

An Intervention Study on Knowledge, Attitude and Practice Among HIV Positive Individuals in Southern India

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As of today, only 25–30% of the people who are HIV positive in the country are aware of their HIV status. The challenge before us is to make all HIV-infected people aware of their status, so that they adopt healthy lifestyles and prevent the transmission of HIV to others, and access life-saving care and treatment. Thus, counselling and testing services are an important component of prevention and control of HIV/AIDS in the country. HIV counselling and testing services are also a key entry point to prevention of HIV infection and treatment. When availing counselling and testing services, people can access accurate information about HIV prevention and care, and undergo an HIV test in a supportive and confidential environment [1].

There is a need to study the effect of counselling or health education over the seropositive patients, so that they can adopt healthy life style to prevent HIV transmission. Therefore, the study was conducted in order to understand the Socio-demographic profile of patients and their knowledge, attitude and practice towards HIV and the effectiveness of the counselling/health education.

This cross-sectional study was conducted at an Integrated Counselling and Testing center (ICTC) of Government District hospital (a tertiary care hospital), one of the teaching hospitals attached to J.J.M. Medical College in Davanagere of Karnataka State, India.

The Ethical clearance was obtained from Institutional ethical committee. Trained research assistants collected the data and recorded using pretested questionnaire. The data was collected for a period of two years i.e. from January 2008 to December 2009. During this period, total 210 seropositives for HIV attended the ICTC centre, were included in the study. After explaining the objectives of the study and assuring the confidentiality of the subjects to District Health Authorities, permission was obtained from the District Health Authorities and the in charge of the ICTC centre; following which the data was collected using interview method. The questions pertaining to socio-demographic information and knowledge, attitude and practice towards HIV were asked. After the health education the patients were followed up to assess the effect of health education. Only 43 HIV positive individuals were followed up, because the remaining was reluctant and non-cooperative for evaluation. Data was entered and analyzed using SPSS version 16.0 [Table/Fig-1].

The study revealed that males constituted 71.4% of the total subjects which was higher than National figures, i.e. 61% [1]. But it is similar to the studies conducted by Kumar A [2] in Karnataka and Sharma R [3] (64%) in Ahmedabad.

In this study, 191 (90.9%) of the study subjects were aged between 21 and 50 y which is almost similar to National figures (88% in the age group 15-49 y) [1] and to the studies by Kumar A [2] and by Sharma R [3].

The seropositivity was higher among the subjects with lower education (30.9%) These findings are similar to the study conducted by Sharma R [3]. (33.3%)

Among participants 166 (79%) were married. Similar observations were made by Kumar A [2] and Sharma R [3].

This study has revealed that 172 (82.2%) of the study subjects knew that sexual route as the mode of transmission, followed by blood and blood products i.e. 93 (44.2%) and perinatal transmission 43 (20.4%) [Table/Fig-2]. Regarding diseases prevention 39(18.6%) participants were aware of condom usage in disease prevention. But in the study conducted by Niraj K [4] about two thirds of the attendees were aware of condom use in disease prevention

Regarding attitude of the patient towards disease, 154 (73.3%) of the study group wished to live with their family and 146(69.5%) want to share the utensils the same attitude has been also observed in the study conducted by Niraj K [4]. Three fourths (75.73%) of the participants had no objection in staying in same houses as the HIV infected persons, whereas only 33.4% of them said that they would share food with the HIV patients.

After giving health education only 43 HIV positive individuals were followed up, compared before and after giving health education and the difference was also noted. The difference was significance with respect to knowledge. The similar observations were also made in the study conducted by Niraj K [4], where awareness regarding condom was increased after the program intervention [Table/ Fig-3].

Charac-teristics	Male n=150	%	Female n=60	%	Total N=210	%	
AGE (years)							
< 20	4	2.7	1	1.7	5	2.4	
21-30	77	51.3	23	38.3	100	47.6	
31-40	35	23.3	34	56.7	69	32.8	
41-50	20	13.3	2	3.3	22	10.5	
>51	14	9.4	0	0	14	6.7	
Religion							
Hindus	145	96.7	59	98.3	204	97.1	
Muslims	5	3.3	1	1.7	6	2.9	
Christians	0	0	0	0	0	0	
others	0	0	0	0	0	0	
Marital status							
Married	119	79.3	47	78.3	166	79	
Un married	26	17.3	12	20	38	18.1	
Widowed	5	3.4	1	1.7	6	2.9	
Literacy status							
Illiterate	52	34.7	13	21.7	65	30.9	X ² =16.44, df=4, p=0.002 significant
Primary	35	23.3	7	11.7	42	20	
Middle	24	16	24	40	48	22.8	
H. School	26	17.3	12	20	38	18.1	
College	13	8.7	4	6	17	8.1	
Total	150	100	60	100	210	100	

[Table/Fig-1]: Socio-demographic characteristics of study population (X²=16.44,df=4,p=0.002 significant)

Characteristics		N=210(%)	
Knowledge	Modes of transmission	Sexual	172 (82.2)
		Blood and Blood products	93 (44.2)
		perinatal	43 (20.4)
			n(%)
	Modes of non transmission	public toilets	122 (58.1)
		Sharing clothes	107 (50.1)
		Drinking dirty water	80 (38.1)
		Sharing cups	79 (37.6)
		Through foods	78 (37.1)
		Through insect bite	72 (34.2)
		Through kissing	56 (26.6)
			n (%)
	Disease dignosis	Laboratory test available	117 (55.7)
		Not curable	93 (44.3)
		Vaccine not available	69 (32.8)
		Affects children	16 (7.6)
		HIV/AIDS different	16 (7.6)
	Disease prevention	Avoiding multiple sexual partner	141 (67.1)
		Using disposable syringe& needle	42 (20.0)
Using condoms		39 (18.6)	
		n(%)	
Attitude	Live with the family	154 (73.3)	
	Share utensils	146 (69.5)	
	Blame Self	162 (77.1)	
	God	41 (19.5)	
	Others	7 (3.3)	
		n(%)	
Practice	Consider contraception	94 (44.7)	
	Demand disposable syringes	78 (37.1)	
	Continue safe sex practice with spouse	47 (22.3)	
	Continue extra-marital relationship	47 (22.3)	

[Table/Fig-2]: Knowledge Attitude and Practice regarding HIV

CONCLUSION

Our study revealed that the study participants have satisfactory knowledge regarding spread, mode of transmission and prevention of HIV/AIDS. This knowledge was improved after providing the counselling. Most of the participants have showed positive attitude towards the diseases and like to stay with family and willing to practice safe sex by using condom and prevent the transmission by using disposable syringes. Counselling and health education play key role in improving this.

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Charac- teristics			Before Health Education	After Health Educa- tion	Difference (%)
Know- ledge*	AIDS aware- ness	AIDS known	38 (88.4)	40 (93.0)	4.6
		AIDS dreadful	24 (55.8)	39 (90.7)	34.9
		Occurs in India	27 (62.8)	36 (83.7)	20.9
	Modes of trans- mission	Sexual	34 (79.1)	38 (88.4)	9.3
		Blood and Blood products	18 (41.9)	34 (79.1)	37.2
		Perinatal	7 (16.3)	24 (55.8)	39.5
	Modes of non trans- mission	Public toilets	12 (27.9)	28 (65.1)	37.2
		Sharing clothes	17 (39.5)	32 (74.4)	34.9
		Drinking dirty water	18 (41.9)	35 (81.4)	39.5
		Sharing cups	22 (51.2)	37 (86.0)	34.9
		Through foods	15 (34.9)	32 (74.4)	39.5
		Through insect bite	27 (62.8)	32 (74.4)	11.6
		Through kissing	17 (39.5)	37 (86.0)	46.5
	Disease diagnosis	Affects children	5 (11.6)	24 (55.8)	44.2
		Laboratory test available	23 (53.5)	34 (79.1)	25.6
		HIV/AIDS different	2 (4.7)	17 (39.5)	34.9
		Not curable	23 (53.5)	36 (83.7)	30.2
		Vaccine not available	15 (34.9)	27 (62.8)	27.9
	Disease prevention	By using condoms	8 (18.6)	32 (74.4)	55.8
By using disposable needles and syringes		9 (20.9)	27(62.8%)	41.9	
By avoiding multiple sexual partners		28 (65.1)	35 (81.4)	16.3	
Attitude**	Live with the family	33 (76.7)	43 (100.0)	23.3	
	Share utensils	30 (69.7)	36 (83.7)	14	
Practice***	Consider contraception	12 (27.9)	22 (51.1)	23.2	
	Demand disposable syringes	6 (13.9)	25 (58.1)	2.3	
	Continue safe sex practice with spouse	2 (4.6)	3 (6.9)	2.3	
	continue extramarital relationship	0 (0.0)	0 (0.0)	0	

[Table/Fig-3]: Knowledge Attitude and Practice before and after Health Education., * $\chi^2=35.75$, $DF=20$, $p=0.016$

**Mc Nemar test for the attitude "live with the family" $Z^2=8.1 > \chi^2=3.84$, $df=1$, 0.05 , Mc Nemar test for the attitude "share utensils" $Z^2=4.1 > \chi^2=3.84$, $df=1$, 0.05

*** Mc Nemar test for "practice of considering contraception" $Z^2=8.1 > \chi^2=3.84$, $df=1$, 0.05 , Mc Nemar test for "demanding disposable syringe" $Z^2=17.05 > \chi^2=3.84$, $df=1$, 0.05

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