



A Study of Attitude Assessment Regarding HIV/AIDS in the Urban and Rural Field Practice Area of Department of Community Medicine, MMIMSR, Mullana, Ambala (Haryana)

Authors

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Abstract

Background: Discovered in 1980s, AIDS, which breaks down human body's immune response, is still infecting lacs and lacs of people every year. Assessing the attitude of people towards HIV/AIDS could possibly give us some solutions for the problem, given the availability of no cure nor any vaccine as of yet. Therefore, the present study to assess the attitude of population in Ambala was undertaken so that vulnerable groups could be identified and transmission of the infection could be prevented.

Methodology: A community based cross-sectional study was carried out among the population residing in the urban and rural field practice area of department of Community Medicine, MMIMSR Mullana, Ambala from January 2015 to December 2015. Systemic randomization was done and a total of 1000 participants were interviewed and the data collected was analysed by SPSS version 20.

Results: 94% of the study subjects said that people should sympathize with HIV infected individuals. 12.4% of the participants thought that sharing food, combs, sheets or sitting closely with an infected person and 10.8% thought that shaking hands, touching or holding hands in a normal way could also spread the infection.

Conclusion: Though the study subjects had favourable attitudes towards HIV/AIDS, still there were many lacunae in certain areas, which demand for extensive IEC activities to reinforce positive attitude.

Keywords: HIV, AIDS, Attitude, Assessment.

Introduction

In the nearly three decades since its discovery, AIDS has generated extraordinary interest and sustained publicity, often characterized by fear and hysteria. There are many reasons for this reaction, including the public's fear and prejudice towards the groups comprising nearly all of the first AIDS patients and the misconception that AIDS was highly contagious. More and better health communication strategies and products are needed. Their application holds the best hope for the future of HIV prevention. There remains much for all of us to do.

The situation becomes very difficult for HIV infected people who face rejection and dejection from their community. Traditional communities and their social milieu further worsen the scenario. These factors impede timely helpseeking¹¹.

Therefore, the present study was undertaken with the AIM to assess the attitude towards HIV/AIDS among the population residing in the urban and rural field practice area of the department of community medicine and to study the influence of socio-demographic predictors.

Material and Methods

A community based cross-sectional study was undertaken over a period of one year (January to December 2015) in the urban and rural field practice area of the Department of Community Medicine, Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana, Ambala (Haryana).

A rounded off sample size of 1000 was arrived at, by taking the prevalence of 30%¹³. Out of this 500 were from urban and 500 from rural area.

People less than 15 years of age or/and unwilling to participate were excluded from the study. The participants were assessed for their attitude regarding HIV/AIDS using a self-designed, pre-tested and semi-structured questionnaire.

The data collected during the study was converted into electronic format by entering into Microsoft Excel. Data was analysed by IBM SPSS (Statistical Package for Social Sciences) version 20 statistical software. Percentages were calculated and Chi-square test was used to determine statistical significance between the study subject's knowledge, attitude, practices and their socio-demographic profiles. A p-value of less than 0.05 was considered significant at 95%

confidence interval. Permission was obtained from Institutional Ethics Committee before conduct of the study. No financial implications in form of any drug usage or conduction of any laboratory tests etc. was involved.

Due consent was sought from all the participants, before getting the proforma filled. The consent form was both in Hindi as well as English. Those not willing were respectfully excluded from the study.

Observations and Results

In our study almost half (47%) of the participants, i.e., 470, in the study were in the age group of 18-30 years. A total of 584 (58.4%) males and 416 (41.6%) females participated in the study. 784 (78.4%) Hindus, 94 (9.4%) Sikhs, 84 (8.4%) Muslims and 38 (3.8%) Christians, participated in the study.

108 (10.8%) of all the respondents were illiterate. Almost one-fourths (24.6%) of the participants were graduates and a mere 6.4% (64) were post-graduates. 236 participants had studied up to senior secondary, 92 up to matric, 68 up to middle and 64 up to primary. There were 122 diploma holders

Table No.1: Distribution of Study Subjects as per their Socio-Economic Status

Socio-Economic Class	Urban (N = 500)	Rural (N = 500)	Total (N= 1000)
I	476 (95.2%)	404 (80.8%)	880 (88%)
II	20 (4%)	76 (15.2%)	96 (9.6%)
III	2 (0.4%)	18 (3.6%)	20 (2%)
IV	2 (0.4%)	0	2 (0.2%)
V	0	2 (0.4%)	2 (0.2%)

Table no.2 : Discriminatory attitude of people regarding HIV/AIDS

Questions asked		Urban (N = 500)	Rural (N = 500)	Total (N = 1000)
Is AIDS a frightening and fatal disease?	Agree	470 (94%)	382 (76.4%)	852 (85.2%)
	Disagree	14 (2.8%)	72 (14.4%)	86 (8.6%)
	Don't know	16 (3.2%)	46 (9.2%)	62 (6.2%)
Should HIV people be discriminated with?	Agree	12 (2.4%)	18 (3.6%)	30 (3%)
	Disagree	480 (96%)	468 (93.6%)	948 (94.8%)
	Don't know	8 (1.6%)	14 (2.8%)	22 (2.2%)
Should HIV patients be forced to live away from others?	Agree	18 (3.6%)	14 (2.8%)	32 (3.2%)
	Disagree	474 (94.8%)	474 (94.8%)	948 (94.8%)
	Don't know	8 (1.6%)	12 (2.4%)	20 (2%)

When asked if AIDS is a fatal and frightening disease, 852 (85.2%) of our study subjects agreed. 948 (94.8%) disagreed that HIV people should be discriminated with and the same number also disagreed that HIV patients be forced to live away from others.

940 (94%) of the respondents agreed that people should sympathize with HIV infected people. When asked if people should realize that they could get infected if they were not careful, 920 (92%) agreed. Majority of the participants (90.4%) agreed that they would get tested had they thought they might had HIV.

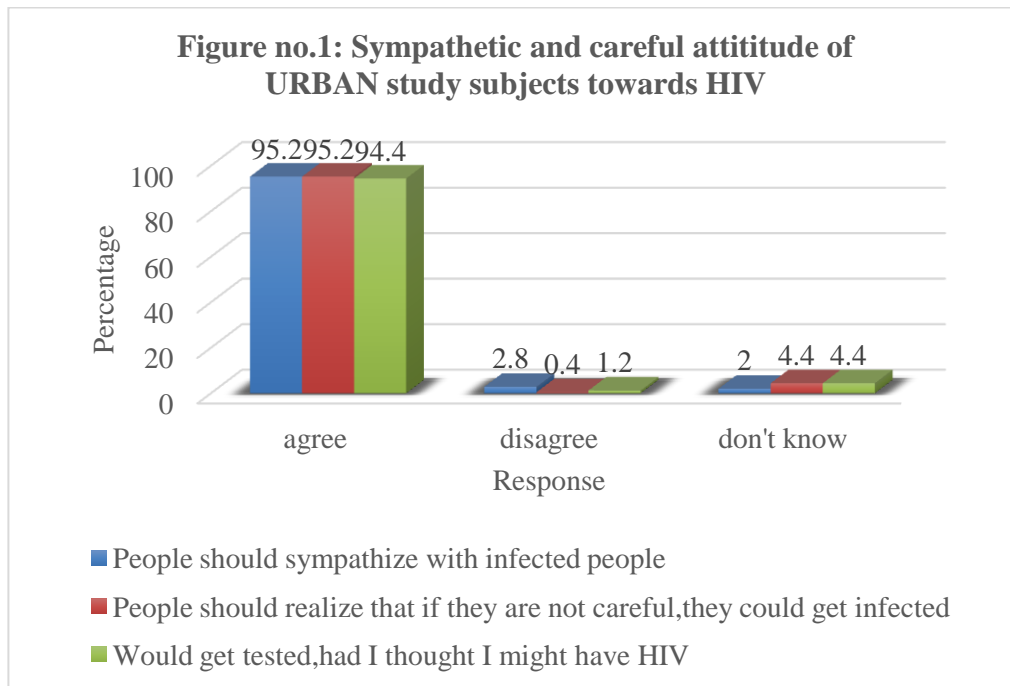


Table No. 3: Sociodemographic Factors Affecting Attitude of Study Subjects Regarding HIV/AIDS

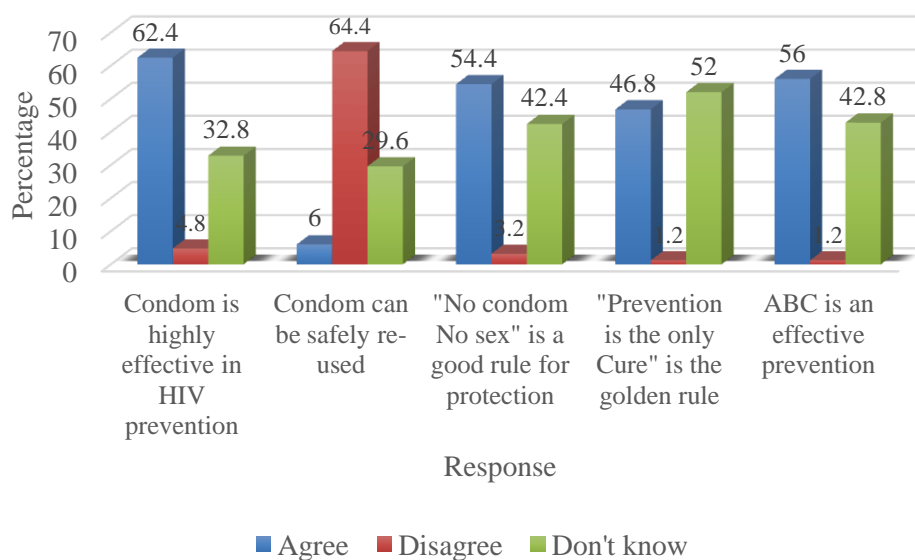
Socio-demographic variables		Would you get tested, had you thought you might have HIV				p-value
		Agree	Disagree	Don't know	Total (1000)	
Age groups	18-30 years	452 (50%)	6 (25%)	12 (16.7%)	470 (47%)	<.001
	30-45 years	276 (30.5%)	4 (16.7%)	18 (25%)	298 (29.8%)	
	45-60 years	154 (17%)	8 (33.3%)	28 (38.9%)	190 (19%)	
	60 years & above	22 (2.4%)	6 (25%)	14 (19.4%)	42 (4.2%)	
Sex	Male	540 (59.7%)	10 (41.7%)	34 (47.2%)	584(58.4%)	.028
	Female	364 (40.3%)	14 (58.3%)	38 (52.8%)	416 (41.6%)	
Education	Illiterate	66 (7.3%)	8 (33.3%)	34 (47.2%)	108 (10.8%)	<.001
	Primary	50 (5.5%)	4 (16.7%)	10 (13.9)	64 (6.4%)	
	Middle	48 (5.3%)	2 (8.3%)	18 (25%)	68 (6.8%)	
	Matric	84 (9.3%)	4 (16.7%)	4 (5.6%)	92 (9.2%)	
	Senior secondary	230 (25.4%)	6 (25%)z	0	236(23.6)	
	Diploma	118 (13.1%)	0	4 (5.6%)	122 (12.2%)	
	Graduate	244 (27%)	0	2 (2.8%)	246 (24.6%)	
	Post-graduate	64 (7.1%)	0	0	64 (6.4%)	
Socio-economic class	I	818 (90.5%)	16 (66.7%)	46 (63.9)	880 (88%)	<.001
	II	70 (7.7%)	6 (25%)	20 (27.8%)	96 (9.6%)	
	III	14 (1.5%)	0	6 (8.3%)	20 (2%)	
	IV	2 (0.2%)	0	0	2 (0.2%)	
	V	0	2 (8.3%)	0	2 (0.2%)	
Religion	Hindu	704 (78%)	22 (91.7%)	54 (75%)	780 (78%)	.011
	Sikh	90 (10%)	0	4 (5.6%)	94 (9.4%)	
	Muslim	68 (7.5%)	2 (8.3%)	14 (19.4%)	84 (8.4%)	
	Christian	38 (4.2%)	0	0	38 (3.8%)	

Further it was seen that age group, sex, education, socio-economic status and religion were all significantly associated ($p < .05$) with the attitude of study subjects whether they would get tested had they thought they had HIV.

760 (76%) of the respondents agreed that condom is highly effective against HIV prevention. Only 42 (4.2%) of the participants thought that a

condom could be safely re-used. 708 (70.8%) of the total participants agreed that "No Condom No Sex" is a good rule for protection from HIV. When asked if "Prevention is the only cure" in HIV/AIDS, 650 (65%) agreed. An identical response was got when asked about ABC, being an effective prevention, as 690 (69%) participants agreed.

Figure no.2: Attitude of RURAL study subjects towards condom and HIV prevention



124 (12.4%) of the study subjects agreed that one could get HIV by sharing food, combs, sheets or sitting closely with an HIV infected person. On similar lines was the response when asked if one could get HIV by shaking hands, touching or holding an infected person as is evident by 126 (12.6%) of the respondents agreeing. On the issue of hugging and kissing leading to the infection, 378 (37.8%) agreed. 168 (16.8%) participants agreed that one could get infected by sharing toilets or latrines with infected persons. Finally on the myth that HIV can be got by working near somebody who is infected, 116 (11.6%) of the total respondents agreed.

Discussion

On asking if HIV people be discriminated with, 94.8% disagreed. Parmar et al³ (2014) found that 87.8% of their Belgaum's urban community study

subjects had positive attitude towards people suffering from HIV/AIDS and Chaudhary et al⁴ (2011) in their study on auto drivers revealed that 69.59% said they would remain friends with infected persons.

A mere 3.2% of our study subjects agreed that HIV patients should be forced to live away from others. However, Igboanusi et al⁵ (2015) in their attitude and knowledge study towards the diseased among Nigerian military recruits found 31% subjects agreeing that such people should be isolated and 16.7% saying that they should not be supported by society. This difference may be attributed to high burden of the disease and the associated fear and paranoia surrounding it, in most of the African countries.

2.6% of the study subjects disagreed when asked if HIV infected people be sympathized with. Gupta et al⁶ (2014) in their Lucknow study found

that 6.5% senior secondary school students hated such people. In total 94% subjects agreed over the same issue vis-à-vis Bhagavathula et al¹ (2015) finding where 54.8% of adult family members of people living with HIV, said they felt empathetic towards HIV patients. The difference could be due to the fact that the later study was conducted in Telangana, which has different cultural milieu than Ambala, Haryana.

90.4% of the total study subjects agreed that they would get tested, if they thought they might have HIV. Basavarajuet al⁷ (2016) in their Telangana study concluded that 63.8% of the subjects were willing to go for voluntary testing. The difference could be attributed again to the cultural differences between the two parts of India.

Pertaining to the same question, attitude of 18-30 age group subjects, male subjects, educated subjects, high socio-economic status subjects and Christian and Sikh subjects was more favorable ($p < .05$). Illiterate fishermen were two times more likely and to have negative attitudes ($p = .02$) towards HIV/AIDS, as per Zafar and Nisar⁸ (2014) HIV/AIDS study among adult fishermen in coastal areas of Karachi.

Shah et al⁹ (2015) in their knowledge and attitude study among senior secondary school students in Pune found that 72.3% of children agreed that condom is highly effective in HIV prevention, just like 76% of our total study subjects. Again a striking similarity in results was found on the question if a condom be safely re-used between our study (4.2% agreeing) and Agyeiet al¹⁰ (2002) study among young people in Ghana (5% agreeing).

69% subjects in our study agreed that Abstinence, Being faithful and Consistent Condom usage (ABC) is an effective HIV prevention. Igboamusi et al⁵ (2015) in their Nigerian military recruits study found 69.3% of the personnel stated that not having sex at all is an effective prevention, while Christiane et al¹¹ (2014) in their Gabon study concluded that 72.3% of young people agreed that remaining faithful is an effective prevention.

90% of the urban and 60% of rural respondents in our study disagreed that one could get HIV by sharing food, combs, sheets or sitting closely with an HIV. Sunil et al¹² (2011) found 71.43% urban and 58.67% rural Bangalore high school students to be disagreeing with the same.

10.8% of our study subjects said that HIV could spread by shaking hands, like the cross-sectional study result (8.7%) by Parmar et al³ (2014) in urban community of Belgaum city.

When asked if one can get infection by kissing/hugging an HIV person, 37.8% agreed. Unnikrishnan et al¹³ (2010) found only 12% agreeing to the same statement, probably because the study is done in the high prevalence state of Karnataka, which is more in the focus of IEC activities. The same logic could explain the difference between 16.8% our study subjects agreeing to the spread of the virus by sharing toilets infected with HIV positive people and 7% in the later study.

Conclusion

It was found that overall attitude of the study subjects regarding HIV/AIDS is appreciable, in both urban as well as rural areas. The participants *attitude* was found to be heartening, still there is no room for complacency!

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