

KNOWLEDGE AND AWARENESS OF HIV INFECTED PERSONS: A STUDY OF ANANTHAPURAMU DISTRICT OF ANDHRA PRADESH

R. VIJAYA BHASKAR

*Research Scholar, Department of Rural Development & Social Work, Sri Krishnadevaraya University,
Ananthapuramu – 515055 (A.P). INDIA*

ABSTRACT

Ananthapuramu district is one of the most backward regions in the State of Andhra Pradesh. The region is chronically drought affected. The low-end poverty has severely affected the livelihoods of the poverty groups in the area. The area is predominantly inhabited by Scheduled Castes, the Scheduled Tribes, the Backward Castes and the Muslim minority. Chronic poverty, frequent visitations of drought, lack of wage employment opportunities and unequal social relationships, forcing the people to migrate to other districts or states for livelihood. Some areas of the district were prone to the trafficking of women in search of livelihood. In this way several people got infected with HIV in the district. One of the basic reasons for this phenomenon is lack of knowledge and awareness of people on HIV infection. Hence in this paper an attempt is made to assess the knowledge and awareness of HIV infected persons on various aspects of HIV.

KEY-WORDS: *Blood Transfusion, Pregnancy, Testing, Heterosexual, Condom*

INTRODUCTION

HIV is a very small and fragile virus. It is an RNA virus. It cannot survive outside the human body. Therefore, AIDS is not a contagious disease. It cannot be passed from one person to another easily like a common cold or flu virus, nor can it be passed through ordinary social contacts. HIV is a member of a group of viruses called retroviruses. Retroviruses are simple microscopic organisms dependent on a host for reproduction. These microscopic organisms lack an independent metabolism. Therefore, they cannot grow without energy and nutrients supplied by a host cell.

HIV was first described in 1983 in Paris. It has had several names during its short history of less than two decades. But HIV has now been accepted internationally. Some people also call it the “AIDS Virus”.² Once it infects someone, the virus enters the Helper T-cells of the immune system. In the cells, it destroys genetic material. The damage caused is permanent. All body fluids contain Helper T-cells. The concentration of HIV therefore, is high in blood, semen and vaginal secretion.

An HIV infected person may continue to live a perfectly normal life without showing any physical symptoms. Such a situation is called ‘HIV non-Symptomatic’. Once the disease progresses, the person will begin to have different illnesses. He/she may also show certain physical symptoms. The situation is called ‘HIV symptomatic’. The term 'AIDS' is used when the disease has progressed and the person develops one or more serious infections or conditions.

Route of Infection

The new and rare infections were seen among young males and they suffered from severe defects in their immune functions. All these male patients had sex with other men (homosexuals or Gay's). They had multiple sex partners. Some of them also used sexual stimulants. Intravenous drug users also suffered from a similar problem. Both males as well as females were affected.

HIV/AIDS different from other diseases

One of the crucial points that have been made about the HIV/ AIDS epidemic is that it is different from most other epidemics and diseases. It requires a much different and broader response - one that goes beyond the health sector. There are various factors that make it different from other diseases.

The first and the foremost factor that is unique about HIV/AIDS (from the rest of other diseases) is its state or condition where the immune system of an individual is totally destroyed. The HIV/AIDS person falls prey to a number of opportunistic infections, especially, tuberculosis. This virus is spread through specific risk behaviour that is mostly within the realm of private life. This has been discussed in various units provided to you. The most common mode of HIV transmission is unprotected sex and a sexual activity with multiple partners - one that is intimate and private. Behaviour modification is one of the several ways one can think to reduce the progression of disease in near future.

Unlike other diseases, AIDS retains a long period of “invisibility” with opportunistic infections appearing years later. It takes between 5 to 10 years or even longer between the initial infection and the onset of clinical symptoms of AIDS. Persons who are infected may have many years of productive normal life. However, the danger is that most people are unaware that they are infected with the virus and can continue to spread it to others.

OVERVIEW OF LITERATURE

Vuong et al. (2010) considers that some activities are progressively needed to accommodate the various needs of PLHAs and their families. The concentration has insofar paid on health care and income support to enhance their health, to promote healthy life-styles to thousands of PLHAs, to advocate for PLHAs' rights and to tackle stigma and discrimination. 32 out of 58 international organisations working on HIV/AIDS prevention in Vietnam focus on drug users and there are nine organizations working on sex workers and men who have sex with men. Other support programmes focus on raising awareness and sentinel surveillance.

Rita Chatterjee, et.al (2011) in their article entitled "Giant Condyloma Acuminata in Pediatric HIV" estimated that HPV (human Papillomavirus) infection has been shown to occur in about 8-10 per cent of pediatric HIV patients. A variety of HPV show different clinical manifestations. Of the many sub types, the musical type condyloma acuminata has been observed more frequently in HIV infected children and tends to occur in the anogenital region. But a large condyloma acuminata as the dominant manifestation of pediatric HIV is rarely reported.

Paranjape RS and SJ Challacombe (2016) opines that the four main drivers of HIV infection in India differ in order from those elsewhere in the world and are commercial sex work, general heterosexual intercourse, injecting drug use and unprotected anal sex between men who have sex with men. According to authors there are distinct differences from state to state in the prevalence of HIV, with some around the national norm of 0.21% but others with over 1% infected. India has embarked on a targeted HIV prevention strategy in recent years which is strongly associated with a fall in infection rate in both low- and high-risk groups.

Mohit Nair et.al. (2019) in their study identified that enacted stigma and discrimination interfere with each step in the HIV care continuum for PLHA in Bihar, India, especially outside urban areas. The five themes that contributed to these results include: perception of HIV as a dirty illness at the community level; non-consensual disclosure of HIV status; reliance on identifying PLHA to guide procedures and resistance to universal precautions; refusal to treat identified PLHA and referrals to other health centres for treatment; and inadequate knowledge and fear among health providers with respect to HIV transmission.

OBJECTIVES OF THE STUDY

1. To analyze the views of sample respondents on various aspects of HIV infection
2. To study the phenomenon of stigma and discrimination and of the impact of HIV and AIDS on sample households, in the study area.

METHODOLOGY

The survey method with the help of standardized questionnaires and structured interview technique was adopted to study the causes and consequences of HIV/AIDS infection on the sample families in Ananthapuramu District.

Sample design

The district of Ananthapuramu in Andhra Pradesh was chosen as the area of the study. For the selection of the sample respondents for the study multi-stage random sampling method was adopted.

First Stage: Selection of District

The State of Andhra Pradesh was divided in to 13 districts, In the First stage, the most backward and rain-fed area Ananthapuramu district, where migration and women trafficking were the order of the day was selected.

Second Stage: Selection of Revenue Divisions

In the Second Stage, Revenue Divisions were selected. The Ananthapuramu district is geographically divided in to five Revenue Divisions. All the five Revenue Divisions were chosen for the study to make the study more representative.

Third Stage: Selection of ICTC

After selection of Revenue Division, Integrated Counselling and Testing Centre (ICTC) were chosen for the study in the Ananthapuramu district. From each Revenue Division two ICTC centres were selected for the study. The following criterion was followed to choose the ICTCs.

1. One ICTC, which has registered highest per cent of female PLHAs, was selected.
2. Another one ICTC which has highest per cent of Male PLHAs was selected.

Fourth Stage: Selection of PLHA Households

In the next stage from each selected ICTC Centre 30 PLHA households were selected for the study.

So altogether the study covers one district, 5 revenue divisions, 10 ICTC Centres and 300 samples respondent households.

Source of HIV Infection

HIV is a virus that damages the immune system. Untreated HIV affects and kills CD4 cells, which are a type of immune cell called T cell. Table 1 presents the responses of sample respondents source of HIV infection.

Table 1
Sample Respondents Source of HIV Infection

S. No	Source of Infection	No. of Respondents	Frequency
1	Sexual contact – heterosexual	234	78.00
2	Sexual contact - homosexual	42	14.00
3	Blood transfusion/donation	8	2.67
4	Needle sharing (IDU)	14	4.66
5	Any others (specify)	2	0.67
Total		300	100.00

Source: Field Survey

It can be noted from table 1 that a preponderant majority i.e. 78 per cent of sample respondents declared that they got HIV infection by heterosexual contact. The source of HIV infection in case of 14 per cent of sample respondents is the homosexual contact. The needle sharing is the source of HIV infection in case of 4.66 per cent of sample respondents. Blood transfusion/donation is the source of HIV infection in case of 2.67 per cent of sample respondents. The remaining 0.67 per cent of sample respondents cited the other source of infection like STIs, oral sex etc.

Discovery of HIV Infection

HIV tests are very accurate, but no test can detect the virus immediately after infection. How soon a test can detect HIV depends upon different factors, including the type of test being used. There are three types of HIV diagnostic tests: nucleic acid tests (NAT), antigen/antibody tests, and antibody tests. Table 2 gives the details of source of HIV Infection for sample respondents in the study area.

Table 2
Sample Respondents Discovery of HIV Infection

S. No	Responses	No. of Respondents	Frequency
1	Voluntary testing	73	24.33
2	After prolonged illness, symptomatic	195	65.00
3	While donating blood	3	1.00
4	During pregnancy	26	8.67
5	Blood test at the time of joining a job	2	0.67
6	Others (Specify)	1	0.33
Total		300	100.00

Source: Field Survey

It can be inferred from table 2 that 65 per cent of sample respondents stated that they discovered HIV after prolonged illness and become symptomatic to the HIV infection. The doubts that aroused due to extra martial relations, unnatural sex forced 24.33 per cent of sample respondents for voluntary testing. In case of 8.67 per cent of sample respondents HIV infection was diagnosed during the pregnancy. While donating blood HIV infection was unearthed in case of 3 respondents constituting 1 per cent of total sample. Blood test at the time of joining a job revealed HIV infection in case of 2 respondents constituting 0.67 per cent of total sample. Others like while getting treatment for sexually transmitted diseases HIV was discovered.

Length of HIV Infection

The life span and health condition of PLHIVs depends on the length of HIV infection of particular patient. Table 3 gives such details of sample respondents.

Table 3
Sample Respondents Length of HIV Infection

S. No	Years	No. of Respondents	Frequency
1	< 1 Year	27	9.00
2	One Year	31	10.33
3	Two Years	42	14.00
4	Three Years	104	34.67
5	Four Years	64	21.33
6	Five Years & above	32	10.67
Total		300	100.00

Source: Field Survey

As per table 3 nearly two-thirds (66.67 per cent) of sample respondents were diagnosed as HIV positive for three and more years. Nearly 34.67 per cent of sample respondents declared that they are diagnosed for HIV positive 3 years back. Around 21.33 per cent of sample respondents stated that they are tested HIV positive four years back. The HIV infection was diagnosed 5 and more years back in case of 10.67 per cent. In case of 10.33 per cent of sample respondents HIV infection is diagnosed 1 year back. The HIV infection period in case of 9 per cent of sample respondents is less than 1 year.

Agency where HIV Test Done

One can get HIV test at many places. The main agencies, where the patients generally get tested are broadly divided in to Government and Private Agencies. Table 4 presents the details.

Table 4
Sample Respondents Agency where HIV Test Done

S. No	Agency	No. of Respondents	Frequency
1	Govt	193	64.33
2	Private Place	107	35.67
Total		300	100.00

Source: Field Survey

It is evident from table 4 that a preponderant majority i.e. 64.33 per cent of sample respondents examined and declared at government held clinics or hospitals like ICTC centres, area hospitals, community health centres etc. in case of 35.67 per cent of sample testing was done at private clinics/ hospitals.

Precaution to Avoid Transmission to others

The people, who are aware of the disastrous impact of HIV infection shall refrain themselves from transmitting to others. This largely depends on the literacy and knowledge levels of infected persons. Table 5 gives the details of responses of sample respondents.

Table 5
Number of Sample Respondents taken precaution to avoid transmitting the infection to others

S. No	Responses	No. of Respondents	Frequency
1	Yes	219	73.00
2	No	81	27.00
Total		300	100.00

Source: Field Survey

Table 5 shows that as many as 73 per cent of sample respondents declared that they are taking precautionary measures to avert the transmitting of infection to others. On the other hand 27 per cent declared that they are not taking precautionary measures to avert the transmitting of infection to others. During field survey it is come to the notice of researcher that these people are not aware of any measures to avert the transmission of infection to others.

Measures Taken to Avoid Transmission

The respondents who reported that they are taking precautions were further asked to give the details particular measures that they have taken to avoid transmitting to others and their responses were presented in table 6.

Table 6
If Yes Measures Taken to Avoid transmitting the infection to others
(Multiple Responses)

S. No	Measures	No. of Respondents	Frequency
1	Abstain from having sex	196	89.50
2	Started using condom consistently	23	10.50
3	Stopped sharing needles	189	86.30
4	Stopped donating blood	219	100.00
5	Decided not to have a child	188	85.84
6	AZT/Nevropine during pregnancy	13	5.94
7	C-section during delivery	10	4.57
8	No breastfeeding	10	4.57
9	AZT to the infant	12	5.48
10	Do not share blades for shaving with others	109	49.77
11	Others (specify)	3	1.37

Source: Field Survey

It can be found from table 6 that all respondents stated that they stopped donating blood after tested positive. Around 89.50 per cent of sample respondents declared that they abstaining from having sex after diagnosed as HIV positive. Sharing needles was stopped by the 85.84 per cent of sample respondents. By 49.77 per cent sample respondents the sharing of blades for shaving with others was stopped. As per the responses of 10.50 per cent of sample they started using condoms consistently whenever they have sex with life partners or others. AZT/Nevropine during pregnancy was using by 5.94 per cent of sample. AZT to the infant is giving by 5.48 per cent sample respondents. For 4.57 per cent of respondents C-section during delivery was done and another 4.57 per cent declared that they stopped breastfeeding to the new born babies.

CONCLUSION

In this study, data used is from a primary survey of 300 HIV households. The results suggest that even though the aggregate impact of the epidemic may not appear to be large now, the impact on households affected by the epidemic is very severe. Large number of sample respondents declared that they are taking precautionary measures to avert the transmitting of infection to others like 89.50 per cent of sample respondents declared that they abstaining from having sex after diagnosed as HIV positive. Sharing needles was stopped by the 85.84 per cent of sample respondents.

REFERENCES

1. Vuong, H. H., Oanh, K. T. H., Khoat, D. V., Nhan, D. T. T. and Minh, N. S., 2010. Vietnam civil society organisations in the 4th UNGASS. Hanoi: Publisher Women.

2. Rita Chatterjee, subhash Bhattacharya, Rupa Biswas and Shubhadeep Das, “Giant Condyloma Acuminata in Pediatric HIV” Indian Paediatrics, Vol.48, No. 1, January 17, 2011, pp.62-63.
3. Mohit Nair, Pragya Kumar, Sanjay Pandey, Amit Harshana, Shahwar Kazmi, Laura Moreto-Planas and Sakib Burza, “Refused and referred-persistent stigma and discrimination against people living with HIV/AIDS in Bihar: a qualitative study from India” BMJ Open 2019;9:e033790. doi:10.1136/ bmjopen-2019-033790.
4. Paranjape RS and SJ Challacombe, “HIV/AIDS in India: an overview of the Indian epidemic”, Oral Diseases, 2016, 22 (Suppl. 1), pp.10–14.
5. WHO, "AIDS-No Time for Complacency", World Health Organization, New Delhi, 1997, p.2.
6. Thomas, Gracious, "Prevention of AIDS in search of answers", Shipra Publications, Delhi, 1997, p.23.
7. Ghosh T.K. ‘AIDS: a serious challenge to public health’, Journal of the Indian Medical Association, January, Vol.84, No.1, 1986, pp. 29-30.
8. Warren, K.S.: Helminth Infection, In Disease Control Priorities in Developing Countries, Oxford University Press, Oxford, 1993, p.15.