

# Editor's Focus

## Uptake and factors that affect enrolment into the prevention of mother-to-child transmission of the human immunodeficiency virus programme

Before 2006, the uptake of the prevention of mother-to-child transmission (PMTCT) of the human immunodeficiency virus (HIV) programme in South Africa was low. The effectiveness of the PMTCT of HIV programme in reducing the proportion of babies born to HIV-positive mothers has been confirmed in many global studies. Ajewole OJ, Sparks BLW and Omole OB conducted a cross-sectional study on women in the immediate postpartum period in the rural Limpopo province.<sup>1</sup> The objective of the study was to determine participants' knowledge and experience of, satisfaction with, and motivation for, enrolment in the PMTCT of HIV programme. A total of 200 consecutive women were invited, of whom 169 responded, resulting in a response rate of 84.5%. From the 169 respondents, 96.3% (155) agreed to be tested for HIV. The HIV prevalence rate among the consenting respondents was 23.6%. In terms of their knowledge, 95.2% were aware of the PMTCT of HIV programme. Healthcare workers were the main source of their knowledge (93.7%). Of the 38 participants who tested positive for HIV, and who were enrolled in the PMTCT of HIV programme, 89.5% were satisfied with the hospital staff, and 97.4% with the organisation of the programme, while 81.6% were content with their drug supply. The authors concluded that the PMTCT of HIV programme uptake was high. This could have been influenced by good knowledge, satisfaction with the PMTCT of HIV programme and participants concern for the safety of their babies. The PMTCT of HIV programme is now well established in South Africa, and it would be important to repeat a similar study with a much larger sample size to determine if the findings are generalisable.

## Delays by people living with human immunodeficiency virus/acquired immune deficiency syndrome in accessing antiretroviral therapy

Semakula D and van Deventer C conducted a qualitative study to understand the underlying reasons and narratives for patients who delay accessing antiretroviral treatment at Potchefstroom Hospital Wellness Clinic.<sup>2</sup> The motivation for the study was that HIV-positive patients in this setting presented late for antiretroviral treatment, despite having free access to it. Free attitude-based one-on-one interviews were conducted on eight patients in whom saturation of data was reached. The main emergent themes were stigma and discrimination, ignorance and lack of perceived risk of infection, denial and healthcare constraints. The authors identified stigma and discrimination as a major theme as six of the eight respondents were abandoned by their sexual partners after disclosure and having learnt that they were living with an HIV-positive person. The other themes indicate that the messages about HIV/AIDS should be reviewed to empower those who are infected with HIV, and those who are affected, to be better informed about the risks of infection. This would help to overcome the associated denial, and to ensure

that healthcare providers do not treat people who are infected with HIV differently. South Africa has one of the most elaborate antiretroviral treatment programmes in the world. Therefore, there should be no delays in accessing treatment if the issues that were identified in this qualitative study are appropriately addressed by the relevant media units of the national and provincial health departments.

## The prevalence of burnout and depression in medical doctors in the Cape Town Metropolitan Municipality clinics and district hospitals

Burnout is characterised by exhaustion, accompanied by distress, a sense of reduced effectiveness, decreased motivation, and the development of dysfunctional attitudes and behaviour at work. The concept of burnout is defined by three elements, namely emotional exhaustion, depersonalisation and low personal accomplishment. Rossouw L et al were motivated by a central concern in healthcare services: the inability to retain doctors in the public health sector of South Africa.<sup>3</sup> The objective of their study was to investigate burnout and depression in medical doctors in the context of work-related conditions and the role of resilience as a modifiable factor. One hundred and thirty-two consenting medical doctors working at Cape Town Metropolitan Municipality primary healthcare facilities took part in the study. The Beck Depression Inventory (BDI), Maslach Burnout Inventory and Connor-Davidson Resilience Scale validated questionnaires were used to collect data. The findings indicate that 76% experienced burnout, and 27% had cut-off scores on the BDI indicating moderate depression, while 3% were identified to have severe depression. The most important contributory factors to burnout from the study were number of work hours, work load, working conditions and system-related frustrations. They concluded that burnout and depression are common problems in doctors at district and community level in the Western Cape. It is important for health policy-makers to take action and implement intervention strategies to prevent burnout in doctors. These should focus on job satisfaction, management structures and organisational climate. A happy doctor renders services to a satisfied patient.

**Prof Gboyega Ogunbanjo**

Editor-in-chief: *South African Family Practice*

## References

1. Ajewole OJ, Sparks BLW, Omole OB. Uptake and factors that affect enrolment into the prevention of mother-to-child transmission of human immunodeficiency virus programme in rural Limpopo province. *S Afr Fam Pract* 2013;55(6):555-560.
2. Semakula D, van Deventer C. Delays by people living with HIV/AIDS in accessing antiretroviral therapy. *S Afr Fam Pract* 2013;55(6):574-578.
3. Rossouw L, Seedat S, Emsley RA, et al. The prevalence of burnout and depression in medical doctors working in the Cape Town Metropolitan Municipality community healthcare clinics and district hospitals of the Provincial Government of the Western Cape: a cross-sectional study. *S Afr Fam Pract*. 2013;55(6):567-573.