

# Knowledge, Awareness and Practice About HIV/Aids Among Rural Population of Punjab

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## ABSTRACT

Human immunodeficiency virus causes a spectrum of illnesses that decrease the cellular immunity of patient increasing vulnerability to get opportunistic infections. Studies in developing countries have shown gaps in knowledge, attitude and practices. There is a fear of contagion with ambivalent attitudes towards HIV/AIDS and nonadherence to the universal precautions. This cross-sectional study was planned to raise awareness and assess knowledge of rural population of Punjab. This study concluded that knowledge about HIV/AIDS and practices to prevent its spread are very inadequate and health education should be started to address these issues.

**Keywords:** HIV, AIDS, awareness, immunodeficiency virus

## INTRODUCTION

Human immunodeficiency virus infection decreases the cellular immunity and passing through stages of acute infection and clinical latency it enters a spectrum of immune deficiency syndrome that lowers the resistance of body to opportunistic infections and malignancy.<sup>1</sup>HIV/AIDS is the leading cause of death due to a single infectious agent. In 2016, an estimated 36.6 million people had HIV including 1.8million children. Global prevalence of disease is 0.8% among adults and around 30% of the infected people are not aware of the virus<sup>2</sup>.

In 2016, one million people died of AIDS related illnesses worldwide. At the end of 2009 , around 97000 people were living with HIV in Pakistan with a prevalence of 21% among injecting drug user in major urban centers across the country according to UNAIDS estimates<sup>3</sup>.Concentrated epidemics among injecting drug users , unsafe practices by sex workers , inadequate screening of blood transfusions ,large number of migrants or refugees, unsafe medical injection practices ,low level of medical education and the stigma associated with this disease are major risk factors for a rapid spread of disease. HIV/AIDS is stigmatized due to its perception to be untreatable, fatal, its contagiousness and transmissibility and the upsetting condition of the infected personat advanced stages of disease<sup>4</sup>. HIV cannot be totally eliminated from the body but researches have proved that HIV patients who start taking medication at early stages of disease have a life expectancy that is close to the general population<sup>5</sup>. Thus, by reducing the stigmatization, preventing spread of disease and increasing health education we can overcome the danger of AIDS epidemic.

This study was planned to assess the knowledge of rural population of Punjab about HIV/AIDS and to raise the awareness about the presentation, transmission, prevention and treatment in community. This study was aimed to determine the knowledge attitude and practice of rural population of Punjab about HIV/AIDS.

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## MATERIALS AND METHODS

A total of 200 participants were enrolled through a non-probability, convenient sampling method in a hospital based cross-sectional study in population visiting emergency department of Rural Health Center Sahiwal, Pakistan from September 2017 to December 2017. Community members of age 25 years or more were included in the study. Exclusion criteria was age less than 25 years. Study participants were interviewed by researchers after written informed consent through a pre-designed, pre-tested questionnaire. During interviews, all questions were asked in local language (Urdu/Punjabi) which were later converted to English language for data analysis. Data was entered in SPSS-22 for analysis. Quantitative variables like age were presented as mean and qualitative variables like profession and questions were presented as percentages and frequencies.

## RESULT

Table:

Knowledge, attitude and practice	Yes (n)	%age
Heard about HIV	136	68
Healthy looking individual may have HIV/AIDS	76	25.3
HIV/AIDS is curable	25	12.5
HIV/AIDS transmits by unsafe sexual contact	45	22.5
HIV/AIDS transmits by unsafe blood transfusion	67	33.5
HIV/AIDS transmits from mother to child during pregnancy	60	30
HIV/AIDS transmits through needle stick injury	43	21.5
Agree to live with HIV/AIDS person	20	10
Agree to work with HIV/AIDS person	40	20
Agree to provide social support to HIV/AIDS person	155	77.5
Sexual partner other than spouse	0	0
Used protection in sexual contact	12	6
Diagnosed with STD	4	2
Informed partner about STD	2	1
Treatment for STD	1	.5

A total of 200 participants were included in the study. Mean age was 35 years. 34% were housewives/unemployed, 20% were private workers, 18% had a government job and 18% were doing their own business. A total of 46% were males while 54% of them were females. 49% of the them had a monthly income of less than pkr 10,000, 48% had between 10,000 to 50,000 and 3% earned 50,000 to 1 lac monthly. 35% of study participants were uneducated, 47% had done matric, 12% intermediate and 6% graduation. Around 36% were Huqqa smoker, 23% were cigarette smoker and 4% were injectable drug users. Main source of information about HIV/AIDS was health care workers in 30% of population and friends/ relatives in 18%. Fifteen questions were asked about knowledge attitude and practice regarding HIV/AIDS (Table 1).

## DISCUSSION

This study was planned to assess the knowledge attitude and behavior of rural population about HIV/AIDS and in this study knowledge of disease transmission, treatment and prevention is very inadequate. 68% of people have heard about HIV/AIDS in their life but they are not aware of the nature of disease and only 25.3% of them thought that a healthy-looking person may carry HIV infection. They received this information from health care workers during antenatal care visits and during blood transfusion when laboratory workers asked them for HIV screening. Results were similar to a study carried in Brazil in 2015 where 65% men had no proper knowledge about this disease<sup>5</sup>. 87.5% population thought that HIV/AIDS is a degenerative disease and it is not possible to cure it.

In our study population people were not aware of the modes of transmission of HIV/AIDS, only 22.5% of respondents said that HIV/AIDS could transfer through unsafe sexual contact, 33.5% knew that AIDS could transfer through blood transfusion, 30% had known that it could transfer from mother to child during pregnancy and 30% knew that needle stick injuries could transfer HIV from one person to the other. Similar results were shown by a study among fishermen of coastal margin of Karachi, however, knowledge about transmission of disease was lower among rural population than fishermen. The inadequate knowledge of rural population can be attributed to their lesser access to electronic, print and social media<sup>6</sup>.

Generally, our participants had a negative attitude about HIV/AIDS, only 10% and 15% of them agreed to live and work with a positive person respectively but, they (77.5%) were sympathetic towards patients and against isolating them from society. They had a perception of danger and fatalism about this disease and thought that infected person should be helped and treated, similar to the results of another study in Nigeria<sup>7</sup>. The whole population denied that they had sexual contact with any person other than their spouse. Social and cultural attitude play an important role in individual behaviors and Pakistan being a conservative Islamic nation has certain cultural and barriers to discuss and address the problems pertaining to sexuality only 6% population said that they had occasionally used

some protection for sexual contact, 2% said that they were diagnosed with sexually transmitting disease and half of them did not inform their partner about their diagnosis. Half of those who shared it with their partner did not consult any physician for treatment due to cultural barriers and casual behavior. Similar results were shown by another study in Karachi<sup>6</sup>.

## CONCLUSION

This study concludes that knowledge of rural population about mechanism of transmission, prevention and treatment is inadequate. HIV/AIDS related stigma and fear of catching disease is prevalent in the society

**Recommendation:** HIV/AIDS related education programs should be started to address misconceptions about disease transmission, management stigmatization and discriminatory attitudes towards diseases persons.

**Limitation:** The limitation of this study was that the study subjects were approached from a small sect of rural population hence the findings cannot be generalized to the whole rural population and secondly, we relied on self-reporting about a very sensitive health issue and due to social and cultural barriers participants may have hidden some facts from us.

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## REFERENCES

1. What Are HIV and AIDS? [Internet]. HIV.gov. 2018 [cited 22 February 2018]. Available from: <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>
2. Global HIV and AIDS statistics [Internet]. AVERT. 2018 [cited 22 February 2018]. Available from: <https://www.avert.org/global-hiv-and-aids-statistics>
3. HIV/AIDS in Pakistan [Internet]. World Bank. 2018 [cited 22 February 2018]. Available from: <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-pakistan>
4. Nwozichi C, Farotimi A, Ojediran T. Knowledge, attitude, and practice of HIV/AIDS-related stigma and discrimination reduction among nursing students in southwest Nigeria. *Iranian Journal of Nursing and Midwifery Research*. 2015;20(6):705.
5. TeránCalderón C, GorenaUrizar D, González Blázquez C, AlejosFerrerías B, Ramírez Rubio O, BolumarMontrull F et al. Knowledge, attitudes and practices on HIV/AIDS and prevalence of HIV in the general population of Sucre, Bolivia. *The Brazilian Journal of Infectious Diseases*. 2015;19(4):369-375.
6. Zafar M, Nisar N, Kadir M, Fatmi Z, Ahmed Z, Shafique K. Knowledge, attitude and practices regarding HIV/AIDS among adult fishermen in coastal areas of Karachi. *BMC Public Health*. 2014;14(1).
7. Nwozichi C, Farotimi A, Ojediran T. Knowledge, attitude, and practice of HIV/AIDS-related stigma and discrimination reduction among nursing students in southwest Nigeria. *Iranian Journal of Nursing and Midwifery Research*. 2015;20(6):705.