a Strong National Response to HIV/AIDS, 1998, AIDS Division, CDC Dept. Ministry of Public Health, Thailand
- (9) Combating HIV/AIDS in India 1999-2000, NACO
- (10) Briefing Notes for WR Sri Lanka, 2001: Nursing and Midwifery in the WHO South-East Asia Region
- (11) Developing the Nursing Component in a National AIDS Prevention and Control Program; WHO Regional Office for the Western Pacific, 1993

Annex 2

LIST OF PERSONS MET AND INSTITUTIONS VISITED

India

Ms. Kashap
Principal
Lady Harding School of Nursing
New Delhi

Ms. Bhattacharya
Principal
RAK Nursing College
New Delhi

Ms Manju Vatsa
Principal
AIIMS Nursing College
New Delhi

Dr Ashutosh Biswas
Asst. Professor
AIIMS Hospital
Physician responsible for AIDS patients
Delhi

Ms Manju Nandi
Chief Nursing Officer
AIIMS Hospital
New Delhi

Ms Veena Panday
Principal
Jaipur Nursing College
Rajasthan

Deputy Director Nursing cum Registrar
Rajasthan Nursing Council
Rajasthan

Dr Dinesh Mathur
Additional Project Director
State AIDS Control Society
Rajasthan

Dr R. K Garg
Director
State AIDS Programme
Rajasthan

Nursing Superintendent of SMS Hospital
Jaipur
Rajasthan

Ms Sumita Datta
Registrar
West Bengal Nursing Council
Kolkata

Ms Madhavi Das
Nursing Superintendent of SSKM Hospital
Kolkata

Ms Gayatri Bandyopadhyay
Deputy Director
Nursing
West Bengal

Ms Ruth
Principal
Assembly of God Nursing School
Kolkata
West Bengal

Nursing Superintendent
M.R. Bangur Hospital
Kolkata
West Bengal

Principal
Singur Health School and clinic
Hoogly
West Bengal

Ms Jayanti Nandi
Nodal Nursing Officer
State AIDS Society
West Bengal

Dr B N Gupta
Additional Project Director
State AIDS Society
West Bengal

Mr Dilip Kumar
Nursing Advisor cum President of Indian
Nursing Council

Dr Joshi
Dy. Director
NACO
Delhi

Dr Mishra
National Consultant
NACO
Delhi

Myanmar

Lt Col Daw Sann Sann
Director
Nursing Division
Dept. of Health

Dr May Winn
Rector
Institute of Nursing
Yangon

Dr Hla Hla Aye
Deputy Director
Dept of Medical Sciences
Ministry of Health

Ms Daw Aye Myint
Asst. Director
Nursing
Ministry of Health

Ms Daw Phyu Phyu
Asst. Director
Nursing Services
Dept of Health
Ministry of Health

Ms Grace Phillip
Nursing Superintendent
Yangon General Hospital

Ms D. Khin Khin Lay
Matron
Yangon General Hospital

Thailand

Ms Chiraporn Yachompoo
Chief Nurse
Medical Services and Care Development
Section AIDS Division

Dr Supanee Senadisai
Associate Professor
Ramathibodi School of Nursing

Dr Wantana Maneesriwongul
Community Health Nursing Division
Ramathibodi

Dr Tassana Boontong
President Thailand Nursing Association

Dr Chutima Panyapinijnguan
Dy. Director
Bororajchonni Bangkok College

Dr Lawan Boonyamanond
Director
Health Centre No. 54

Dr Kobukul Phanchareonworakul
Dean
Faculty of Nursing
Siriraj
Mahidol University

Dr Pikul Moolasart
Bamrajnaradura Hospital