



A cross-sectional Study of attitude of Attendants accompanying HIV positive persons at Integrated Counselling and Testing Centre of a tertiary care Hospital in Punjab, India

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Abstract

Negative attitudes towards HIV positive persons are an obstacle in utilisation of diagnostic and treatment facilities for HIV/AIDS. Attitude and beliefs of family members and friends of HIV positive persons are important because they play role in providing care and psycho-social support to them. Objective: To study the attitude of attendants accompanying HIV positive persons towards their HIV positive status. The present study was a cross sectional study carried out at Integrated Counselling and Testing Centre (ICTC), Govt. Medical College, Amritsar from 1st Jan'09 to 31st Dec'09. The attendants accompanying the persons who came to collect their positive reports were interviewed by the authors. Almost three forth of subjects were spouses or other family members of HIV positive persons. 91.7% were willing to disclose the HIV positive status of the patient. Almost half of the respondents i.e. 157(54.5%) were not in favour of marriage of HIV positive person. Regarding precautions to be taken while staying with HIV positive person, 139 (48.3%) said that they would avoid contact with blood and body secretions of HIV positive person while 114 (39.6%) said they won't take any precautions and 35 (12.2%) said they would use separate utensils, cloths etc. A majority 225(78.1%) attendants were willing to have a cordial relation with HIV positive persons without any discrimination while 13 (4.5%) were not willing to provide support to HIV positive persons Family is most important in providing support to HIV positive persons. Although negative attitudes for HIV positive persons were less common but discrimination and misconceptions about HIV were still found to be prevalent.

Keywords: HIV, AIDS, attitude, ICTC, discrimination, misconceptions.

Introduction

During the past two decades, a number of new diseases have emerged to threaten the health of hundreds of millions of people¹. The most dreaded four letter disease 'AIDS' when it first emerged on the global scenario was never imagined to undertake such a devastating form in such a short span².

The existence and rapid spread of HIV and AIDS poses a serious challenge to every nation across the globe. HIV and AIDS have the potential to undermine the massive improvements that have been made in global health over the years. Apart from being a serious health problem, the multi layered effects of the epidemic on the socio-economic fabric of whole nations, makes HIV and AIDS a potential development threat worldwide³.

HIV is associated with stigma and discrimination in the society and this discrimination can be really devastating. HIV positive persons are abandoned by spouse and/ or family and they are vulnerable to social ostracism, job and property loss, school expulsion, denial of medical services, lack of care

and support, and violence. These consequences, or fear of them, mean that people are less likely to come in for HIV testing, disclose their HIV status to others, adopt HIV preventive behaviour, or access treatment, care and support⁴.

Stigma associated with HIV is not as simple as it seems to be. There are huge differences in the attitudes of different societies towards people affected by this devastating epidemic. Even within one country, reactions of people to HIV/AIDS will vary between individuals and groups. There are many factors which influence AIDS related discrimination like age, religion, gender, sexuality and levels of AIDS education. Also, AIDS-related stigma is not static. It changes over time as infection levels, knowledge of the disease and treatment availability vary⁵.

Attitude and beliefs of family members and friends of HIV positive persons are important because they play role in providing care and psycho-social support to them. The present study was undertaken to assess the attitude of attendants of HIV positive persons towards their HIV positive status.

Material and Methods

The present study was a cross sectional study carried out at Integrated Counselling and Testing Centre (ICTC), Govt. Medical College, Amritsar.

Sampling methodology - The study was conducted from 1st Jan'09 to 31st Dec'09. ICTC was visited thrice a week on Mondays, Wednesdays and Fridays for this whole year. Convenience sampling was used and the subjects who accompanied HIV positive persons on these three days of week were enrolled. The study population included 288 subjects who accompanied HIV positive persons.

ICTC was located in the Department of Microbiology, Govt Medical College, Amritsar. All the persons who came for HIV testing were counselled before taking the sample (pre test counselling). Then HIV testing was done using the kits recommended by NACO. When people came to collect reports, post test counselling was done by the counsellor at ICTC. All the attendants accompanying the persons who came to collect their reports with positive result, were included in the study. They were interviewed personally by the author. They were informed about the purpose and nature of the study in a language understandable to them and their informed consent to participate in the study was taken. Every effort was made to maintain the confidentiality of the participants. The information regarding their relation with the HIV positive persons and their attitude towards HIV positive persons was obtained and recorded in the proforma evolved and pre tested for the purpose. The data thus collected was compiled and statistically analyzed by using statistical software Epi Info Version 7. Valid conclusions were drawn.

Results and Discussion

Results: A total of 288 attendants who accompanied HIV positive persons were interviewed. Out of them, 66.3% were males.

Table-1 A majority 121 (42%) were family members of HIV positive persons, 96(33.3%) were spouses, 63(21.9%) were relatives and 8(2.8%) were friends.

Table-2 Shows that out of 288 attendants, only 24(8.3%) were not willing to disclose the HIV positive status of the patient while 238(82.6%), 221 (76.7%), 39 (13.5%) and 20 (6.9%) were willing to disclose it to spouse, family member, relative and friend respectively.

Table-3 Almost half of the respondents i.e. 157(54.5%) were not in favour of marriage of HIV positive person while 97(33.7%) said that he/she should marry HIV positive person only and 34 (11.8%) said he/she can marry anyone.

Table-4 When asked about the precautions they would take while staying with HIV positive person, 139 (48.3%) said that they would avoid contact with blood and body secretions of HIV positive person while 114 (39.6%) said they won't take any precautions and 35 (12.2%) said they would use separate utensils, cloths etc. Thus, almost 40% attendants are not aware that they should try to avoid contact with blood of HIV positive person. Regarding the type of assistance they would provide to HIV positive persons, a majority 225(78.1%) attendants said that they would like to have cordial relation with HIV positive persons without any discrimination while 50 (17.4%) were willing to provide financial support and 13 (4.5%) said they wouldn't provide any support to HIV positive persons.

Discussion: Conditions like poverty, abuse, violence, prejudice and ignorance help in the widespread expansion of this epidemic. There are social and economic circumstances which make people vulnerable to HIV infection and these circumstances also intensify the impact of HIV infection. These favourable conditions enable the epidemic to thrive. Just as the virus depletes the human body of its natural defences, it can also deplete families and communities of the assets and social structures necessary for successful prevention and provision of care and treatment for persons living with HIV/AIDS⁶.

In the present study, it has been found that in most of cases, the accompanying member is spouse, other family member or relative (table 1). This shows that family and kinship support is still more prevalent in the society during need and time of crisis.

Table 1
Distribution of attendants according to their relationship with HIV positive person

Relationship with patient	Number	Percentage
Spouse	96	33.3%
Other family member	121	42.0%
Relative	63	21.9%
Friend	8	2.8%
Total	288	100.0%

The present study also shows that only 8.3% subjects did not want to disclose the HIV positive status of their accompanists while all others were in favour of disclosing it to spouse, family member, relative or friends (table 2). F S Vaz et al in their study in Goa found that 83.8% respondents said that HIV infected individuals should not keep their HIV positive status a secret⁷. National Family Health Survey III shows that 71.5% people in Punjab would not like to keep the HIV positive status of a family member as a secret⁸. This proportion is lower than that found in the present study. The reason might be that NFHS III pertains to 2005-06 and the present study was conducted during 2009 and there might be some positive change in attitude towards HIV positive persons since then. This shows that with

increase in knowledge, the stigma associated with HIV/AIDS is declining and people are now of the opinion that HIV positive status should not be kept secret.

Table 2

Distribution of attendants according to the person they want to disclose the HIV positive status of the patient

Person to disclose HIV positive status of patient*	Number	Percentage
Spouse	238	82.6%
Family member other than spouse	221	76.7%
Relative	39	13.5%
Friend	20	6.9%
Not disclose	24	8.3%

*Multiple options were allowed

One third (33.7%) subjects were in favour of marriage among two HIV positive persons and a small proportion 11.8% said that they may marry anyone irrespective of HIV positive status (table 3). Although this may be seen as a positive sign of vanishing stigma towards people living with HIV/AIDS, people should be made aware regarding transmission of HIV via sexual route and the role of barrier methods in preventing this transmission.

When asked about the precautions to be taken while living with HIV positive persons, 35(12.2%) attendants had misconception that AIDS spreads by sharing utensils, clothes etc (table 4). Thus, there is a need to generate more awareness regarding correct modes of transmission of HIV and dispel such misconceptions. P Bibi et al, in their study, found that one fourth respondents said that shaking hands, staying together/ sharing clothes, using the same vessels can lead to HIV transmission⁹. These misbeliefs further increase the discrimination towards HIV positive persons.

Table-3

Distribution of attendants according to their opinion regarding person to whom HIV positive person should marry

Person to whom HIV positive person should marry	Number	Percentage
HIV positive person	97	33.7%
Anyone	34	11.8%
Should not marry	157	54.5%
Total	288	100.0%

More than three fourth subjects were willing to have cordial relations with HIV positive persons without any discrimination while a small proportion 4.5% were not ready to provide any kind of support to them (table 4). The results are almost similar to those reported by RT Sudha et al in their study in Hyderabad that almost three-fourth of people were willing to care of HIV infected spouse or child¹⁰. According to NFHS III, 74.2% of men and women in Punjab were willing to care of a relative with HIV/AIDS in their own homes⁸. In a study by SS Tibdewel

and SK Wadhwa in Nagpur, 44% respondents were willing to care for someone with AIDS¹¹. K Sobhan et al in their study on rural population of Bangalore found that 57% respondents were of opinion that HIV positive person should be isolated from the society¹². In another study by F S Vaz et al in Goa, almost 90% of respondents were having positive attitudes towards HIV positive persons and they were willing to care for family members with HIV/AIDS and were in favour of allowing HIV infected individuals to work with others⁷. This shows that although stigma and discrimination related with HIV is decreasing, we need to work further in this direction to increase awareness and decrease discrimination.

Table-4

Distribution of attendants according to precautions to be taken when HIV positive person is staying at their homes and type of assistance they would provide to a HIV positive person

A. Precautions when HIV positive person is staying at home		
	Number	Percentage
No precaution	114	39.6%
Avoid contact with blood and body secretions	139	48.3%
Use separate utensils/ clothes etc	35	12.2%
Total	288	100.0%
B. Type of assistance to be provided to HIV positive person		
Cordial relation without any discrimination	225	78.1%
Financial support	50	17.4%
No support	13	4.5%
Total	288	100.0%

Conclusion

Family plays pivotal role in providing support to HIV positive persons. The attitude of attendants accompanying HIV positive persons was mostly supportive. Majority did not want to keep their HIV positive status a secret. Most of them were willing to have a cordial relation with HIV positive persons. But still a small proportion of attendants were having misconceptions regarding transmission of HIV infection and a few also showed negative attitudes towards HIV positive persons.

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