



PERCEPTIONS AND PRACTICES REGARDING MICROBICIDES. A BASELINE SURVEY OF THE SOCIALE INSTITUTE OF HEALTH AND HYGIENE OF DAKAR.

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Backroung

- The social health is one of the medical centers in the south district of Dakar. A cross sectional descriptive survey was carried in the social health institute center in order to establish the community's current knowledge levels, gap, attitudes about microbicides.

Objective

- To evaluate the sex worker's knowledge base about microbicides and the impact that knowledge had on HIV/AIDS prevention.

Methodology

- Data was collected by social workers and physician-administered questionnaire on preventive behaviours (condom use and microbicides perceptions) as well as 30 focus groups. Microbicide knowledge was evaluated by asking the patients to state the name or to recognize the rule of microbicide and give the respective aspect. The use of a condom by partner was measured.

Results

- About 98% knew that HIV is transmitted sexually, 55% on contact with infected blood and 28% through mother to child, only 0,1% know what microbicide is. 80% mentioned that never heard about microbicide (P<0,001). About 80% felt that it was good for women in order to prevent HIV transmission

Discussion

- Socio-economic factors have not significantly been accounted for as barriers to adherence to condom in our study. Consistent with these findings, social stability and social support have repeatedly been associated with medication adherence in different settings (Mukabutera et al., 2004). condom use related factors are associated with adherence as it has been observed elsewhere (Tawil, 1991). According to our data, only 18.4% of the participants remained perfectly adherent to condom. Low rates of condom use have been reported by

participants in this study. These may reflect the degree of stigma (Rowe et al., 2005) at is still associated with HIV-disease in these contexts. However education to partner is expected to facilitate adherence to condom (Diamond et al., 2005) as it has been observed in the case of tuberculosis preventive therapy for HIV-positive patients (Rowe et al., 2005).

Conclusion

- Microbicide as a product requires a lot of educational community information. Information offered to women regarding microbicide and HIV transmission must be culturally and linguistically appropriate and may need to be provided over multiple sessions..

Key Words

Perceptions, Practices, Knowledge, Microbicides

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