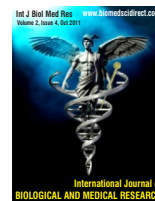




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Original Article

Profile of HIV positive attendees at integrated counseling and testing centre of a medical teaching institutute in andhra pradesh, india

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ABSTRACT

Objectives: To study the risk behavior and socio-demographic characteristics of attendees who tested HIV positive at ICTC. **Background:** HIV/AIDS has turned out into global pandemic. Integrated Counseling and Testing Centre (ICTC) data can guide in identifying the various risk groups for priority targeted interventions to reduce HIV transmission in the community. **Methods:** A record based study was conducted among the 147 attendees who tested HIV positive at the ICTC between January to July 2008. **Results:** Out of 147 HIV positive attendees, 82 (55.8%) were males and 65 (44.2%) were females. Maximum were in the age group of 15-49 years. Prevalence of HIV was high among married, illiterate, housewives, semi-skilled workers and those whose spouse was HIV positive. 62.3% of males and 6.2% of females reported promiscuous behavior. **Conclusion:** Above findings help to identify various risk groups and focus attention on the risk groups for priority targeted interventions.

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1. Introduction

Recognized as an emerging disease in the early 1980s, HIV/AIDS has evolved from a mysterious illness to a global pandemic which has infected tens of millions people in less than 20 years [1]. Today an estimated 33.2 million people are living with HIV/AIDS Globally [2]. In India this number is 2.47 million [3] and of this, Andhra Pradesh (AP) shares a 22% of burden. Estimated adult HIV prevalence is 1.05% for AP [3].

AP is now one of the most vulnerable state for HIV/AIDS only after Manipur and Nagaland [3]. A number of factors contribute to AP's vulnerability to the HIV/AIDS epidemic. Vast network of national highways is one of the major factor for it.

Efforts are on to reduce this seemingly dangerous pandemic. Prevention by awareness is the only answer. Counseling is the corner stone of these efforts. Both pre and post test counseling have become the standard component of prevention oriented HIV antibody testing programmes [4].

The ICTC data is important to throw light on the epidemiological profile of HIV positive individuals. This will help not only to identify the various risk groups but also give direction for priority targeted intervention to reduce HIV transmission in the community.

With this background, present study has been undertaken with the objectives to study risk behavior and socio-demographic

2. Material and Methods

The present record based study was conducted among the attendees who tested positive for HIV at the ICTC of Chalmeda Anand Rao Institute of Medical Sciences, Bommakkal village, Dist. Karimnagar, Andhra Pradesh. The study included all 147 clients who tested HIV positive and who attended the centre between January to July 2008. They attended voluntarily or were referred from various departments of this Institute. Anonymous information was collected on a pre-designed schedule by interviewing the subjects. The variables studied were age, sex, marital status, level of education, occupation, place of residence, HIV serostatus of spouse and pattern of risk behavior. Following the guidelines of National AIDS Control Organization (NACO), the counselor of the ICTC interviewed the attendees under strict confidentiality.

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After pre test counseling and valid consent from the attendees, their blood samples were collected by laboratory technician under direct supervision of the counselor. HIV was diagnosed by performing ELISA using two different antigens and a rapid test as recommended by NACO. Proportions were used to interpret the results.

3. Results

During the study period i. e. January to July 2008, a total of 2727 clients attended the ICTC. Out of them 147 (5.4%) tested positive for HIV. These 147 attendees were included in the study.

82 (55.8%) were males and 65 (44.2%) were females. 84.2% of males and 92.3% of females belonged to the age group of 15-49 years. While only 3 males (3.6%) and 3 females (4.6%) were below the age of 15 years. Majority of males (80.5%) and females (69.2%) were married. Only 9 (10.9%) males and 4 (6.2%) females were unmarried. Literacy rate was higher among males (52.4%) compared to females (33.8%). Only 10.9% of males and 6.2% of females were educated above Xth Standard. Majority of females (49.2%) were housewives. Among males 54.8% were involved in the semi-skilled occupation. Maximum attendees were from rural areas (Table 1).

Table 1: Socio-demographic characteristics of the study subjects

Factors	Male (N= 82)	Female (N = 65)
Age Group (years)		
<15	03 (3.6%)	03 (4.6%)
15-49	69 (84.2%)	60 (92.3%)
> 50	10 (12.2%)	02 (3.1%)
Marital Status		
Married	66 (80.5%)	45 (69.2%)
Unmarried	09 (10.9%)	04 (6.2%)
Others*	07 (8.6%)	16 (24.6%)
Literacy Status		
Illiterate	39 (47.6%)	43 (66.2%)
Class I – IV	05 (6.1%)	04 (6.2%)
Class V – X	29 (35.4%)	14 (21.4%)
Class XI & above	09 (10.9%)	04 (6.2%)
Occupation		
Unskilled	28 (34.2%)	12 (18.5%)
Semi-skilled	45 (54.8%)	15 (23.1%)
Others#	06 (7.4%)	38 (58.4%)
Place of Residence		
Urban	19 (23.2%)	11 (16.9%)
Rural	63 (76.8%)	54 (83.1%)

Others* include separated, widowed & divorced.

Others# include housewives, students & unemployed.

Regarding HIV serostatus of the spouse, majority spouse of both males and females were positive for HIV and this proportion was more among females (48.4%) than males (43.0%). Most of these HIV positive spouses were actually husband and wife. Serostatus of 33.5% spouse was unknown (Table 2).

Table 2. Distribution of study subjects according to HIV serostatus of their spouse

HIV Serostatus of Spouse	Male (N= 79)	Female (N= 62)
Positive	34 (43.0%)	30 (48.4%)
Negative	24 (30.4%)	07 (11.3%)
Unknown	21 (26.6%)	25 (40.3%)

Only one (1.2%) male reported the homosexual behavior. 93.8% of females did not respond to the risk behavior question. 63.3% of males and 6.2% of females reported promiscuous behavior. (Table 3)

Table 3. Pattern of Risk behavior among study subjects

Risk Behavior	Male (N= 82)	Female (N= 65)
Promiscuity	51 (62.3%)	04 (6.2%)
Homosexuality	01 (1.2%)	00 (0.0%)
No Response	30 (36.5%)	61 (93.8%)

4. Discussion

The prevalence of HIV in the present study was 5.4%. This is lower than that reported by other authors [5-7] who also conducted similar studies for almost similar time period of 6-7 months. This low prevalence in our study can be attributed to the differences in geographic locations and risk behavior of people in these areas. R O Valdiserri et al [4] reported prevalence of 4.3% in his study. The case load shared by males in ICTC is more than that of females. Similar findings were reported by other authors' also [5,6] . This clearly reflects the unawareness, negligence, social inhibition and illiteracy among females which restricts them from utilizing health services. Shyness and feeling of insecurity due to discrimination could be other strong reason. Present study as well as other studies [5,6] agreed that the prevalence of HIV is highest among sexually active age group i. e. 15-49 years. The prevalence is almost similar for males and females in these age groups.

We observed that prevalence of HIV is very low among males as well as females who had higher education. Other studies [5,6] also agree with this finding. Hence we can say that some protection against HIV can be offered by higher education which makes one aware about the alarming situation around. Present study shows that prevalence of HIV is more among housewives and semi-skilled workers. A. Kumar et al [5] reported similar finding. G. K. Joardar et al [6] reported similar findings for housewives but for males they found that the prevalence was common among unskilled and business occupation. Higher prevalence among housewives is an alarming situation which is likely to increase HIV transmission.

We found that HIV prevalence is more among rural dwellers than urban residents. This can be due to the fact that the District Hospital is having its own ICTC and our ICTC located 5 kilometers away from District place in Bommakal Village, hence there is more pool of rural clients in this centre. These findings may indicate that the transmission of HIV is shifting from urban to rural areas. HIV was common among those whose spouse was positive for HIV than a negative spouse. This is an important finding of the study and gives us direction to immediately target those whose spouse is HIV negative to interrupt transmission of HIV. HIV serostatus of 33.5% spouses was unknown and here we have to motivate them for HIV testing so that we will be close to the actual picture of HIV which will help to interrupt transmission of HIV [7,8].

When the risk behavior question was asked majority of females not responded. Similar finding was reported by A. Kumar et al [5]. While G. K. Joardar et al [6] reported a very low rate of non response both among male and females. This may be due to the differences in the educational levels, interview techniques, trust in the centre etc. All the studies [5,6] agreed that the promiscuous behavior / heterosexual multiple partners is the commonest risk behavior reported.

The present study is conducted in the ICTC and is a record based study for duration of only seven months. Hence it is exposed to many limitations like way of asking questions by counselor while collecting the data and as data collection based upon oral questionnaire method, answers given by attendees were relied upon.

5. Conclusion

Prevalence of HIV among attendees during January to July 2008 was 5.4%. This can be definitely considered as high prevalence and hence HIV awareness campaigns needs to be exaggerated. Case load sharing for females was very low. Hence females must be educated in the community. Prevalence of HIV was very high among sexually active age group. Hence when conducting outreach sessions of HIV awareness in the community, it should be kept in mind that 15-49 years age group must attend the sessions. Higher education was found to be a protective factor for HIV, as education can help enhance the condom use rate. Hence people should be motivated to have education at least above Xth Standard and health education regarding HIV/AIDS should be included in the Secondary schools. HIV prevalence was high among those whose spouse was HIV positive. Hence HIV negative spouse becomes the target group for priority targeted interventions to reduce the chances of HIV transmission. This will also reduce the chances of mother to child transmission of HIV. Most of spouse whose serostatus was positive were husband and wife. These couples, both of whom are HIV positive, should be motivated to use condoms. This will help them to avoid pregnancy and will also protect them from the rapid progression of the disease by reducing viral load.

6. References

- [1] Park K., Park's Textbook of Preventive and Social Medicine, 18th edition, M/s. Banarasidas Bhanot Publishers, Jabalpur-482001
- [2] WHO/UNAIDS. AIDS Epidemic Update, December 2007. Available from <http://www.unaids.org/en/HIV-data>.

- [3] An Overview of the Spread and Prevalence of HIV/AIDS in India. Available from Website: www.naco.nic.in
- [4] Valdiserri RO, Moore M, Gerber AR, Campbell CH, Dillon BA Jr, West GR. A study of Clients returning for counseling after HIV testing: implications for improving rates of return. *Public Health Rep.* 1993; 108: 12-18
- [5] Kumar A, Kumar P, Gupta M, Kamath A, Maheshwar A, Singh S. Profile of clients tested HIV positive in a voluntary counseling and testing centre of a district hospital, Udupi, South Kannada. *Indian J of Community Med.* 2008; 33 (3): 156-159.
- [6] Joardar GK, Sarkar A, Chatterjee C, Bhattacharya RN, Sarkar S, Banerjee P. Profile of attendees in the VCTC of north Bengal medical college in Darjeeling District of West Bengal. *Indian J Community Med* 2006; 31: 237-240
- [7] Kawichai S, Celentano DD, Chaifongsri R, Nelson KE, Srithanaviboonchai K, Natpratan C et al. Profiles of HIV voluntary counseling and testing of clients at a district hospital, Chiang Mai Province, northern Thailand, from 1995 to 1999. *J Acquir Immune Defic Syndr.* 2002 Aug 15; 30 (5): 493-502
- [8] Chakravarty J, Mehta H, Parekh A, Attili SV, Agrawal NR, Singh SP, et al. Study on Clinico-epidemiological profile of HIV patients in Eastern India. *J Assoc Physicians India* 2006; 54: 854-857