



Research Article

KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT HIV AMONG PATIENTS ATTENDING DERMATOLOGY OPD IN A TERTIARY CARE CENTRE

1* Sivakumar Sivasubramaniam and Banupriya Kumarasamy²

¹Department of Dermatology venereology & leprosy, Vinayaka Missions Medical College & Hospitals, Karaikal- 609609

²Department of Pharmacology, K.A.P.Viswanatham Government Medical College, Trichy-620001

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ABSTRACT

Background: Lack of knowledge, poor information and ignorance about HIV causes rapid spread. Moreover preventive measures are formulated mainly by understanding knowledge of HIV infection⁶.

Aim of the study: Aim of the study was to assess and evaluate the existing level of knowledge, attitude and practice about AIDS among patients attending dermatology OPD

Methodology: A total of 100 patients were given predesigned questionnaire containing 21 questions and 20 minutes to complete the form. Data was collected, analysed statistically and results were expressed in percentage.

Results: There was an association between socio-economic and demographic data of the participants and level of knowledge. 95% were aware about AIDS. 59% have heard about AIDS through media, 31% through friends and others through radio, newspaper etc. 60% has heard of condom and 49% were willing to use condom. 54% suggest blood test and 33% suggest doctor's visit to diagnose HIV. 66% said they won't be friendly to HIV persons.

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INTRODUCTION

Background

AIDS is a global problem today. Infection is spreading very fast in India. In 2012 35.3 million people had HIV infection but by 2005 mortality due to HIV started to fall by 30%¹ and our country is aiming to achieve nil new infection, nil death and nil discrimination². Majority of people living with HIV infection does not seek hospital for therapy³ and most of the new cases are from low or medium economic community⁴. National AID control program works mainly with two objectives. First objective is to prevent infection of non infected community and the other objective is to support and treat the infected population². There is no cure as such for AIDS and an effective vaccination still remains a dream. Health education is the only method to prevent or control this scourge. There are myths about the modes of spread of disease even among the literates. HIV, the disease, whose mode of transmission is known and largely preventable, but due to lack of knowledge, poor information, ignorance, lack of awareness and practices about HIV in general population causes its rapid spread⁵.

Moreover preventive measures are formulated mainly by understanding knowledge of HIV infection⁶.

Aim of the study

Aim of the study was to assess and evaluate the existing level of knowledge, attitude and practice about AIDS among patients attending dermatology OPD and to determine whether there is any need for initiation of awareness programme.

MATERIALS AND METHODS

Study Type

Questionnaire study

Study Period

3 months(March-May 2017)

Study Place

Outpatient department of Dermatology & Venereology, Tertiary care centre, Karaikal, Tamil Nadu.

METHODOLOGY

A total of 100 patients attending the dermatology OPD were included in the study. A predesigned questionnaire containing

*Corresponding author: Sivakumar Sivasubramanian

Department of Dermatology venereology & leprosy, Vinayaka Missions Medical College & Hospitals, Karaikal- 609609

21 questions were given to the patients. The purpose of the study was clearly explained to the patients and they were asked to answer question sincerely. The questionnaire were filled in the dermatology OPD in the presence of invigilators. They were given 20 minutes to complete the form without mutual consultation. Data was collected, analysed statistically and results were expressed in percentage.

RESULTS

Table 1 Qualification

		Gender		Total	Percentage(%)		
		Male	Female		8th	12th	Degree
		Qualification	8th std		4	6	10
	12th std	30	45	75			
	Degree	10	5	15			
	Total	44	56	100	10	75	15

Table 2 Marital Status

		Gender		Total	Percentage (%)	
		Male	Female		Married	Unmarried
		Marital status	Married		21	37
	Unmarried	23	19	42		
	Total	44	56	100	58	42

Table 3 Locality

		Locality		Total	Percentage (%)	
		Rural	Urban		Rural	Urban
		Gender	Male		27	17
	Female	36	20	56		
	Total	63	37	100	44	56

Table 4 What are the attributes of the skin disease?

		What are the attributes of the skin disease?			Total	Percentage (%)		
		Itching	Patches	Others		Itching	Scaling	Others
		Gender	Male	16		12	16	44
	Female	26	14	16	46			
	Total	42	26	32	100	42	26	32

Table 5 Are you aware of the AIDS?

		Are you aware of the aids ?		Total	Percentage(%)	
		YES	NO		YES	NO
		Gender	Male		42	2
	Female	50	6	56		
	Total	95	5	100	95	5

Table 6 If yes how do you know?

		If yes how do you know?				Total	Percentage (%)			
		Media	Radio	News Paper	Friends		Media	Radio	News Paper	Friends
		Gender	Male	22	1		1	20	44	
	Female	37	5	3	11	56				
	Total	59	6	4	31	100	59	6	4	31

Table 7 Your Sexual Status After Learning About Aids

		Your Sexual Status After Learning About Aids		Total	Percentage(%)			
		Not answered			Not answered	Improved	Not Improved	
		Improved	Not improved					
		Gender	Male					21
	Female	24	31	1	56			
	Total	45	54	1	100	45	54	1

Table 8 After learning about AIDS, you know about the condom?

		After learning about AIDS, you know about the condom?			Total	Percentage(%)		
		NOT Answered	Answered			Yes	NO	Not answered
		yes	no					
Gender	Male	17	24	3	44			
	Female	15	36	5	56			
	Total	32	60	8	100	60	8	32

Table 9 If yes, will you use the condom?

		If yes, you will use the condom (17)			Total	Percentage(%)		
		Not Answered	Answered			Yes	No	Not answered
		Yes	No					
Gender	Male	17	21	6	44			
	Female	15	28	13	56			
	Total	32	49	19	100	49	19	32

Table 10 Has your sexual behaviour improved after attending STD/Skin OPD?

		Has your sexual behaviour improved after attending STD/Skin OPD?			Total	Percentage(%)		
		Not Answered	Answered			Improved	Not improved	Not answered
		Improved	Not Improved					
		Gender	Male	37		7	0	44
	Female	52	3	1	56			
	Total	89	10	1	100	10	1	89

Table 11 Do you know about sexually transmitted diseases?

		Do you know about sexually transmitted diseases?		Total	Percentage (%)	
		yes	no		Yes	No
		Gender	male		38	6
	female	43	13	56		
	Total	81	19	100	81	19

Table 13 Any of your friends or relatives have any of these AIDS/STD?

		Any of your friends or relatives have any of these AIDS/STD?			Total	Percentage (%)		
		Not answered	Answered			Yes	No	Not answered
		Yes	No					
Gender	Male	1	2	41	44			
	Female	1	0	55	56			
	Total	2	2	96	100	2	96	2

Table 14 If yes, how will you make sure that you have AIDS?

		If yes, how will you make sure that you have AIDS?			Total	Percentage (%)	
		Not answered	Answered			Doctors at hospital	Blood test
		Doctors at hospital	Blood test				
Gender	Male	6	18	20	44		
	Female	7	15	34	56		
	Total	13	33	54	100	33	54

Table 12 If yes, the details of the disease

		If yes, the details of the disease					Percentage (%)				
		Not Answered	Genital Ulcer	Genital Discharge	Lower abdominal pain	Dysuria	Total	Genital Ulcer	Genital Discharge	Lower abd pain	Dysuria
Gender	Male	5	14	3	2	20	44				
	Female	9	15	20	8	4	56				
	Total	14	29	23	10	24	100	29	23	10	24

Table 15 How will their action be with the person who is in this / AIDS?

		How will their action be with the person who is in this / AIDS?(26)				Percentage (%)		
		Not answered	Answered		Total	Friendly	Not friendly	Not answered
			Friendly	Not friendly				
Gender	male	1	17	26	44			
	female	1	15	40	56			
	Total	2	32	66	100	32	66	2

DISCUSSION

The HIV/AIDS is acquired mainly because of high risk behaviour of people which facilitates the virus entry into the body. The major issues concerned with HIV /AIDS are social stigma and discrimination which exists at all levels like individual, family, society level etc. The reasons behind all these issues are ignorance, lack of information and myths about HIV. Having clear idea about the HIV/AIDS among general population, care takers and healthcare workers will be helpful for us in formulating the strategies for prevention, treatment and improvement of compliance regarding the treatment of HIV/AIDS.

A total of 100 patients participated in the study and the response was 100%.Female participants were 56% and male were 44%. Married population was 58% while 42% were unmarried (Table 2). Ten percent of the participants had passed 8th standard, 75% had cleared 12th standard and only 15% had a degree qualification(Table 1). Participants from urban area were 56% while from rural area were 44%(Table 3). There was an association between these socio-economic and demographic data of the participants and their level of knowledge. Male participants were more aware about HIV than female participants. The knowledge about HIV was more in participants from urban area than those who were from rural area. Similarly knowledge was more in participants who had passed 12th standard and degree compared to those who have passed 8th standard. A similar study conducted by Mausumi Basu *et al* in a tertiary care centre Kolkatta showed a relationship between knowledge about HIV and their socioeconomic status⁶.

In our study 95% were aware about AIDS (Table 5) and 54% said their sexual behaviour was improved after knowing about AIDS(Table 7). Fourty two percent patients said itching was the main attribute of skin diseases while 26% said patches were main attributes of skin diseases(Table 4). Similar studies conducted by Gupta *et al*⁷ on rural Tamil Nadu population ,Negi *et al*⁸ on Dehradun pregnant women, Yadav *et al*⁹ on Gujarat rural population, Kalasagar *et al*¹⁰ on Metropolitan slum people of Chennai also revealed than more than 95% of the study participants were aware about HIV.Fifty nine percent of the study participants have heard about AIDS

through media, 31% through friends and others through radio, newspaper etc (Table 6). Similar studies conducted in Varanasi¹¹, Tamil Nadu⁷, Dehradun⁸ and Ethiopia¹² found that electronic media was the main source of information for knowing about AIDS. But a study conducted in Gujarat⁹ observed that friends were the main source of information about AIDS followed by Television .Another study conducted in Nigeria¹³ revealed that radio was the main source of information. However the role of Health Care Workers like doctors was minimal as a source of information in our study and in other studies also.

Sixty percent of our study population has heard of condom while 32% participants were not willing to answer the question (Table 8). Only 49% of the study participants were willing to use condoms (Table 9). This clearly shows their unawareness in preventing AIDS by using condoms. However usage of condoms was the most important preventive measure suggested by participants in Varanasi study¹¹ and Ethiopia study¹². Only 10% of the study participants accepted that their sexual behaviour was improved after attending STD/skin OPD while 89% hesitated to answer the question(Table 10).

HIV/AIDS is closely linked with other sexually transmitted diseases(STDs) and high risk behaviour groups. In our study 81% of the study participants have heard about STDs and 19% were not aware that HIV is the most common STD(Table 11). Genital ulcer, genital discharge, lower abdominal pain and dysuria were the common symptoms of STD known by our study participants (Table 12). A study conducted among the migrant workers in India by Gupta K *et al*⁷, observed that the knowledge of STDs in migrant workers was much lower.

In our study, only 2% of the participants accepted that their friends/relatives have AIDS while 96% said no and 2% did not answer the question (Table 13). Fifty four percent of our study participants suggested diagnosis of HIV through blood test while 33% suggested diagnosis by doctor’s visit (Table 14). Another study conducted by Meena LP *et al*,⁵ among care givers and general population found that 80.0% medical staff thought that a newly diagnosed HIV case should first visit a doctor.

Sixty six percent participants answered that they won’t be friendly with HIV patients because they believe that HIV is due to immoral lifestyle while 32% said they will be friendly to HIV patients (Table 15). This clearly shows the lack of awareness about the modes of transmission of HIV other than sexual contact. A study conducted among north east Indian care givers and general population revealed that 100% medical staff was supportive to HIV affected friends while 48% staff thought that AIDS patient should pay the price of immoral life. Another study conducted in Karnataka, showed that 34% people felt that HIV patients should be isolated from others, and 40% were not willing to accept their family member with AIDS¹⁴.

CONCLUSION

Stigma, discrimination and myths about HIV are the burning social issues. From the moment doctors diagnose HIV/AIDS; fear of rejection from family, stigma and discrimination will accompany the disease. Discrimination of patients will occur when negative thought lead general population or care givers to omit to take care or treat a HIV person unfairly on the basis of their presumed or actual HIV status. The following can be done to improve the knowledge and awareness about HIV among general population.

1. Educate general population so that they will not indulge in high risk activities.
2. Counseling of family members, relatives and friends of their diseased family person to prevent stigma and discrimination so that HIV/AIDS patients can get care from their family members/friends.
3. The people living with HIV/AIDS should be counseled properly so that they can live without any stress and anxiety.
4. Mass media should be utilized effectively to remove the misconceptions/myths associated with HIV/AIDS among general population.

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