

AWARENESS OF KNOWLEDGE OF HIV/AIDS IN FEMALES OF REPRODUCTIVE AGE AT TERTIARY CARE HOSPITAL

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ABSTRACT

Objective: To determine the frequency of knowledge of HIV / AIDS in females of reproductive age group.

Material and Methods: This cross sectional study was conducted at mother and child health centre(MCHC),Pakistan institute of medical sciences (PIMS) Islamabad. A total of 485 patients of reproductive age group who came to gynae OPD for any complaints were asked to answer a preformed questionnaire after fulfilling the inclusion criteria. The questionnaire was composed of 10 questions to assess knowledge related to HIV/AIDS.

Data analysis procedure: Data was analyzed by SPSS version 17.0. Mean and standard deviation was calculated for quantitative variables like age and knowledge score. For qualitative variables like occupation, marital status, education, socioeconomic status frequency and percentage was calculated.

Results: In this study, we included total 485 females with the mean age of 28.4 ± 4.30 years. The minimum age of females was 20 years and maximum age of females was 38 years. One hundred and ten (22.7%) females had adequate knowledge about HIV while 375 (77.3%) had no adequate knowledge about HIV / AIDS. Out of 430 married females, 110 (25.6%) had knowledge about HIV but no females in unmarried groups had adequate knowledge about HIV.

Conclusion: It was concluded through results of this study that knowledge about HIV / AIDS is low among local females. Married females had better level of knowledge for HIV.

Key words: Human immunodeficiency virus, acquired immune deficiency syndrome, knowledge

INTRODUCTION

Human immunodeficiency virus (HIV) is a blood-borne, sexually transmissible virus. The virus is typically transmitted via sexual intercourse, shared intravenous drug paraphernalia, and mother-to-child transmission, which can occur during the birth process or during breastfeeding. The most common route of infection varies from one area to another area. Patient with HIV has co-infection of other viruses like hepatitis B, hepatitis C and herpes. HIV is characterized by a gradual deprivation of the Human immune system, a condition known as acquired immunodeficiency syndrome (AIDS). It has resulted 25 million deaths worldwide. In Pakistan HIV prevalence is 0.04% in general population. A major factor that is serious intimidation to Pakistani population is the limited knowledge about HIV/ AIDS.¹

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), worldwide in 2008 approximately 33.4 million people (1% of the global adult population aged 15-49 yrs) were infected with HIV, a decline from

2006 (39.5 million reported at that time). UNAIDS estimates that 2.7 million people were newly infected with HIV and that 2 million people died from AIDS in 2008, both statistics showing a slight decline over time.²

While the prevalence of HIV in general population is still low (<0.1%), its geographic proximity to India—a country experiencing a severe HIV/AIDS epidemic, and several prevalent lifestyle risk factors make Pakistan a high-risk location for the diffusion of HIV.^{3,4}

Detection of maternal infection early in pregnancy through voluntary counseling and testing is thus critical for prevention of mother to child transmission of HIV.⁵

A considerable amount of stigma has been attached to HIV infection, mostly because of the virus's association with sexual acquisition and the inference of sexual promiscuity. Such attitudes are inappropriate because HIV is poorly transmissible without sexual contact or blood contact. In addition, the expected survival is long in patients with HIV infection who are receiving treatment. As the prevalence of HIV and AIDS increases, and as survival rates improve with combination antiretroviral therapy, more primary care physicians are treating patients with HIV infection.⁶

Although the overall incidence of many opportunistic infections has decreased with effective chemoprophylaxis and combination antiretroviral therapy, prompt recognition and appropriate management are imperative to decrease mortality related to these conditions. Primary care management of HIV infection includes preventing and treating opportunistic infections,

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monitoring antiretroviral therapy, and treating chronic HIV-related complications.⁷

Keeping in view the background of HIV disease, knowledge of the risk factors, mode of transmission and treatment is very important in order to early detect the disease and treat to avoid complications so, this study was conducted to assess the baseline knowledge of our population of this stigmatized disease.

MATERIAL AND METHODS

Study was started in department of MCHC centre after taking permission from hospital ethical committee. All females of reproductive age group (between 15-45yrs) presenting to gynae OPD were selected. Patients with HIV, handicapped medical and paramedical staff were excluded from study. Verbal consent was taken after explaining them the study. After taking demographic history, they were requested to answer the questionnaire by giving them Performa. Patients answered the questions according to their knowledge. Knowledge was assessed on the basis of correct answers given by females, if 6 out of 10 questions are given correct answers; the knowledge is good otherwise poor.

Table 1: Distribution of knowledge level of patients regarding different questions about HIV

Questions of knowledge	Knowledge level				Total
	a	b	c	d	
Q1. HIV stands for a. human immunodeficiency virus b. human immunosufficiency virus c. human immunocompromised virus	154	210	99	22	485
Q2. HIV can occur in a. everyone b. IV drug abusers c. don't know	264	177	44	0	485
Q3. HIV spreads by a. shaking hands b. eating together c. exchange of body fluids	66	155	264	0	485
Q4. Can HIV be transmitted from mother to child a. yes b. no	419	66	0	0	485
Q5. if yes HIV can be transmitted from mother to child a. during delivery b. taking care of child c. don't know	264	55	166	0	485
Q6. HIV infected mother can breastfeed a. yes b. no c. don't know	110	320	55	0	485
Q7. HIV can be diagnosed with tests from a. free of cost in govt hospitals b. expensive tests cannot available in Pakistan	254	231	0	0	485
Q8. Pregnant woman diagnosed with HIV a. should continue treatment b. stop treatment c. don't know	319	67	99	0	485
Q9. Infected mother should be delivered via a. SVD b. C/Section c. don't know	88	198	199	0	485
Q10. HIV can be transmitted from one partner to other by a. living together b. unprotected intercourse c. eating together	100	374	11	0	485

All discussion was conducted in a way that is comprehensible to the patients and use of medical terminology was avoided. Bias was controlled with the help of exclusion criteria and conduction session by a single person.

DATA ANALYSIS PROCEDURE

Data was analyzed by SPSS version 17.0. Mean and standard deviation was calculated for quantitative variables like age and knowledge score. For qualitative variables like occupation, marital status, education, socioeconomic status frequency and percentage was calculated. P-value ≤ 0.05 was significant.

RESULTS

In this study, we included total 485 females with the mean age of 28.4 ± 4.30 years. The minimum age of females was 20 years and maximum age of females was 38 years.

Out of all recruited females, there were 430 (89%) were married females while 55 (11%) were unmarried. In our study, there were 33 (6.8%) illiterate females

while 22 (4.5%) had education up to primary level, 44 (9.1%) were middle pass, 209 (43.1%) had education upto matric, 144 (29.7%) were graduate and 33 (6.8%) were postgraduate. There were 397 (81.9%) females who were housewives, 11 (2.3%) were single and not doing any job while 77 (15.9%) of females were doing job. Distribution of knowledge level of females, about difference questions related to HIV / AIDS and HIV during pregnancy, is given in table below. Table 1 One hundred and ten (22.7%) females had adequate knowledge about HIV while 375 (77.3%) did not had adequate knowledge about HIV / AIDS. Out of 430 married females, 110 (25.6%) had knowledge about HIV but no females in unmarried groups had adequate knowledge about HIV.

DISCUSSION

HIV is an epidemic, combining the problems of a lifelong medical disease with immense social, psychological, economic and public health consequences. Since we are living in a global village where human interactions has become fast and frequent, diseases like HIV are no more alien to us. HIV/AIDS in Pakistan is slowly gaining recognition as a public health issue of great importance.⁸

A simple 'Risk Assessment Questionnaire' can help us in identifying women who need HIV screening⁵ So, we conducted this study with total 485 females presenting in MCH-I of PIMS, Islamabad. The mean age of females was 28.4 ± 4.30 years. In our study, there were 430 (89%) were married females, out of them 397 (81.9%) females were housewives while 55 (11%) were unmarried and among them, 11 (2.3%) were single and not doing any job while 77 (15.9%) of the females were doing job at some public or private sector.

In our study, 33 (6.8%) females were illiterate, 22 (4.5%) had education level upto primary, 44 (9.1%) were middle pass, 209 (43.1%) had education level upto matric, 144 (29.7%) were graduates and 33 (6.8%) were postgraduates.

We designed a questionnaire containing different questions related to HIV/AIDS and knowledge of transmission of HIV/AIDS from mother to child during or after pregnancy. There were 110 (22.7%) females who showed adequate knowledge about HIV while 375 (77.3%) did not had adequate knowledge about HIV / AIDS i.e. they attained knowledge score <6.

This was high than reported earlier in a study. According to a study, conducted in Ghana, there were 13% females who had knowledge and awareness for HIV.⁽⁷⁾ One more study reported that 86.8% had just heard about HIV/AIDS but 20.1% women had adequate knowledge about HIV/AIDS.¹⁰

The United Nations International Children's Emergency Fund (UNICEF) statistics (2003-2008) found that only 20% of the adolescent females are aware about the comprehensive knowledge on HIV/AIDS.¹¹

Burgoine and Drummond reported that although most African people have heard of HIV and AIDS, there is still widespread misunderstanding about how HIV is spread, the consequences of infection, and how to protect against infection. The most vulnerable groups are poorly educated women, those from rural backgrounds, and women who are economically dependent on men. African women are less knowledgeable about HIV/AIDS than men.¹²

In our study, we observed that knowledge of HIV was more in married females and 25.6% (110/430) married females had knowledge about HIV but no females in unmarried groups had adequate knowledge about HIV. The low level of knowledge in our study points towards the need for more awareness campaign in community about this deadly and preventable disease.

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