



ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF PEOPLE TOWARDS HIV/AIDS IN THE RURAL AREA OF NAMAKKAL DISTRICT, TAMILNADU

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ABSTRACT

The study was intended to assess the knowledge and attitude of people towards AIDS/HIV in a rural area. A community based cross sectional study was conducted in the rural area of Namakkal district to assess the knowledge and attitude of people. The study population included both men and women in the age group of 16-40 years; data collection was done using a semi structured pretested questionnaire, to assess the knowledge about the causes and modes of transmission of HIV / AIDS, and to assess the attitude towards people living with HIV / AIDS. Out of total 754 subjects who participated in survey, about 80% had basic knowledge on HIV. More than 90% subjects knew the modes of transmission and more than 80% are aware about prevention of HIV/AIDS. About 15% of people had misconceptions regarding transmission of the disease. Only about 20% of the study group was willing to undergo the test for HIV /AIDS. It was also found that the major source of their knowledge was from sex education in school level and media. The literacy rate of men and women were associated with their knowledge. It shows that literates (88.9%) had better knowledge than illiterates (11.1%). Basic knowledge about HIV/AIDS is lacking in this rural area. Literacy and media exposure are the factors that determine awareness of HIV among them. Here is a strong need for HIV/AIDS related education from the very beginning of childhood. This study suggests a need for education, training and awareness particularly targeting the rural youth in order to impart better knowledge and understanding on HIV/AIDS.

KEYWORDS: AIDS, HIV, Knowledge, Education, Media, Attitude.



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INTRODUCTION

India has the third largest HIV epidemic in the world. In 2015, HIV prevalence in India was an estimated 0.26%. It is small compared to most other middle-income countries but because of India's huge population (1.2 billion) this equates to 2.1 million people living with HIV.¹ In the same year, an estimated 68,000 people died from AIDS-related illnesses, 86,000 of new infections, and 43% of adults on antiretroviral therapy.² In 2015, adult HIV prevalence is estimated at 0.30% among males and at 0.22% among females. The adult HIV prevalence at national level has continued its steady decline from an estimated peak of 0.38% in 2001-03 through 0.34% in 2007 and 0.28% in 2012 to 0.26% in 2015.³ India is estimated to have around 86 (56–129) thousand new HIV infections in 2015, showing 66% decline in new infections from 2000 and 32% decline from 2007.⁴ The synonymous interpretation of HIV/AIDS to immorality would result in hesitation on part of the people to get them tested for HIV infection leaving a large number of HIV infected individuals unaware of their status. This could be potentially devastating as it would accelerate the unknowing, unchecked, and silent transmission of HIV infection from the infected to the naive population.⁵ Low levels of education would also leave the population unaware of the HIV risk reduction strategies. HIV-related stigma and discrimination remains an important barrier in effectively fighting the HIV and AIDS epidemic. Stigma and discrimination can result in people living with HIV / AIDS (PLHA) being shunned by family and the community, poor treatment in healthcare and educational settings, an erosion of rights, and psychological damage. Stigmatization would make people hesitant to get the test done, therefore, more PLHA are unaware that they are suffering from HIV / AIDS, and are thereby putting his/ her sexual partners and /or needle sharers at risk of getting infected, due to lack of precautionary measures.⁶ There are several reasons for the stigma toward PLHA among the general population particularly in rural areas; one of them could be inadequate and inaccurate information about the modes of transmission of HIV due to cultural and religious beliefs or lack of education.⁷ In Tamil Nadu the HIV prevalence is 0.58% in 2007 and it declines to 0.27% in 2015. In 1997, there were just 67 HIV testing and counselling (HTC) sites in India. By August 2016, there were more than 20,000 facilities offering HTC. The current programme, NACP-IV (2012-2017), aims to reduce

annual new HIV infections by 50% through the provision of comprehensive HIV treatment, education, care and support for the general population and build on targeted interventions for key affected groups and those at high risk of HIV transmission.⁸ With this background, the present study was conducted to assess the current level of knowledge of people living in rural areas with regard to HIV/AIDS and to explore awareness of HIV/AIDS among them.

MATERIALS AND METHODS

A community based cross sectional study was carried out for a period of three months from June 2017 to August 2017 conducted in the rural area of Namakkal district, TamilNadu. The study population included both men and women between the age group of 16-40 years. Total 754 participants were participated in the study. Data collection was done using a semi structured questionnaire, consists of certain questions, including the demographics, educational status, economic status, occupation, and to assess the knowledge about the causes and modes of transmission of HIV / AIDS, and to assess the attitude towards people living with HIV / AIDS. People aged above 16 years were included and below 16 were excluded. Data was analyzed using MS Excel and it was summarized as counts and percentages.

RESULTS

Socio-demographic data of the study population was shown in table 1. A total of 754 participants were enrolled in the study. Among them, 396 were males and 358 were female. Age wise distribution of the study population shows that majority were in the age group of 31-40 (39.52%) followed by 26-30 (26.92%), 16-20 (17.10%) and 21-25 (16.44%). 62.06% of people were married and only 37.93% of people were unmarried. 42.17% were graduates followed by post-graduates 28.11%, secondary school or below 15.51%, higher secondary 9.54% and illiterates 4.64%. Most of them were engaged in business (29.70%), 28.91% were students followed by house wife and others. Table 2 demonstrated that more than 90% of the people had good knowledge about the modes of transmission of disease. 92.57% of people answered that AIDS transmitted through sexual intercourse, followed by sharing needles and blood transfusion (92.30% and 91.67%) and mother to child (91.11%). 20.16% of respondents had misconceptions regarding mode of

transmission as mosquito bite, followed by eating (17.63%) and living (14.85%) with HIV people and transmission by healthy-looking person (11.67%). Most of the people said that, it can be prevented by sexual relationship with single partner (84.61%), followed by use of condoms (83.42%), blood safety

(81.69), and safe injection practices (81.03%). The main sources of information regarding HIV was from the school education (82.62%), media and television (64.49), family members (45.35%), health care professionals (21.22%) and others (0.53%).

Table 1
Demographic details

Parameters	Frequency	Percentage
Sex		
Male	396	52.51%
Female	358	47.48%
Age (years)		
16-20	129	17.10%
21-25	124	16.44%
26-30	203	26.92%
31-40	298	39.52%
Marital status		
Married	468	62.06%
Single	286	37.93%
Education		
Illiterate	35	4.64%
Secondary school or below	117	15.51%
High school	72	9.54%
Graduates	318	42.17%
Post graduates	212	28.11%
Occupation		
Students	218	28.91%
Agricultural labour	48	6.36%
Business	224	29.70%
Housewife	193	25.59%
Others	71	9.41%

Table 2
Knowledge and attitude about HIV/AIDS

Sl. No	Knowledge and attitude about HIV/AIDS	Total (n=754)	Percentage (%)
1	Knowledge regarding modes of transmission		
1.	Transmission through sexual intercourse	698	92.57
2.	Transmission by blood transfusion	691	91.64
3.	Transmission by sharing needles/syringes	696	92.30
4.	Transmission from mother to child	687	91.11
11	Misconceptions regarding modes of transmission		
1.	Transmission by living with HIV-infected person	112	14.85
2.	Transmission by taking food with HIV-infected person	133	17.63
3.	Transmission by mosquito bite	152	20.15
4.	Transmission by healthy-looking person	88	11.67
111	Knowledge regarding preventive measures		
1.	Sexual relationship with single partner	638	84.61
2.	Blood safety	691	91.64
3.	Safe injection practices	696	92.30
4.	Use of condoms	687	91.11
1V	Sources of information about HIV		
1.	School education	623	82.62
2.	Social media and Television	524	69.49
3.	Family	342	45.35
4.	Health care professionals	160	21.22
5.	Others	4	0.53
V	Attitude of people towards HIV		
1.	Persons who have AIDS Should be isolated from the family & society	112	14.85
2.	Are you willing to get tested for HIV?	524	69.49
3.	Should infected children be allowed in regular schools	464	61.53
4.	Would you hesitate to sit next to an HIV positive person?	302	40.05
5.	Should HIV positive people be allowed to attend social functions	482	63.92

DISCUSSION

The knowledge and attitude of the people reported in Table.2 It clearly shows that more than 90% of the people were having good knowledge about the modes of transmission of disease. 92.57% (698) of people said that AIDS transmitted through sexual intercourse, followed by 92.30% (696) said, it transmitted through sharing needles, blood transfusion 91.67% (691) and mother to child 91.11% (687). Similar findings were found in the study conducted by Yadav *et al.*⁹ About 20.16% of respondents had misconceptions regarding mode of transmission through mosquito bite, followed by eating (17.63%) and living (14.85%) with HIV people and transmission by healthy-looking person (11.67%). In another study about 17% of respondents incorrectly stated that the disease

spreads through mosquito bites, public toilets, physical contact (kissing on cheeks).⁷ Most of the people said that, it can be prevented by sexual relationship with single partner (84.61%), followed by use of condoms (83.42%), blood safety (81.69), and safe injection practices (81.03%). The main sources of information regarding HIV were from the school education (82.62%), media and television (64.49), family members (45.35%), health care professionals (21.22%), and others (0.53%). Studies conducted by Subramaniam *et al.*, and Bhatia V *et al.*, reported that mass media and friends are the chief sources of information on HIV/AIDS among rural south Indian women of Tamil Nadu and underprivileged population of Chandigarh.¹⁰⁻¹¹ Other studies also highlight that mass media plays a major role in creating HIV awareness among Indian population.¹²⁻¹⁴ In addition to school, media and newspaper, parents should

also play a important role in educating their children about HIV/AIDS and other social issues in day to day life. Another study highlights that discussion in family is a less common source of information about HIV and other sexual issues in Indian population.¹⁵ More than 90% of the respondents had a good knowledge about HIV transmission modes. A 69.49% of respondents are willing to do HIV/ AIDS test, 63.92% of participants says HIV positive people should be allowed to attend social functions, 61.53% of participants says HIV infected children should be allowed in regular schools, 40.05% of people hesitate to sit next near to HIV positive person. 14.85% of people say that HIV/AIDS persons should be isolated from the family & society. In another Indian study, 57% felt that people living with HIV /AIDS (PLHA) should be isolated from other people.¹⁶ In contrast to our study, another study reported 12% of respondents were willing to undergo a test for HIV; this could be attributed to the fear of being outcast from society if found as HIV positive. It is interesting to observe that although 23% of the respondents stated that they would be uneasy and apprehensive if their child's classmate had HIV /AIDS, about 13% of the participants opined that infected children should attend regular schools.⁷

CONCLUSION

Basic knowledge and attitude of HIV/AIDS is still lacking. Literacy and media exposure are factors

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that determine awareness of HIV among them. There is a strong need for HIV/AIDS related education from the very beginning of childhood. Education is the most powerful thing that has a direct relation to the awareness levels of the respondents. Education not only increases the accessibility of information but also enables better understanding and interpretation of the informative material. Eventually it reflects one's personal behaviour and risk reduction strategies we should also take part in changing the perceptions and attitudes toward PLHA. This study suggests a need for education, training and awareness particularly targeting the rural youth in order to impart better knowledge and understanding on HIV/AIDS.

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AUTHORS CONTRIBUTION STATEMENT

KKV designed and directed the project, SSK contributed to the design, interpretation of the results and to the writing of the manuscript, SM and VDP performed data collection, SSR corrected and provided critical feedback about the research, SK gave an opportunity to done the work.

CONFLICT OF INTEREST

Conflict of interest declared none.

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