

Knowledge of OPD Attendees at ICTC centre regarding HIV/AIDS at a Tertiary Care Centre of Kolkata

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Abstract

Introduction

AIDS is a disease that is spread by retrovirus HIV. It is a permanent infection and almost always fatal. In spite of global efforts to stop the epidemic, a huge number of people get infected by HIV still. The epidemic which was once confined to the high risk population only now has been shifted to the general population via the bridge population. There are huge social and economic implications of HIV infection. Even after all the efforts to increase awareness of HIV in general population, not much has been explored to find the knowledge level in HIV patients. Thus, this study was done with the objectives to know the socio demographic profiles of the study subjects and to assess the knowledge of HIV AIDS and its prevention among the study subjects.

Materials and Methods

It was a descriptive, observational study with a cross sectional design in the Integrated Counselling and Testing Centre (ICTC) OPD of R G Kar Medical College and Hospital. It was done in the time period of April-May, 2017. The study population consisted of patients attending the ICTC of R G Kar Medical College Kolkata. A predesigned semi-structured proforma was used for data collection after pretesting.

Results

Out of the 88 patients most of them were 20-50 years age (78.4%), male (60.23%). 82 (93%) of the population knew about HIV/AIDS among them. In our study the 28 % of the individuals reported to have obtained their information from television. We also found that 13.3 % of patients said that the HIV spreads through shaking of hands. 67.07 % said that it spreads by blood transfusion.

Discussion

The findings of this study was in alignment with similar studies, but studies of knowledge of HIV on patients were less in number. The author suggests a mixed method study on this topic for further exploration of the domain.

Keywords

Perception regarding HIV, Preventive measures of HIV, awareness on HIV

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I. Introduction

AIDS (Acquired immune deficiency syndrome) is an infection caused by retrovirus HIV (Human Immunodeficiency Virus), generally transmitted by sexual route. It can also be transmitted by the percutaneous, parenteral, transplacental route. Once infected it is a permanent infection and almost always fatal (1). There were an estimated 38.0 million people living with HIV at the end of 2019 (2). The epidemic which was once confined to the high risk population only now has been shifted to the general population via the bridge population (3). Majority of the infected HIV-AIDS are still unaware of their infected status (4). HIV is not only a health issue but also a problem in socioeconomic and political platform (5). A study reveals that HIV households are more likely to report loss of income, increased expenditure (especially medical expenses), lower savings and higher borrowings and liquidation of assets. The children of HIV households report higher dropout rates and absenteeism due to the ill health of their parents (6). Another study of Kolkata reveals that prolonged duration and severity of disease, higher proportion of indoor patients reported loss of job, decreased family income, increased expenditure for care seeking, and faced greater economic consequences, reflected by selling assets. Loss of job was mainly due to illness (86.8%), disclosure of sero-status (13.2%), and predominantly among skilled workers (7). In one study to assess the knowledge regarding HIV AIDS, senior nurses attending a workshop were surveyed with questionnaires and using two separate scales, their knowledge about

transmission and precautionary measures, and their general attitude towards HIV/AIDS as well as willingness for patient-care were assessed. The nurses showed a satisfactory level of knowledge (mean percentage score 74.3), but misconceptions regarding disinfection and precautionary measures were present; 33% had overall negative attitudes and 24% unwilling to provide care for HIV-infected patients (8). Though many studies has been done in the world to see the knowledge of HIV AIDS, studies are sparse in eastern part of India. Thus, this study was done with the objectives to know the socio demographic profiles of the study subjects and to assess the knowledge of HIV AIDS and its prevention among the study subjects

II. Materials and Methods

It was a descriptive, observational study with a cross sectional design in the Integrated Counselling and Testing Centre (ICTC) OPD of R G Kar Medical College and Hospital. It was done in the time period of April-May, 2017. The study population consisted of patients attending the ICTC of R G Kar Medical College Kolkata. All the patients who were in the inclusion criteria were included in the study, thus a census method was used. In that time period 88 patients could be interviewed, as 2 persons did not cooperated thus they were excluded, thus sample size was 88.

A predesigned semi-structured proforma was used for data collection after pretesting. There were two sections of the schedule, one was to assess the socio demographic features like age, sex, occupation, etc) and another was a schedule to assess the knowledge of the patients. Knowledge was assesses regarding their perception about mode of transmission, high risk groups, preventive measures, treatment of the disease etc. This was In Bengali and was piloted on 10 patients, then corrected by a group of experts for face validity.

Face to face interview of the study subjects were done in a secluded place after proper consent. Written permission for data collection was taken from the authorities. The study was passed by Institutional Ethics Committee. Verbal consent were taken from all the participants and confidentiality was ensured. Data was analysed after entering them in a mastersheet and with descriptive statistics.

III. Results

Out of the 88 patients most of them were 20-50 years age (78.4%), male (60.23%). The rest of the socio-demographic features are given in Table 1. 82 (93%) 0of the population knew about HIV/AIDS among them the knowledge was elicited and is given in Table 2.

IV. Discussions

In our study the 28 % of the individuals reported to have obtained their information from television. A study among dental students in Sudan revealed that Lectures and Radio/TV were the most frequently reported sources of information related to HIV and AIDS as reported by 61% and 44% of the students, whereas information from friends/relatives (31%) and health care workers (39%) were less frequently reported (9). Also in this study it was found that a majority of students had accurate knowledge regarding modes of transmission with the proportions answering each question correctly varying between 85% (do not transmit by shaking hands) and 97% (transmission through contaminated blood transfusion). About half the students recognized condom use as a safe method of preventing transmission of HIV. In our study we found that 13.3 % of patients said that the HIV spreads through shaking of hands. 67.07 % said that it spreads by blood transfusion. In another study in India on dental students, 137 (94.5%) of subjects had the knowledge and awareness on transmission of HIV through needle stick injury, which got the highest score. 126 (86.9%) answered correctly the first question about spread of HIV by touching, kissing, sharing food and drinks, 119 (82%) said correctly about identification of HIV/AIDS by physical appearance (10).

V. Conclusion

In this study it was seen that though many HIV patients were aware of this disease, around 1/3rd of them has false belief regarding mode of transmission. Many people also believed that HIV can be treated by Medicine or surgery. Also, majority of the people had false idea regarding availability of vaccines. Since these are patients of HIV attending ICTC, and still they had lack of knowledge regarding HIV, so the counselling must be strengthened in ICTC. This is a disease with lifelong medication and follow up for a good outcome thus a strong counselling is the backbone of the program.

This was a study with 88 samples so that was a limitation of the study. Also a qualitative research would have explored the in depth phenomenology of the behaviour and perception. Mixed method studies can answer many unexplored areas in this domain.

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Table 1: Table showing the Socio demographic features of the patients(n=88)

Parameter	Number (Percentage)
Age	
<20	4 (4.5)
20-50	69 (78.4)
>50	15 (17.04)
Sex	
Male	53 (60.23)
Female	35 (39.77)
Residence	
Rural	32 (36.36)
Urban	56 (63.64)
Education	
Primary	32 (36.36)
Secondary	41 (46.59)
Graduate and above	10 (11.36)
Illiterate	5 (5.6)
Marital Status	
Unmarried	16 (18.18)
Married	71 (80.68)
Widowed/Divorced	1 (1.13)
Monthly Income	
<10000	58 (65.9)
10000-20000	22 (25)
>20000	8 (9.09)
Occupation	
Unemployed	7 (7.9)
Students	5 (5.68)
Office/Clerical	6 (6.8)
Skilled labourers	19 (21.59)
Unskilled labourers	24 (27.27)
Housewife	12 (13.68)
Professional	15 (17.04)
Type of Family	
Nuclear	43 (48.68)
Joint	45 (51.14)

Table 2: The table shows the knowledge regarding HIV/AIDS (n=82)

Parameter	Number (Percentage)
Source of information regarding HIV/AIDS	
Television	28 (34.15)
Friends	19 (23.17)
Newspaper	17 (20.73)
Relatives	16 (19.51)
Health Workers	16 (19.51)
Others (social media, etc)	26 (31.71)
Mode of transmission	
Blood transfusion	55 (67.07)
Unsafe sexual contact	48 (58.44)
Mother to child	42 (51.22)

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Sharing razor	30 (36.59)
Parenteral drug use	28 (34.15)
Wrong Knowledge about mode of transmission	
Mosquito bites	28 (34.15)
Sharing latrine and soap	25 (30.49)
By air	21 (25.61)
Shaking hands	11 (13.41)
Hugging	9 (10.51)
Knowledge about clinical features	
Rapid weight loss	29 (34.83)
Diarrhoea (1 month)	19 (22.89)
Fever (>1 month)	36 (43.37)
Enlarged Lymph nodes	9 (10.84)
Non healing mouth ulcer	11 (13.25)
All of the above	7 (8.43)
None	19 (22.89)
Knowledge regarding special groups	
Injectable drug user	49 (59)
People having Multiple Sex partner	76 (92)
Knowledge regarding treatment of HIV	
Medical treatment present	40 (48.78)
Transmission prevented from mother to child by medicine	42 (51.22)
HIV can be cured	29 (35.37)
Long term treatment and follow up required	51 (62.20)
Knowledge about preventive practices of HIV	
Maintain personal hygiene	60 (73.15)
Use of condoms	70 (85.36)
Practising safe sex	70 (85.36)
Maintaining injection safety	51 (62.19)
Maintaining safety during blood transfusion	60 (73.15)
Prevention of HIV by vaccination	28 (34.14)

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