

## A Study On Awareness Regarding HIV/AIDS Among Attendee Of Integrated Counselling And Testing Centre Of RIMS, Ranchi, Jharkhand

Dr Vivek Kashyap<sup>1</sup>, Dr Luguram Tudu<sup>1</sup>, Dr Shalini sunderam<sup>2</sup>, Dr Vidyasagar<sup>2</sup>

<sup>1</sup>Professor <sup>1</sup>Junior Resident, <sup>2</sup>Associate Professor

Department of Preventive and Social Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India 834009

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### Abstract

**Background:** Acquired immunodeficiency syndrome (AIDS) is pandemic worldwide and one of the most dreaded entities that modern medicine has ever had to tackle. Since there is no cure of this disease. Awareness about transmission and protection from HIV/AIDS reduces disease prevalence.

**Aim and Objectives:** (1) Socio demographic profile of attendee of ICTC. (2) To assess the awareness on HIV/AIDS.

**Material and Methods:** A cross sectional, descriptive, institutional based study was conducted at ICTC of RIMS, Ranchi, and Jharkhand between march 2015-may 2015. Total 116 subjects were included in the study. Pre tested, semi structured questionnaire was used for data collection.

**Statistical analysis:** Data entry was done in MS excel and analyzed in SPSS software version 20.0.

**Results:** Out of 116 attendee majority were male (68.1%), unmarried (56%), Hindu (56.9%), non tribal (65.5%), graduate (40.5%) and belonged to age group of 26-35 years of age (42.2%). Less than half (48.3%) first heard about HIV/AIDS from newspaper/television. About 75% of attendee responded that unprotected sex is the main cause of HIV transmission and 69.8% people stated that disease can be protected by practicing safe sex by using condom.

**Conclusion:** ICTC is the place for testing, diagnosis, referral for treatment, care and high risk behavioural changes. About two third of respondent were aware of transmission and protection from HIV/AIDS in this study. However intense IEC activities regarding spread and prevention from HIV/AIDS and behavioural changes is necessary to reduce further spread of the disease.

**Keywords:** HIV/AIDS, Awareness, ICTC, IEC

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### I. Introduction

Acquired immunodeficiency syndrome (AIDS) is pandemic worldwide and one of the most dreaded entities that modern medicine has ever had to tackle. The Human Immunodeficiency Virus (HIV) targets the immune system and weakens people's defence system against infections and some types of cancer. HIV continues to be a major public health issue having claimed more than 34 million lives so far. In 2014, 1.2 million people died from HIV-related cause globally.<sup>1</sup> India (2.1 million) has the third highest number of estimated people living with HIV in the world after south Africa (6.3 million) and Nigeria (3.2 million).<sup>2</sup> According to the HIV estimation 2012, the estimated number of people living with HIV/AIDS in India was 20.89 lakh, with an estimated adult (15-49 age group) HIV prevalence of 0.27% in 2011.<sup>3</sup> There is no cure for HIV infection so prevention and control of HIV infection depends on the success of strategies implemented to prevent new infection and to treat current infected individually.<sup>4</sup> So Awareness about transmission and protection from HIV/AIDS reduces disease prevalence.

According to HIV estimation 2012, the adult HIV prevalence at national level continued its steady decline from the estimated level of 0.41% in 2001 to 0.27% in 2011 (0.32% among males and 0.22 in females). There is declining trend seen in some states but also increase in prevalence of the disease in some states of country. Jharkhand is among those states showing increase in prevalence rate being 0.18% (2009), 0.21% (2010) to 0.25% (2011) as per NACO 2012 report.<sup>5</sup>

The reason for increase prevalence is migration of worker to places like Mumbai, Chennai, Chandigarh where they indulge in unsafe sex and get infected there and after returning infect their spouses.<sup>5</sup> Counselling, HIV diagnostic testing promoting behavioural changes, referral for care is done by ICTC to improve the survival and quality of life. HIV/AIDS affects mainly the economically productive age group thus impeding the social and economic development of the country. This study was intended to describe the socio-demographic profile and to assess awareness among general as well as symptomatic population attending ICTC, Rims, Ranchi.

## II. Methodology

A cross sectional, descriptive, institutional based study was conducted at ICTC of RIMS, Ranchi, Jharkhand between march 2015-may 2015. Consecutive sampling was adopted. Total 120 subjects (registered in ICTC) were included in the study but four patients were not willing to participate in the study. So total sample size came to 116. Pre tested, semi structured questionnaire were used for data collection. This instrument also elicits the socio-demographic profile and level of awareness regarding HIV/AIDS

Data were collected on alternate days in a week. In next consecutive week days of data collection were changed. Every first five persons were interviewed. If patients was not eligible for study next consecutive patients was interviewed. < 16 years of age, non willing, patients who were unable to communicate and seriously ill patients were excluded. A total of 116 patients were interviewed during the period of study after taking their consent. Data entry was done in MS excel and analysis was done by using SPSS software version 20.

## III. Results

There were 79 (68.1%) males and 37 (31.9%) female subject in the present study. Of 116 subjects 49 (42.2%) were in the age group of 26-35 years. More than half of study subject belongs to urban (60.3%) locality. About 66 (56.9%) were Hindu and only few were Muslim 10(8.6%).Among all study subject 40 (34.5%) were tribal whereas remaining 76 (65.5%) were non tribal. Majority were unmarried 65 (56.0%). Among 116 subject 13 (11.2%) were illiterate and less than half 47 (40.5%) were educated up to graduation and above. Out of 116 subject 33 (28.5%) were in service, 32 (27.6%) were students, 20 (17.2%) were daily wage earner, 16(13.8%) were house wife, 10 (8.6%) were doing business and 5 (4.3%) were farmer. Maximum subjects belonged to class III (28.4%) followed by class II 26 (22.4%), class I 25 (21.6%), class IV 21 (18.1%) and class V 11 (9.5%).

**Table 1: Selected socio-demographic profile of respondent (n=116)**

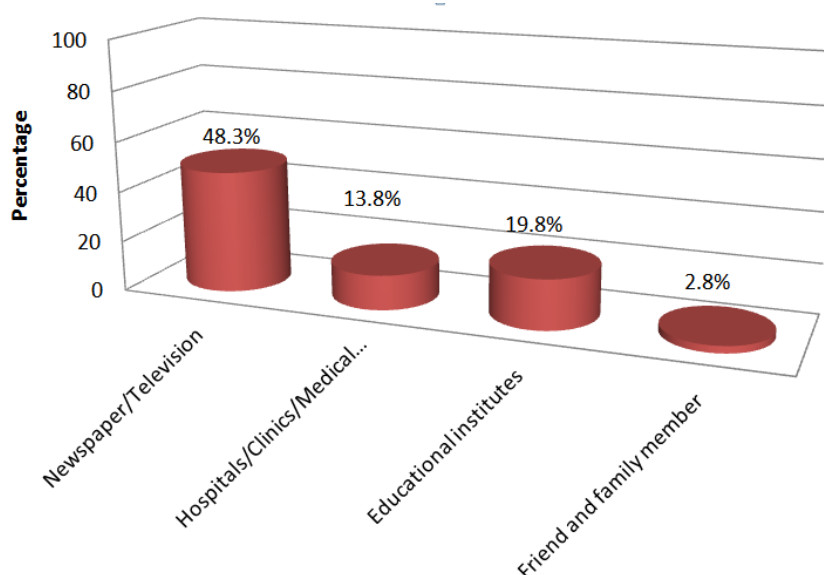
Socio-demographic Variable		Number	Percentage
Sex	Male	79	68.1
	Female	37	31.9
Age (in years)	16-25	42	36.2
	26-35	49	42.2
	36-45	17	14.7
	46-55	8	6.9
Locality	Urban	70	60.3
	Rural	46	39.7
Religion	Hindu	66	56.9
	Muslim	10	8.6
	Christian	24	20.7
	Sarna	16	13.8
Ethnicity	Tribal	40	34.5
	Non tribal	76	65.5
Marital status	Married	46	39.7
	Unmarried	65	56.0
	Widow/Widower	5	4.3
Educational status	Illiterate	13	11.2
	Literate but no formal schooling	11	9.5
	Less than 10 <sup>th</sup> std	15	12.9
	10 <sup>th</sup> std or above	30	25.9
	Graduate or above	47	40.5
Occupation	Service	33	28.5
	Business/driver	10	8.6
	Daily wage earner/migrant	20	17.2
	House wife	16	13.8
	Student	32	27.6
	Farmer	5	4.3
Socioeconomic status	Class I	25	21.6
	Class II	26	22.4
	Class III	33	28.4
	Class IV	21	18.1
	Class V	11	9.5

Out of 116 patients, Majority (56, 48.3%) of the patients first heard about HIV/AIDS from newspaper/Television followed by educational institute (23, 19.8%), friends and family member (21, 18.1%) and hospital/clinic/medical professionals (16, 13.8%). About three fourth (87, 75%) of respondent revealed that unprotected sex is the major cause of transmission of HIV followed by sharing injection (53, 45.7%), sex with

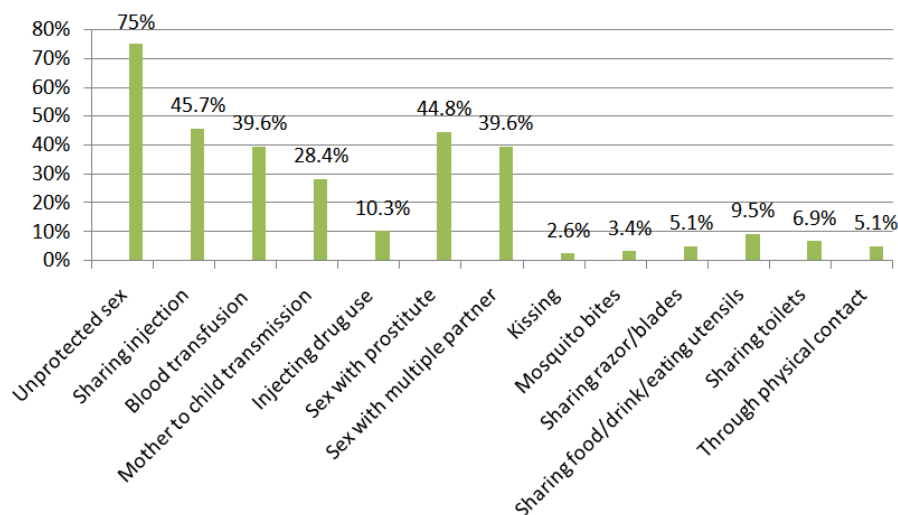
prostitute (52, 44.8%), blood transfusion (46, 39.6%), sex with multiple partner (46, 39.6%). Regarding protective measure adopted for protection from HIV/AIDS majority (81, 69.8%) responded that use of condom can protect from disease followed by avoid sex with prostitute (46, 39.6%), avoid sex with person who have multiple sex partner (43, 37%), abstain from sex (35, 30.1%), avoid sharing needles (30, 25.8%).

**Table 2: Awareness about HIV/AIDS of respondents (n=116)**

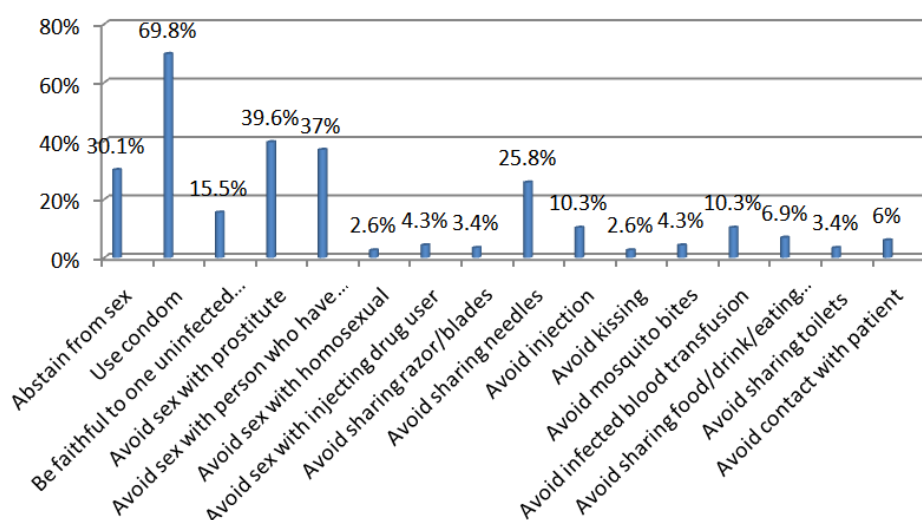
First heard about HIV/AIDS from	Number	Percentage
Newspaper/Television	56	48.3
Hospitals/Clinics/Medical professionals	16	13.8
Educational institutes	23	19.8
Friend and family member	21	18.1
<b>Modes of transmission of HIV (multiple answer by respondents)</b>		
Unprotected sex	87	75
Sharing injection	53	45.7
Blood transfusion	46	39.6
Mother to child transmission	33	28.4
Injecting drug use	12	10.3
Sex with prostitute	52	44.8
Sex with multiple partner	46	39.6
Kissing	3	2.6
Mosquito bites	4	3.4
Sharing razor/blades	6	5.1
Sharing food/drink/eating utensils	11	9.5
Sharing toilets	8	6.9
Through physical contact	6	5.1
<b>Protective measure for HIV (multiple answer by respondents)</b>		
Abstain from sex	35	30.1
Use condom	81	69.8
Be faithful to one uninfected partner	18	15.5
Avoid sex with prostitute	46	39.6
Avoid sex with person who have multiple partner	43	37.0
Avoid sex with homosexual	3	2.6
Avoid sex with injecting drug user	5	4.3
Avoid sharing razor/blades	4	3.4
Avoid sharing needles	30	25.8
Avoid injection	12	10.3
Avoid kissing	3	2.6
Avoid mosquito bites	5	4.3
Avoid infected blood transfusion	12	10.3
Avoid sharing food/drink/eating utensils	8	6.9
Avoid sharing toilets	4	3.4
Avoid contact with patient	7	6.0



**Fig no.1- First heard about HIV/AIDS (n=116)**



**Fig no.2- modes of transmission of hiv (n=116, multiple answers by respondents)**



**Fig no.3- protective measure for hiv (n=116, multiple answers by respondents)**

#### IV. Discussion

The present study indicates that 68.1% of the attendee was male. Similar finding was observed by Nimbart S et al in Wardha that 70.5% of ICTC attendees were male. This gender ratio of attendance rates is in accordance with national figures and indicates the existence of some barriers preventing the access of females even now. Stigma and discrimination may also be a barrier for them.<sup>6</sup> According to the present study, 93.1% of the attendees belonged to the age group of 16-45 years (the most sexually active age group) which is similar to the result obtained from similar studies (92.4%) at Darjeeling<sup>7</sup> and 88.7% at Udupi, Karnataka<sup>8</sup>.

Majority of the attendee belong to urban (60.3%) as compared to rural (39.7%). This is because of easier access to ICTC facility by urban population. The majority of the subjects belonged to the illiterate group as found in above surveys. The educational status of attendees reveals that 40.9% were graduate. The reason behind attending higher educated people is that they want to know their seropositive status because of being more concern about disease. Who is illiterate or educated up to secondary level will not have adequate knowledge for protecting himself/herself from HIV/AIDS. It seems that education does provide some protection. As such the people who are well educated are more receptive to information, education and communication and amenable to interventions.<sup>9</sup> In present study 28.5% were in service, 27.6% were students, 17.2% were daily wage earner or migrant, 13.8% were house wife, 8.6% were doing business/driver and 4.3% were farmer. Joardar et al found in their study that 28.6% attendees were unskilled worker and 5.87% were driver. The long distance truck drivers and labourers are a highly mobile group in whom having multiple sex partners is quite common.<sup>7</sup>

In present study we found that source of information regarding HIV/AIDS newspaper/television 48.3%. Similar finding were observed by Meena et al<sup>10</sup> and Sudha et al.<sup>11</sup> Regarding modes of transmission of HIV majority (75%) responded that it was because of unprotected sex. Kapoor et al<sup>12</sup> in their study at Jaipur found

that 77.4% respondent was aware that HIV/AIDS is transmitted by sexual route. In our study 45.7% responded that disease transmission occurred due to sharing injection. Bolla et al<sup>13</sup> found that 33.39% knew this mode disease transmission. 39.6% respondent in our study was aware that HIV/AIDS is transmitted by blood transfusion. Hande et al<sup>14</sup> found that 44.2% respondent were aware about this fact. 3.4% respondent in present study had myth that HIV/AIDS is transmitted by mosquito bites which is similar to the finding of study conducted by Suman et al<sup>16</sup> (3%).

The present study revealed 69.8% responded that condom use at every sexual intercourse as mode of prevention. Similar finding was observed by Forhad et al<sup>15</sup> in their study (70.7%). 39.6% responded that disease can be prevented by avoid sex with prostitute. Similar finding were observed by Kapoor et al<sup>12</sup> (45.76%) in their study. The present study observed that 30.1% respondent believe that abstain from sexual intercourse as mode of prevention. Suman et al<sup>16</sup> conducted study and found that 37% of the engineers believed the same.

## V. Conclusion

Our finding suggests that knowledge in general population about is still poor and myth are prevailing yet. HIV/AIDS spread is mainly influenced by human behaviour and ignorance. Epidemiological studies should be promoted to understand the role and complex relationship of various behavioural, social and demographic factors, responsible for transmission of HIV/AIDS. By which we can sensitize these vulnerable population on various aspects of HIV/AIDS and it will help to interrupt and control the transmission of HIV/AIDS. Intense IEC activities targeting general as well as people practicing high risk behaviour and bridge population should be conducted to increase awareness level.

## Limitation

The present study has limitations as this study was designed as self administered questionnaire. It is difficult to validate the answer given by respondent.

## Acknowledgement

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## References

- [1]. WHO, HIV/AIDS, Fact sheet No. 360, July 2015.
- [2]. List of Countries by HIV/AIDS Adult Prevalence-Wikipedia.
- [3]. Taraphdar.P, Dasgupta.A, Saha.B. Disclosure among people living with HIV/AIDS. IJCM vol. 32, No 4, October 2007.
- [4]. Govt.of India, Annual Repot 2014-15,NACO,Department of AIDS Control, Ministry of Health and Family Welfare, New Delhi.
- [5]. Karir.S, Kumar.C, Kumar.V, Haider.S, Kashyap.V, Vidyasagar. Trend of HIV/AIDS Among children under 15 years of age attending ART Centre Rims, Ranchi. Indian J. Prev.Soc.Med. Vol. 45 No1-2,2014.
- [6]. Quazi SZ, Nimbarte S,Selokar D, Gaidhane A, Mudey A, Wag V. Profile of Clients Attending an Integrated Counselling and Testing Centre at a Private Rural Tertiary Care Hospital in India. Australasian Medical Journal AMJ 2010, 3, 6, 349-352
- [7]. Jordar GK, Sarkar A, Chatterjee C, Bhattacharya RN,Sarkar S, Banerjee P. Profile of attendees in VCTC of North Bengal Medical College in Darjeeling district of West Bengal. Ind J of Community Med: 31:237-40, 2006.
- [8]. Gupta M. Profile of clients tested HIV positive in a Voluntary Counseling and testing Centre of a District Hospital, Udupi. Ind J of Community Medicine: 33; 223-26, 2009.
- [9]. Kiran A, Kujur M, Kumar M, Haider S, Kashyap V, et al. (2015) Profile of the Patients Attending in ICTC, RIMS, Ranchi. J Community Med Health Educ 5: 341.
- [10]. Meena LP, Pandey SK, Rai M et al. Knowledge, Attitude, and Practices (kap) study on HIV/AIDS among HIV patients, care givers and general population in north-eastern part of India. International Journal of Medical Science and Public Health 2013; 2(1): 36-42.
- [11]. Sudha RT, Vijay DT, Lakshmi V. Awareness, attitudes, and beliefs of the general public towards HIV/AIDS in Hyderabad, a capital city from South India. Indian J Med Sci 2005; 59(7): 307-16.
- [12]. Kapoor P, Verma MK, Yadav R, Manohar RK, A Cross-Sectional Study of Knowledge Assessment Regarding HIV/ AIDS of Attendees of Integrated Counseling and Testing Centre at SMS Medical College, Jaipur. Int. J. Preven. Curat. Comm. Med. 2015; 1(3).
- [13]. Bolla CR, Rao AR, Dudala SR et al. Knowledge regarding HIV/ AIDS among secondary school students in Khammam town, Andhra Pradesh. Int J Res Dev Health 2013; 1(3): 103-108.
- [14]. Hande L, Rao S, Badiger S. An Intervention Study on Knowledge, Attitude and Practice among HIV Positive Individuals in Southern India. J Clin Diagn Res 2014; 8(10): 1-2.
- [15]. Zaman FA. Impact assessment of IEC intervention on knowledge attitude and practice (KAP) of HIV/AIDS in Assam. Annals of tropical medicine and public health 2013; 6(6): 644-48.
- [16]. Sumana MN, Kishore A. KAP of HIV/AIDS among IT Professionals in Indian Silicon Valley-A Pilot Study. European Academic Research 2015; 3(1): 559.