ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2015; 1(8): 744-747
www.allresearchjournal.com
Received: 27-05-2015
Accepted: 29-06-2015

Swechchha Sharma
PG Student, S.O.S in Anthropology, Pt. Ravishankar Shukla University, Raipur (C.G), India.

Moyna Chakravarty
Professor, S.O.S in Anthropology, Pt. Ravishankar Shukla University, Raipur (C.G), India.

Shyama Charan Ogre
Asst. Prof. (Anthropology), Govt. Danteshwari Girls College, Jagdapur, Bastar (C.G.), India.

Correspondence:
Shyama Charan Ogre
Asst. Prof. (Anthropology), Govt. Danteshwari Girls College, Jagdapur, Bastar (C.G.), India.

Knowledge and Attitude towards *Hiv/Aids* among the Patients of Raipur District of Chhattisgarh

Swechchha Sharma, Moyna Chakravarty, Shyama Charan Ogre

Abstract
HIV/AIDS has emerged as the single most formidable challenge to public health, human right and development in the new millennium. India is one of the third largest and most populated countries in the world. It is estimated that around 2.1 million Indians are currently suffering from *HIV* (UN, 2012) [15]. The prevalence rate of *AIDS* in India was 0.27 (NACO, 2013) [16]. In the present paper a humble attempt has been made to report some descriptive epidemiological aspects of *HIV/AIDS* and to determine the level of knowledge and attitude of 177 patients attending the ICTC Centre of Raipur Medical College towards the disease. The results of the study showed that the highest percentage of patients was in 25-29 years age group. The patients had approached the doctors due to weakness, pneumonia, cough, fever, cancer, stomachache, piles, chest infection and sexually transmitted diseases. The percentage of people who did not use condom was 72.31 percent. The percentage of people who have undergone transfusion were 35.02. High percentage of people were positive for Tuberculosis. It is therefore essential that some effective action should be taken to minimize this impact.

Keywords: *HIV-AIDS,* Knowledge, Attitude, ICTC centre

1. Introduction
Human immunodeficiency virus/ acquired immune deficiency syndrome *(HIV/ AIDS*) has emerged as the single most formdible challenge to public health, human right and development in the new millennium. *HIV* stands for the human immunodeficiency virus and it is *'Retrovirus'* which contain a special viral enzyme called *Reverse Transcriptase* which allows the virus to convert its RNA to DNA and then integrate, and take over cells in its own genetic material. *HIV* Replicates in and kills the helper T cells, which are the body's main defense against illness of someone who become infected. The *HIV* virus begins to attack the immune system of the person who is infected with the virus. They are likely to become ill more often and develop *AIDS*. It generally occurs when the CD4 count is below 200/ml.
HIV was identified in India among sex workers of Chennai in 1986 (Simoes. *et al.*, 1987) [1]. India is one of the third largest and most populated countries in the world, with over one billion inhabitants. Of this number, it is estimated that around 2.1 million Indians are currently suffering from *HIV* (UN, 2012) [15] while NACO (2008-09) estimated that 2.39 million people are affected with *AIDS* in India. The prevalence rate of *AIDS* in India was 0.27 (NACO, 2013) [16]. The *HIV* prevalence among the high risk group i.e. female sex workers, injecting drug user, man who have sex with man and transgender is about 20 times higher than in general population (NACO, 2010-11) [16]. Infection rates soared throughout the 1990s, and today the epidemic affects all sectors of Indian society, not just the groups such as sex workers and truck drivers with which it was originally associated. In a country like India where poverty, illiteracy and poor health are rife the spread of *HIV* presents a daunting challenge. The government has however funded a small number of national campaigns to spread awareness about *HIV/AIDS* to complement the local level initiatives. On world *AIDS* day 2007 India flagged off largest national campaign to that, in the form of a seven coach train. A year later the train journey was completed, having travelled to 180 stations in 24 states and reaching around 6.2 million people with *HIV/AIDS* education and awareness.
Fawole *et al.*, 1999 conducted a study on the *AIDS* related Knowledge, attitudes and sexual behavior of Nigerian school students and reported that most of the students knew *AIDS* was transmitted sexually but the percentage of those aware of other modes of transmission was

much lower. Attitudes were poor as maximum students would dislike having someone with *AIDS* near them. Only 19.8 percent students used condom during sex. Prybyski and Alto, (1999) [3] conducted the study on knowledge, attitude and practices among the sex workers (SWs) in Phnom Penh, Cambodia and found that majority of SWs knew that condom offered protection against *HIV/AIDS* although one quarter of SWs did not always use condoms. Odebamowa *et al.*, 2002 study on the knowledge, attitude and practices (KAP) of Nigerian surgery trainees to HIV infected persons and found that most of the respondents were not aware of the CDC guidelines on universal precautions against blood-borne pathogens. Most (85.6%) do not routinely use all the protective measures advocated for the reduction of transmission of blood borne pathogens during surgery, with the majority ascribing this to non-availability. Isibar and Ajuwon (2004) assessed knowledge of *AIDS*, attitude of persons living with *HIV /AIDS* and reports of *AIDS*-related issues among journalists in Ibadan, Nigeria. Journalists in Ibadan do not have adequate knowledge of *AIDS*, and many of them show negative attitude to persons suffering from *HIV*. About one third believed that the bite of a mosquito could transmit *HIV* and twenty eight percent thought that *AIDS* could be cured if detected early. Karmode *et al.*, 2005 [11] tried to asses *HIV* related knowledge, attitude and risk perception among a group of rural north Indian health care workers (HCWs). They found that HCWs had positive attitude towards *HIV* infected people. He also found the knowledge of *HIV* transmission and perceptions of risk were not associated with willingness to provide care. Nachega, *et al.* (2005) [12] conducted cross-sectional study of knowledge, attitudes, beliefs, and practices (KABPs) toward HIV and antiretroviral therapy (ART) in Soweto, South Africa. There were 89 percent who had good knowledge about the cause of *HIV* infection and 83% knew about modes of transmission. Fifty-nine percent reported that they were not worried about ART side effects. Knowledge of the cause of *HIV/AIDS*, modes of transmission, and importance of ART adherence were good. Monjok, E. *et al.* (2009) present a review work related to stigma and discrimination in *HIV/AIDS* among Nigerian population. Study reveals reducing stigma does increase the individual as well as community acceptance of people with *HIV/AIDS*.

2. Objective of the Study

The main aim of the study was to assess the knowledge and attitude of patients suffering from *HIV/AIDS* attending ICTC centre of Medical College Raipur.

3. Methodology

In the present paper a humble attempt has been made to report some descriptive epidemiological aspects of *HIV/AIDS* and to determine the level of knowledge and attitude of patients attending the ICTC Centre of Raipur Medical College towards the disease. The data for the present study has been collected from 177 individuals attending ICTC Centre of Raipur Medical College Dept. of Microbiology. In order to achieve objectives of the study few tools and techniques were used which required both primary and secondary information. Informations were gathered by administrating interview schedule which was subjected to pre-testing before the collection of data. A set of semi structured interview schedules were developed consisting of both open and close ended questions pertaining to various aspects related to the study.

4. Results and Discussion

The results of the study showed that the highest percentage of patients were in 25-29 years age group followed by 30-34 years which showed that the incidence is higher in the reproductive age group after which the frequency of occurrence of HIV/AIDS decreases with increase of age. The frequency is also high in 0-4 years age group which might be due to the transmission of HIV/AIDS from their parents. With regard to sex variation it was observed that males showed a higher percentage of incidences as compared to females. A very high percentage of the patients were labourers followed by students and housewives. Drivers and business class people have shown 9 percent incidence of HIV whereas government and private job holding people have shown very low incidence.

Table 1: Age and Sex Distribution.

S. N.	Age group	Males		Females		Total	
		Number	Percentage	Number	Percentage	Number	Percentage
1	< 4	10	8.00	02	3.84	12	6.77
2	5-9	03	2.4	05	9.61	08	4.51
3	10-14	02	1.6	00	00.00	2	1.12
4	15-19	04	3.2	03	5.77	07	3.95
5	20-24	08	6.4	03	5.77	11	6.21
6	25-29	22	17.6	15	28.84	37	20.90
7	30-34	25	20.0	10	19.23	35	19.77
8	35-39	16	12.8	06	11.53	22	12.42
9	40-44	15	12.0	03	5.77	18	10.16
10	45-49	10	8.00	05	9.61	15	8.47
11	50-54	04	3.2	00	00.00	04	2.25
12	55-59	05	4.00	00	00.00	05	2.82
13	Above 60	01	0.80	00	00.00	01	0.56
	Total	125	100	52	100	177	100

Table 2: Education Level among the *Hiv/Aids* Positive Patients

S. N.	Educational Level	Respondents	
		Number	Percentage
1	Literate	135	18.07
2	Non-literate	37	27.11
3	Primary	39	19.77
4	Middle	35	11.29
5	High school	20	14.68
6	Higher secondary	26	7.34
7	Graduate	13	1.12
8	Post graduate	03	0.56
	Total	177	100

The table shows the education level among the *HIV/AIDS* positive patients under study. It is revealed from the table that 27.11 percent were illiterate. Only 0.56 percents were post graduate and only 19.11 percent have attended their primary level of education.

Table 3: Family History of the Patients

S. N.	Effected Family Members	Respondents	
		Number	Percentage
1	Child positive	05	2.82
2	Father positive	08	4.51
3	Father had *AIDS*	02	1.12
4	Death of father due to *AIDS*	06	3.38
5	Husband positive	27	15.25
6	Death of husband due to *AIDS*	04	2.25
7	Mother positive	03	1.69
8	Parents positive	13	7.37
9	Wife positive	24	13.55
10	No other persons affected	91	51.41

The table shows the family history of the patients. The table revealed that 15.25 percent had husbands who were positive for *HIV/AIDS* whereas 13.55 percent had positive result for their wives. In 2.82 percent cases their children were affected. Only in 51.41 percent cases none were affected. In 2.25 percent cases their husbands died due to *AIDS* and in 3.38 percent cases their father died due to *AIDS*.

Table 4: Percentage of People Who Had Undergone Blood Transfusion.

S. N.	Blood Transfusion	Respondents	
		Number	Percentage
1	YES	115	64.97
2	NO	62	35.02

The above table shows that 35.2 percent patients had undergone blood transfusion. 31.63 percent of the patients had T.B. and *HIV* positive both. Table no. 06 shows the distribution of use of condom. It is surprising to note that 71.18 percent do not use condom. Even after such wide spread awareness programmes only 32.20 percent knew about condom and were practicing it.

The present investigation showed that socio-economic status does not play much role in the incidence of *HIV/AIDS*. The finding of the present study showed that most of them knew about the disease but only a very few of them i.e. 13.72 percent could answer it correctly. The result showed that mass media is an important source of information. Their traditional folk songs and short play has also played a very effective role in making the people aware of its source of infection. Their response showed that they were aware of cause of spread of *HIV/AIDS* but majority of them were not aware of weight loss. The response of the patient regarding the various problems for consulting the doctor in which 10.16 percent approached the doctor due to weakness, 5.64 percent had cough, 7.34 percent had fever, 0.56 percent had cancer, stomach ache, piles and chest infection each 1.12 percent had S.T.D. and 38.98 percent had no problem.

A clear cut initiation of clinical manifestation was not known to them. In the present investigation it was clear that they thought their family members were responsible for the spread of the disease. It was quite hurting to know that a very high percentage i.e. 47.05 percent did not get their life partners examined even after knowing their *HIV/AIDS* status. In 74.07 percent their life partner showed a positive result for the test and 33.3 percent responded that they had multiple relationships and now they are aware of the consequences and started taking care of.

5. Conclusion

Even if India's epidemic does not match the severity of those in Southern Africa, it is clear that *HIV/AIDS* will have a devastating effect on the lives of millions of Indians for many years to come. It is therefore essential that some effective action is taken to minimize this impact.

The present study showed that *HIV/AIDS* is associated with stigma and stigma related components viz. willingness to touch, dislike, fear of treating disease patients, low perception of acceptance by family and community, negative feelings, coercive attitude, blame, avoidance behavior etc. as observed in the studies conducted by Farwole, *et al.* 1999 [2]; Uwakwe, CB. 2002; Alubo, O, *et al.*, 2002 [5]; Oyediran, K. *et al.* 2005 [13]; Odimeg, wu, C. 2002; ezedinachi, EN *et al.*, 2002 [7]; Oyelese, A.O. 2004 [10]; Babalola, S. 2007 [14]; Monjok, *et al.* 2009.

Due to lack of knowledge about *AIDS* patients attending ICTC centre, Raipur have fear in their mind against the victims of this disease. Because of fear of social boycott, *AIDS* patients and their relative try to hide their HIV status. Many doctors (due to fear of getting infection) also refuse to treat these patients. There is danger of *AIDS* for everybody and only thing that can save us is to be completely informed. Therefore it is essential to assess the knowledge, attitude and practices of patients regarding *HIV/AIDS* before planning appropriate preventive measures among the *HIV/AIDS* patients of ICTC Centre of Raipur Medical College towards the disease.

6. Reference

1. Simoes EA, George BP, Jacob JT, Nirmala S, Suniti S, Lakshminarayanan. Evidence for HTLV-III infection in prostitutes in Tamil Nadu (India), Indian J Med Res 1987; 85:335-8.
2. Fawole JO, Asuzu MC, Oduntan SO, Brieger WR. A school-based AIDS education program for secondary school students in Nigeria: a review of effectiveness, Health Edu, Res 1999; 14(5):675-683.
3. Prybylski D, Alto WA. Knowledge, attitudes and practices concerning HIV/AIDS among sex workers in Phnom Penh, Cambodia, Psychological and Socio-medical Aspects of AIDS/HIV 1999; 11(4):459-472
4. Uwakwe CB. Systematized HIV/AIDS education for student nurses at the University of Ibadan, Nigeria: Impact on Knowledge, attitudes and compliance with universal precautions, Journal of Advanced Nursing 2000; 32(2):416-424.

5. Alubo O, Zwandor A, Jolayemi T, Omudu E. Aceptance and Stigmatization of PLWA in Nigeria, AIDS Care. 2002; 14(1):117-120.
6. Adebamowo CA, Ezeome ER, Ajuwon AJ, Ogundiran TO. Survey of the knowledge, attitude and practice of Nigerian surgery trainees to HIV-infected persons and AIDS patients, BMC Surgery 2002; 2:7.
7. Ezedinachi EW, Ross MW, Meremikwu M, Essien EJ, Edem CO, Ekure E *et al.* The impact of an intervention to change health workers HIV/AIDS attitudes and Knowledge in Nigeria: a controlled trial, Public Health. 2002; 116(2):106-112.
8. UNAIDS. Report on the global HIV/AIDS epidemic, 2002. Available from: http://www.unaids.org. 17 October, 2003.
9. Odimeqwu CO. Prevalence and predictors of HIV-related stigma and Knowledge in Nigeria: Implications for HIV/AIDS prevention initiatives, Takemi Research Report 210, Harvard school of public health, Boston, 2003. Acessed from: http://www.hsph.harvard.edu/takemi/working papers.htm.
10. Oyelese AO. Stigma, Discrimination and ostracization: HIV/AIDS infection in Nigeria, Int. Quarterly of Comm. Health Edu 2004; 22(1-2):125-129.
11. Kermode M, Holmes W, Langkham B, Thomas MS, Gifford S. HIV-related knowledge, attitudes & risk perception amongst nurses, doctors & other healthcare workers in rural India, Indian J. Med. Res 2005; 122:258-264.
12. Nachega JB, Lehman DA, Hlatshwayo D, Mothopeng R, Chaisson RE, Karstaedt AS. HIV/AIDS and Antiretroviral Treatment Knowledge, Attitudes, Beliefs, and Practices in HIV-Infected Adults in Soweto, South Africa, J Acquir Immun Defic Syndr. 2005; 38:196-201.
13. Oyediran O, Anyanti J. HIV/AIDS Stigma and Discrimination in Nigeria Paper presented at XXV International Population Conference, International Union for the Scientific Study of Population (IUSSP), Tours, France, July, 18-23, 2005, accessed from http://www.iussp 2005.princeton.edu/download.aspx/submission ID=51685.
14. Babalola S. Readiness for HIV Testing among Young People in Northern Nigeria: The Roles of social norm and perceived stigma, AIDS Behav 2007; 11:759-769.
15. UNAIDS. Global Report, 2012. Accessed from http://www.unaids.org
16. NACO. Annual Report, 2013-2014. Accessed from http://www.naco.org