|| Print ISSN: 2589-7837 || Online ISSN: 2581-3935 ||

International Journal of Medical Science and Diagnosis Research (IJMSDR)

Available Online at www.ijmsdr.com

Volume 3, Issue 2; February: 2019; Page No. 96-100

STUDY ON AWARENESS OF HIV-AIDS AMONG PREGNANT WOMAN ATTENDING OBS-GYNAE OPD IN A TEACHING HOSPITAL, BILASPUR (C.G)

Shailesh K Kawale[1], Arijit Datta[2], Preeti Tiwari[3]

[1]Associate Professor, Department of Community Medicine, Government Medical College, Bharatpur

[2]Assistant Professor, Department of Forensic Medicine, Government Medical College, Bharatpur

[3]Senior Demonstrator, Department of Community Medicine, Government Medical College, Bharatpur

Conflicts of Interest: Nil

ABSTRACT:

Introduction: AIDS (the acquired Immunodeficiency Syndrome) is a fatal illness caused by retrovirus, which breaks down the body's immunity, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorder, or unusual malignancies. This retrovirus is known as the human immunodeficiency virus (HIV). AIDS refers to the last stage of the HIV Infection. It can be called our modern pandemic, affecting both industrialised & developing countries.

Objectives:

1. To assess knowledge of pregnant women about HIV-AIDS.
2. To assess Attitude towards HIV-AIDS among pregnant women.
3. To assess practice of pregnant women towards HIV/AIDS.

Material and methodology: A cross sectional study was conducted on pregnant women attending primary health centre, Sampatchak, Bilaspur, Chattisgarh. The study was commenced with the approval of institutional ethical committee during the period of January 2017 to march 2017 among all the pregnant women who attended ANC clinic, Thus total 100 women received ANC services during our study duration. All the pregnant women during their first antenatal visits to the PHC and who gave consent where included in the study. Data was collected using pretested, validated and structured proforma.

Results: In our study 76% of pregnant women were from age less than 25 years. Only 18% and 6% of pregnant women were in the age group of 26-35 years above 36 years respectively. Majority of the study participants were from rural area. It was found that pregnant women had poor knowledge about HIV, AIDS, transmission of infection, measure to prevent the infections, signs and the investigation to detect HIV. In our study only 29% of the participants had positive attitude towards using condom. But a good thing was Majority of the participants had favourable attitude toward people infected with HIV. In this study it was found that there was wide discrepancy in the knowledge and practice among the participants.

Conclusion: Based on the study findings, severe gap between the knowledge and the practice of the participants was observed. There is a need to conduct IEC and counselling session to further sensitise the pregnant women about the MCTC, Signs and symptoms of HIV, importance of knowing there HIV status during pregnancy and role of barrier contraceptives in preventing HIV infection.

Keywords: Mother to child transmission, HIV test, HIV in Pregnant Woman

Introduction

AIDS (the acquired Immunodeficiency Syndrome) is a fatal illness caused by retrovirus, which breaks down the body's immunity, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorder, or unusual malignancies. This retrovirus is known as

Corresponding author: Preeti Tiwari

the human immunodeficiency virus (HIV). AIDS refers to the last stage of the HIV Infection. It can be called our modern pandemic, affecting both industrialised & developing countries.

Globally 36.9 million people averagely were living with HIV at end of 2014. An estimated 0.8% of adult aged 15-49 years world-wide are living with HIV. India has held the major share in that with third largest HIV epidemic in the world. According to NACO (2017), India comprise of 2.1 million people living with HIV , among those 0.2% are adults in the age group of 15-49 years.[1] India is estimated to have around 22,677 HIV-positive women who gave birth in 2017 and needed prophylaxis for prevention of mother-to-child transmission (PMTCT) of HIV. Adult HIV Prevalence of Chhattisgarh in 2017 was 0.13%.

Prevalence of HIV among pregnant women is high; The NACO Technical Estimate Report (2015) estimated that out of 29 million annual pregnancies in India, 35,255 occur in HIV positive pregnant women. Infection to pregnant women posses' risk not only to their offspring but also to the other members in their family. HIV infection leads to adverse maternal and foetal outcomes like severe infection, decrease immunity of the newborn, anaemia, low birth weight and many more[2]. Awareness regarding HIV is the key to prevent the infection in all the age group. Awareness about the mode of transmission and HIV status is essential specially among pregnant women, because in absence of any intervention, rate of parent to child transmission of HIV can increase up to 25-45%[3,4]. Transmission during the peri-partum period accounts for 1/3 rd to 2/3rd of overall infections. Hence this study was carried out to study awareness of HIV-AIDS among pregnant women visiting primary health centre in Bilaspur, Chhattisgarh.

Objectives

1) To assess knowledge of pregnant women about HIV-AIDS.

2) To assess Attitude towards HIV-AIDS among pregnant women.

3) To assess practice of pregnant women towards HIV/AIDS.

Methodology

A cross sectional study was conducted on pregnant women attending primary health centre, Sampatchak, Bilaspur, Chattisgarh. The study was commenced with the approval of institutional ethical committee during the period of January 2017 to march 2017 among all the pregnant women who attended ANC clinic, Thus total 100 women received ANC services during our study duration. All the pregnant women during their first antenatal visits to the PHC and who gave consent where included in the study. Data was collected using pretested, validated and structured proforma. Data was analysed using the SPSS version 16 software. Descriptive statistics were reported as mean (SD) for continuous variables and frequency (percentage) for categorical variables. Pearson's Chi-square test was used to find association between two categorical variables. A p value< 0.05 was considered as statistically significant.

Results

Table 1: Age Wise Distribution of Study Participants

AGE	No. Of Study Participants	Percentage
<25	76	76%
26-35	18	18%
>36	6	6%
Total	100	100%

Table 1 shows age Wise Distribution of Study Participants . It was found that maximum no. of pregnant women were from age less than 25 years i.e. 76%. Only 18% and 6% of pregnant women were in the age group of 26-35 years above 36 years respectively.

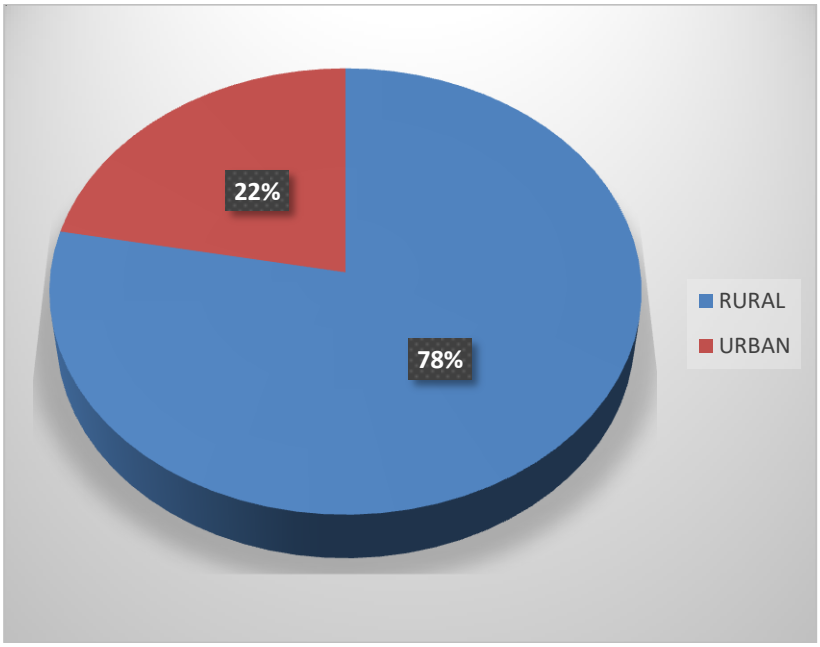

Figure 1: Residential Status of Study Participants

Fig. 1 shows that maximum study participants belonged from rural area i.e. 78% in this study.

Table 2: Knowledge of participants (n=100)

Questions	Yes (%)	No (%)
Awareness about HIV?	40	60
Awareness about AIDS?	31	69
Awareness about measures to protect from HIV?	13	87
Awareness about HIV transmission from mosquito bite?	7	93
Can healthy looking person suffer from HIV?	22	78
Awareness about HIV transmission during pregnancy or delivery or during breast feed?	21	79
Awareness about test to check HIV infection?	17	83
Awareness about signs of infected HIV infection?	11	89

Above table shows that only 40% of the pregnant females had knowledge about HIV and 31% had heard of AIDS. 13% of the people had knowledge to protect them from HIV transmission. But Only 7% have knowledge about HIV transmission through mosquito bite and just 11% knows about the signs of HIV infection. 21% of the participants were aware about HIV transmission during pregnancy, delivery, during breast feed and only 17% know about the test to check HIV status

Table 3: Attitude of participants

Questions	Yes (%)	No (%)
Using condoms can prevent HIV transmission?	29	71
Positive status of a family member must be hidden?	13	87
Willing to care for a relative with HIV infection?	76	24
Willing to get their children Taught by a HIV infected teacher?	10	90
Willing to buy vegetables from HIV infected vegetable vendor?	8	92
Willing to give equal treatment to the HIV infected child and the normal child?	63	37

Above table shows that only 29% of the participants had positive attitude towards using condom. But a good thing was 87% of the people were not in favour of hiding the positive status of the family member and 76% were willing to take care of the HIV positive relative .It was found that, 63% of the study participants were ready to treat HIV positive child with normal child equally. But only 10% and 8% of the participants were willing to get their children Taught by a HIV infected teacher and buy vegetable from a HIV positive vegetable vendor.

Table 4: Practice of participants

Questions	Yes (%)	No (%)
Do they share food or daily used items with HIV infected person?	14	86
Do they check the type of injection they are getting? Auto disposable or used again?	3	97
Do they shake hands or sit beside HIV infected person?	9	91
Do they know about their HIV status?	10	90

Table 4 shows that only 14% of population practiced sharing food or daily used items with HIV infected person. But only 3% check the needle before injection. And only 10% of the population knows about their HIV status after the diagnostic test for HIV.

Discussion

This study was conducted among 100 pregnant women who availed services at Primary health centre, Sampatchak , Bilaspur, Chattisgarh. In our study maximum no. of pregnant women were from age less than 25 years i.e. 76%. Only 18% and 6% of pregnant women were in the age group of 26-35 years above 36 years respectively. 78% of the study participants were from rural area.

In our study it was found that pregnant women had poor knowledge about HIV, AIDS, transmission of infection, measure to prevent the infections, signs and the investigation to detect HIV. In our study only 21% of pregnant women had knowledge about mother to child transmission (MCTC) of HIV. Aware while in a study conducted by Lucksom P G etal[5] in North east India, 68% of the pregnant women knew about MCTC. Only 40% of the pregnant females had knowledge about HIV and 31% had heard of AIDS. 13% of the people had knowledge to protect them from HIV transmission. But Only 7% have knowledge about HIV transmission

through mosquito bite and just 11% knows about the signs of HIV infection. Knowledge regarding HIV transmission during pregnancy, delivery, during breast feed was found among just 21% of the participants and only 17% knew about the test to check HIV status.

.87% of the people were not in favour of hiding the positive status of the family member and 76% were willing to take care of the HIV positive relative .It was found that, 63% of the study participants were ready to treat HIV positive child with normal child equally. But only 10% and 8% of the participants were willing to get their children Taught by a HIV infected teacher and buy vegetable from a HIV positive vegetable vendor. Tesfaye G etal[6] stated that most of the respondents, 221 (93.6%), had good attitude towards PMTCT of HIV, while only 6.4 (28.73%) had poor attitude.

In this study it was found that there was wide discrepancy in the knowledge and practice among the participants. Overall practise toward prevention of HIV infection was poor. Only 14% of population practiced sharing food or daily used items with HIV infected person. But only 3% check the needle before injection. And only 10% of the population knows about their HIV status after the diagnostic test for HIV. Similar results were found in the study done by Martin SS etal[7].

Conclusion

Based on the study findings, severe gap between the knowledge and the practice of the participants was observed. There is a need to conduct IEC and counselling session to further sensitise the pregnant women about the MCTC, Signs and symptoms of HIV, importance of knowing there HIV status during pregnancy and role of barrier contraceptives in preventing HIV infection.

References

1. India HIV. Estimations 2017 technical report. NACO & National institute of medical statistics ICMR, Ministry of Health & Family welfare, Government of India. 2018.
2. Mclytyre J. Mothers infected with HIV reducing maternal deaths and disability during pregnancy. Brit Med Bull. 2003; 67(1):127–135
3. Granich R, et al. Highly active antiretroviral treatment for the prevention of HIV transmission. J Int AIDS Soc. 2010;13(1):1.
4. Becquet R, et al. Universal antiretroviral therapy forpregnant and breast-feeding HIV-1-infected women: towards the elimination of mother-to-child transmission of HIV-1 in resource-limited settings. Clin Infect Dis.2009(12):1936-45
5. Lucksom PG, Upadhya R, Kharka L, Dubey S, Choudhary N, Yadav R. KAP Study on HIV/AIDS among antenatal women attending central referral hospital of North East India. The Journal of Obstetrics and Gynecology of India. 2016 Oct 1;66(1):55-9.
6. Tesfaye G, Tufa B, Likisa J, Alebachew M, Temesgen G. Knowledge, Attitude and Practice towards PMTCT of HIV among Women Attending Ambo Hospital ANC Clinic, West Ethiopia. J AIDS Clin Res 6: 407. doi: 10.4172/2155-6113.100040 7 Page 2 of 6 Volume 6• Issue 1
7. Martin SS, Martin FJ, Rodrigue MB, Raoul GW, Adogaye SB, Vladimir TT, Sonia NS, Panà A, Vittorio C, Gianluca R. Knowledge, attitudes and practices on HIV/AIDS in the south region of Cameroon: case of the town of Kribi. Ig. Sanità Pubbl. 2014;70:381-92.