

Knowledge attitude and practice study of human immuno deficiency virus and aquired immuno deficiency syndrome (HIV/AIDS) among rural population of Tamil Nadu (India)

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Abstract:

Research question: What is the knowledge, attitude and practice towards HIV/AIDS in a general population?

Objectives: (1) To assess the knowledge about mode of transmission, treatment and prevention of HIV/AIDS. (2) To study the socio demographic pattern, myths and misconceptions.

Study design: Community based cross sectional study. **Setting:** Chunampett Village, Tamilnadu.

Duration: March to May 2007.

Participants: 845 both males and females above the age of 18 years interviewed at home.

Results: Population surveyed was 845, comprising of 482 (57.04%) males and 363 (42.96%) females. Most of them were Hindus (96.10%). Main occupation was agriculture (39.41%) among males and house wives (33.73%) among females. 40.35% respondents belonged to low socioeconomic status. Illiteracy rate was high especially among females (43%). Source of information about HIV/AIDS was mass media in about 85% of the population. Majority of individuals (58.5%) were not aware that the disease was contagious. An overwhelming majority (98.59%) were aware about the mode of transmission of HIV/AIDS through sexual route. However about 20% had myths regarding transmission of disease. 65% knew that HIV/AIDS is preventable, yet only 4% used condoms. A vast majority (60-65%) were not aware that treatment and PEP were available free of cost in government hospitals. A majority of about 54.22% were of the opinion that the diagnosis of HIV/AIDS should not be kept confidential.

Conclusion: The awareness about HIV / AIDS is high among the study population but the implementation of preventive measures is low. The knowledge about availability of prophylactic and therapeutic measures against HIV / AIDS in Govt. hospitals is also low.

Key Words: HIV/AIDS, Adults, Rural Area, Knowledge, Attitude and practice

Introduction:

Recognized as an emerging disease in the early 1980s, AIDS has rapidly established itself throughout the world. AIDS has evolved from a mysterious illness to global pandemic which has infected tens of millions in less than 20 years. An estimated 34-46 million people living with HIV/AIDS. Already more than 20 million people have died from AIDS; 3 million in 2003 alone¹. India has the highest prevalence of HIV/AIDS in the world. According to UNAIDS, India accounts for 75% of the prevalence in South/South-East Asia, 5.9 million people are infected with HIV/AIDS with prevalence of 0.9%. Most of the cases are from rural India (57% in 2005)^{2,3}. Women belonging to the age group 15-24 years are two times more affected than men in the same age group. Prevalence among high risk groups in Tamil Nadu (TN) is 4 to 6.80% and in Pondicherry 3.6%⁴. This

study was conducted in rural areas of Tamil Nadu, keeping in view that Tamil Nadu till recently was one of the high prevalence states in the country.

AIM AND OBJECTIVES:

Aim -To assess the knowledge, attitude and practice towards HIV/AIDS among the rural population of Tamil Nadu (T.N)

Objectives:

- 1) To assess the knowledge about mode of transmission, treatment, prevention and myths and misconceptions about HIV/AIDS.
- 2) To study the various socio demographic factors of the population.
- 3) To study the attitude of members of the family and community towards People Living with HIV/AIDS (PLWHA) and recommend measures according to finding of the study.

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Materials & Methods: This is a cross-sectional (descriptive) study which was carried out during the period of March to May 2007 in the Chunampet rural health centre, catchment area Kanchipuram district, Tamil Nadu comprising of five villages serviced by the department of Community Medicine, Pondicherry Institute of Medical Sciences, Pondicherry. All houses were taken as a sample in the selected villages, and all persons interviewed above age of 18 years in each house. The study population comprised of 845 male and female above the age of 18 years. The classification of socio-economic status was done according to values suggested by Kumar in March 1991⁵. The survey was conducted by house to house visit by using pre-tested proformas.

Keeping in view the ethical aspects of the study, the purpose and methodology was explained to each subject and his/her consent was obtained to proceed with the survey.

Inclusion criteria: Person above the age of 18 yrs, willing to participate in the study

Exclusion criteria: Person less than 18 yrs of age, those who refused to answer faithfully, those who were away during the time of study.

Limitation of the Study: Refuse to answer, day time survey. (Many people away from home working in field/farm).

Results:

845 respondents were studied, comprising of 482 (57.04%) males and 363 (42.96%) females. Most of them were Hindus (96.10%). 394 (81.81%) of males and 315(86.77%) of females were married. Main occupation was agriculture (39.41%) among males and house wives (33.73%) among females. 40.35% respondents belonged to low socioeconomic status. Illiteracy rate was high especially among females (42.97%). 24% of respondents never heard about HIV/AIDS. Source of information about HIV/AIDS was mass media (TV, Radio) in about 85% of the population [n=643]. Majority of individuals (58.5%) were not aware that the disease was contagious. An overwhelming majority (98.59%) were aware about the mode of transmission of HIV/AIDS through sexual route. However about 36% had myths regarding transmission of disease. About 50% knew that HIV/AIDS is preventable, yet only 4% used condoms. The respondents had misconception about transmission of disease by kissing (19.06%) followed by towel sharing

(11.87%) and mosquito bite (10%). A vast majority (60-65%) were not aware that treatment and Post Exposure Prophylaxis were available free of cost in govt. hospitals. A majority of about 54.22% were of the opinion that the diagnosis of HIV/AIDS should not be kept confidential. 80% felt that attitude of family members and community towards HIV/AIDS patients should be sympathetic and helpful. However about 15% thought they should be kept in isolation. Higher HIV knowledge scores were significantly associated with male gender, higher education, currently married, higher frequency of reading newspapers, listening to radio or watching television, and willingness to get tested for HIV. 54% felt that HIV-infected individual's diagnosis should not be kept confidential from others, and 15% were not willing to accept a family member with HIV. Only 4% of respondents reported that they consistently used condoms. 53% percent of the respondents were willing to undergo an HIV test if provided free of cost. This willingness to opt for HIV testing increased significantly with better knowledge score, better attitude score, and higher education status.

Observations:

Table-1: Socio-demographic profile of subjects

| Age groups (Years) | Male | | Female | | Total | |
|-------------------------|------|-------|--------|-------|-------|-------|
| | No. | % | No. | % | No. | % |
| 18-20 | 26 | 5.39 | 37 | 10.19 | 63 | 7.45 |
| 21-30 | 107 | 22.19 | 101 | 27.82 | 208 | 24.61 |
| 31-40 | 141 | 29.25 | 99 | 27.27 | 240 | 28.40 |
| 41-50 | 105 | 21.78 | 64 | 17.63 | 169 | 20.0 |
| 51-60 | 58 | 12.03 | 35 | 9.64 | 93 | 11.0 |
| >60 | 45 | 9.33 | 27 | 7.43 | 72 | 8.52 |
| Marital status: | | | | | | |
| Married | 394 | 81.81 | 315 | 86.77 | 709 | 84.14 |
| Un married | 85 | 17.56 | 45 | 12.39 | 130 | 15.38 |
| Widow/Widower | 3 | 0.61 | 3 | 0.826 | 6 | 0.71 |
| Literacy status: | | | | | | |
| Illiterate | 164 | 34.02 | 156 | 42.97 | 320 | 37.86 |
| Primary | 134 | 27.80 | 135 | 34.43 | 269 | 31.83 |
| Middle | 91 | 18.87 | 42 | 11.57 | 133 | 15.73 |
| Higher secondary | 72 | 14.93 | 27 | 7.43 | 99 | 11.71 |
| Graduate and above | 21 | 4.35 | 3 | 0.82 | 24 | 2.80 |

Table-2: Socio-demographic profile of subjects

| | | |
|-----------------------------------|------------|----------|
| Religions: | No. | % |
| Hindu | 812 | 96 |
| Muslims | 26 | 3 |
| Christian | 07 | 1 |
| Occupation: | | |
| Agriculture | 333 | 39 |
| Govt. Jobs | 34 | 4 |
| Private Jobs | 34 | 4 |
| Shopkeeper | 80 | 9 |
| House wife | 285 | 33 |
| Fisher man | 15 | 2 |
| Others | 65 | 8 |
| Socio-economic class: | | |
| I-Upper class | 141 | 17 |
| II-Upper middle | 261 | 31 |
| III-Middle | 112 | 13 |
| IV - Lower middle and lower class | 341 | 40 |

Table-3: AIDS and misconception of subjects

| Question Category | No.* | % |
|--|------|-------|
| Ever heard HIV/AIDS | 642 | 76 |
| What is the source of information | | |
| I- TV and Radio | 722 | 85.50 |
| II- News Paper | 161 | 19.06 |
| III- Friends and relatives | 115 | 13.59 |
| Correct knowledge about | | |
| I- Prevention | 419 | 65.46 |
| II- PEP | 316 | 49.37 |
| Route of transmission | | |
| I- Sexual | 832 | 98.5 |
| II- Blood | 741 | 87.5 |
| III- Mother to child | 491 | 58 |
| Misconception about transmission | | |
| I- Towels | 101 | 12 |
| II- Kissing | 160 | 19 |
| III- Mosquitoes bite | 84 | 10 |
| Used condom in last one month | 35 | 4 |

* multiple response

Discussion:

In the present study, the awareness of HIV/AIDS in illiterate people was minimal owing to their inability to comprehend writings or display boards. A 41% of the subjects who considered contact /fomites/mosquito bite transmit the disease, same type of finding also reported by Kalasagar M⁶ (45%) in a study on AIDS awareness in Indian Metropolitan slum dwellers. Answered more by their intuition rather than by their true knowledge, it may offshoot discriminatory feeling against those affected with the disease which is reflected in the results of the last question. In present study, 24 % of subjects had not heard about HIV/AIDS, same type of finding was also reported by Kalasagar M (31%) in a study on AIDS awareness in Indian Metropolitan slum dwellers⁶. In present study 98% of population is aware of the sexual mode of transmission but little lower recorded (67%) in the KAP study on HIV/ AIDS awareness in Indian Metropolitan slum dwellers.

In the present study, 40% of people prefer out casting an AIDS patient from the village, same type (48%) of finding also reported in KAP study on HIV/ AIDS awareness in Indian Metropolitan slum dwellers⁶. Even the Government of India in the year 2002, in a 43-page booklet presenting the policy for AIDS prevention in India admits that PLHA have relatively been denied access to medical care⁷.

So these people must be made more sensitive to matters of stigma and discrimination and should be prompted to act against it. The pain from societal discrimination is more than the disease itself in fear of being outcast, many a patient never reveal their status and pose a major risk of transmission. What more, the annual HIV sentinel surveillance for year 2003 conducted in Chennai by 'TNSACS (Tamil Nadu state AIDS control society) reference to be quoted in bibliography revealed that 63.8 % of IVDUs are HIV positive as against 24.5% in 2001 and 33.3 % in 2002⁸. In 2002, WHO chartered a model of prevention and control of HIV/AIDS for Botswana and India reference to be quoted in bibliography which is a guideline for most of the Governmental and NGOs in the country⁷. Even in a nationwide study done in year 2000, only 76% of Indian population between 15-49 years age group had an overall awareness of AIDS⁹⁻¹⁰.

Conclusion and Recommendation:

The awareness about HIV / AIDS is good among the study population but the implementation of preventive measures is low. The knowledge about availability of post exposure prophylaxis (PEP) and therapeutic drugs against HIV / AIDS free of cost in Govt. hospitals is low. Removal of myths and misconceptions about the spread of the disease and changes in the attitudinal behavior of some members of the community towards people living with HIV/AIDS (PLWHA) also needs emphasis. HIV/AIDS prevention campaigns in India should focus on public education, stigma reduction, promotion of condom use, and risk-reduction behaviors in rural communities targeted toward young adults. Literacy status especially of women should be improved by formal or non-formal education. Health workers should lay more emphasis on information, education and communication (IEC) activities.

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