

## Assessment of Health Seeking Behaviour, Socio-demographic profile and Attitude towards Registration at ART (Anti-retroviral therapy) Centre of Clients Visiting ICTC (Integrated Counselling and Testing Centre) of a Tertiary Hospital, Jharkhand.

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### Abstract:

**Background:** HIV is a modern epidemic. Day and large its threat is increasing. ICTC centre plays a vital role in testing, counselling and providing information about AIDS.

**Aims and objectives:** (1) To describe the socio-demographic profile of patients visiting ICTC centre. (2) To assess the health seeking behaviour of patients visiting ICTC centre. (3) To assess the attitude of HIV positives towards registration at ART centre.

**Materials and methods: study design:** descriptive cross sectional study.

**Place of study:** ICTC centre, RIMS. Study population: patients visiting ICTC centre and willing to participate.

**Sampling technique:** systematic sampling.

**Sample size:** 141.

**Results:** more than half of patients were females. Around 45% cases were between 16-30 years and are mostly non tribal. 36.87% of patients belonged to class V (B.G Prasad classification). Unprotected sex was the most common cause for undergoing HIV testing. Around 2/3 of patients visited government institutions (CHC/PHC/Tertiary hospitals) as the first place for the health seeking advice. 61% of the HIV positives got themselves registered at ART centre.

**Conclusion:** Age group 16-30 years is maximally affected, with women being affected in greater numbers. Unprotected sexual activity was the major cause of apprehension of being HIV positive. Most of the patients preferred government health care institutions as their first place of visit for health seeking advice. At ICTC centre the care provided are optimum and attitude towards the registration at ART centre is satisfactory.

**Keywords:** HIV, ICTC, ART Centre.

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### I. Introduction

AIDS, the acquired immune-deficiency syndrome (also known as “slim disease”) is a fatal illness caused by a retrovirus known as the human immuno-deficiency virus (HIV) which breaks down the body’s immune system, leaving the victim vulnerable to a host of life-threatening opportunistic infections, neurological disorders, or unusual malignancies. [1] Among the special features of HIV infection are that once infected, it is probable that a person will be infected for life. AIDS is a term which applies to the most advanced stages of HIV infection. It is defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers. The term AIDS can be called our modern pandemic, affecting both industrialised and developing countries. [2]

Under National AIDS Control Programme Phase III (2006-2011), Voluntary Counselling and Testing Centre (VCTC) and Facilities providing Prevention of Parent to Child Transmission of HIV (PPTCT) services are remodelled as a hub or Integrated Counselling and Testing Centre (ICTC).

An ICTC is a place where a person is counselled and tested for HIV, of his own free will or as advised by a medical provider.

Functions of ICTC

1. to conduct HIV diagnostic tests for early detection.
2. Provide information on HIV transmission and bring about behavioural change to reduce the vulnerability.
3. Linking people with other HIV prevention, care and treatment services.
4. Training of the existing staff
5. Advocate measures to prevent the transmission and to give proper advice how to live a normal life in spite of being HIV reactive.

In RIMS, Ranchi, ICTC centre is located in Microbiology Department comprising of –

- Medical Officer - 1
- Counsellor - 2
- Lab Technician - 1

At RIMS at first the patient is attended at ICTC centre, where they are counselled and tested.

If the patient is tested positive then the post-test counselling is done and the patient is sent for the registration at ART centre RIMS.

### **Problem Statement –**

#### **WORLD:**

AIDS was recognised as an emerging disease only in the early 1980s but has spread itself throughout the world.

Promising development has been made in global efforts to address the AIDS epidemic. However, the number of people living with HIV continues to grow, as does the number of deaths due to AIDS. Of particular concern are trends affecting Eastern Europe and Central Asia, where the numbers acquiring HIV infections and dying from HIV-related causes continue to increase. [2]

**INDIA:** Now in its fourth decade, India's epidemic is marked by heterogeneity – not a single epidemic but made of a number of distinct epidemics, in some places within the same state.

India's epidemic seems to be following the pattern first described in Thailand. The epidemic shifts from highest risk group to bridge population and then to general population. The shift usually occurs where the prevalence in the first group reaches 5% and has a time lag of 2-3 years. [3]

Provisional estimates for the year 2012 show that there were 20.89 lakh people living with HIV/AIDS with estimated adult HIV prevalence of 0.27%. Declining trends are noted in high prevalence states indicating possible impact of sustained programme interventions. [2]

**JHARKHAND:** According to National AIDS Control Organisation, the adult HIV prevalence in Jharkhand is 0.25%, while national average is 0.27%. Jharkhand is a low prevalence state but is considered high vulnerable state with 50 HIV positive cases per month, about 1/3<sup>rd</sup> of population is tribal and 40% of them are HIV. [2]

**Need of Study:** Epidemiology of the country has changed with rising trends of HIV prevalence and new infections being observed in low prevalence state of North India including Jharkhand. This underscores the need for programme to focus more on these states with low prevalence and high vulnerability.

Although studies and surveys have already been conducted regarding the prevalence of HIV positive cases in Jharkhand. Still through this study we would like to bring in limelight the prevailing conditions of HIV cases in 24 districts of Jharkhand. From this study we would like to check whether the conditions of HIV patients has improved or even more deteriorated with the existing system of diagnosis, control and counselling in the state.

We would also like to describe the socio-demographic profile of the clients visiting ICTC centre. The study tries to assess the health seeking behaviour of the clients visiting ICTC centre RIMS and also evaluates the attitude of HIV positive patient towards registration at ART centre, RIMS.

## **II. Aims And Objectives**

- To describe socio-demographic Profile of patient visiting ICTC centre.
- To assess the health seeking behaviour of patients visiting ICTC centre.
- To assess the attitude of HIV positive tested patients at ICTC centre towards registration at ART centre.

## **III. Materials And Methods**

The study was descriptive and cross-sectional type, conducted at ICTC, RIMS, Ranchi. The duration of study was of three months (September- November 2016). Consecutive sampling technique was used. All clients visiting ICTC centre during our study period, who were willing to participate in the study were included in our study. During our study period 156 patients were contacted, of which 15 denied their consent, henceforth our sample size came out to be 141. Prior informed written consent regarding their participation were taken. For data collection pretested semi structured questionnaire was used which covered all areas of socio- demographic profile of patients, their reason of visiting ICTC centre, and their health seeking behaviour. Template was generated in MS Excel and statistical analysis was done using SPSS 20 software. Confidentiality of data was maintained.

### IV. Results

**Table1:** Socio-demographic profile of patients visiting ICTC

Variables	Category	Number(141)	Percentage
Sex	Male	69	48.93
	Female	72	51.07
Age	less than 16	12	8.5
	16-30	63	44.68
	31-45	49	34.75
	46-60	13	9.20
	More than 60	4	2.84
Ethnicity	Tribal	39	27.65
	Non-tribal	102	72.34
Religion	Hindu	103	73.04
	Muslim	15	10.64
	Christian	7	4.96
	Sama	13	9.22
	Others	3	2.12
Residence	Urban	86	60.1
	Rural	55	39
Education	Illiterate	31	21.98
	Primary	52	36.88
	Secondary	30	21.27
	College and above	28	19.85
Occupation	Labourer	7	4.96
	Driver	11	7.8
	Business	13	9.2
	Housewife	52	36.87
	Job (Govt/Private)	19	13.48
	Farming	7	4.96
	Student	21	14.9
	Sex worker	1	0.7
	Jobless	10	7.1
	Marital status	Married	106
Unmarried		33	23.4
Divorced/ Widowed		1	7
Type of family	Nuclear	97	68.79
	Joint	44	31.2
Socio-economic class (by revised B.G .)	Class 1	9	6.38
	Class 2	19	13.4
Prasad's classification For 2014)	Class 3	28	19.8
	Class 4	33	23.4
	Class 5	52	36.87

Table1: Of the total patients more than half were females. Mostly age grouped 16-30 years (44.68%) were affected and total of 3/4<sup>th</sup> of the patients were non tribal. Majority of the patients were Hindus, Urban population was found to be more affected and around 37% of the patients belonged to class v of B.G.Prasad classification. Around 75% of them were married. As far as occupation is concerned majority of women were housewives (36.87%), followed by job holders (13.48%).

**Table 2:** Health seeking behaviour of the patients visiting ICTC centre

Need of the test (n=141)	Unprotected sex	98	69.6%
	Blood transfusion	0	0%
	Reproductive tract infection	21	14.8%
	Prolonged illness	22	15.6%
	Drug abusers	0	0%
Whom did patient share its apprehension of being HIV affected. (n=141)	Friends	66	46.8%
	Spouse	15	10.6%
	Other family members	33	23.4%
	Medical personals	27	19.2%
First place of visit (n=141)	Private practice doctors	21	14.8%
	Faith healers	19	13.4%
	Government PHC/CHCs	49	34.8%
	ICTC RIMS	52	36.8%
Need of visiting ICTC, RIMS.(second place of visit) (n=84) This had multiple responses	Better care	53	63%
	Testing is free	75	89.2%
	Drugs provided for free	35	41.6%
	ART centre is there	17	20.2%
	Not satisfied with first visit.	62	73.8%

TABLE2 shows the health seeking behaviour of the clients visiting ICTC centre RIMS. Unprotected sex (69.6%) was the major cause of the need of being tested for HIV amongst the clients followed by RTI and prolonged illness. This fear of the clients were maximally shared by them to their friends (46.8%) followed by the family members except spouse (23.4%). Only 10% of them shared the fear of being HIV affected with spouse.

Most of them preferred the government health care institutions for their first visit for the clarification of their apprehensions. Of the total around 35% visited the PHC/CHCS and 36.8% directly visited ICTC, RIMS.

Of the 84 patients who visited ICTC as their second place of visit, lack of satisfaction from the first visit and free drug and testing were the major cause of their visit. Of the 84 only 17 were aware of the ART centre is at RIMS where they will be provided drugs on being tested positive.

**Table3: Risk Behaviour Of The Patients**

Modes of transmission	Number	Percentage
Hetero sexual	98	69.5
Homosexual	1	0.7
History of blood transfusion	0	0
History of use of infected syringe	0	0
Parent to child	6	4.25
Injecting drug user	0	0
Not specified	36	25.53
Total	141	100

Table3 shows that heterosexuals where affected the most.

**Table 4: showing the attitude of patients (HIVpositives) towards registration at ART centre, RIMS.**

Attitude of patients (HIV positives) towards registration at ART centre, RIMS.			
HIV testing done (n=141)	HIV reactive	37	26.2%
	HIV non-reactive	104	73.8%
Registered at ART centre, RIMS. (n=57)	Yes	25	68.4%
	No	12	31.6%
Causes of non registration(n=18)	Re -investigation	7	58.3%
	No faith in government supplied drugs	5	41.7%

Table4 shows the attitude of patients (HIV positives) towards registration at ART centre, RIMS. Of 141 patients tested 37(26.2%) of them were reactive. Now then they had to get them registered at ART centre. But only 25 of them did so. Of non registration causes re-investigation and lack of faith in government supplied drugs were the major ones.

## V. Discussion

HIV epidemic in India is now marked by heterogeneity. The recent trend of HIV infection is spreading in two ways-

- 1) From urban to rural
- 2) From individual practicing High risk behaviour to general population i.e. Bridge Population.

According to NACO, Jharkhand is a low prevalence state where HIV infection in high risk group is still less than 5% and less than 1 % among antenatal women. But rising trends of HIV prevalence and new infections are being observed. So this study aimed at describing the socio- demographic profile and to know about the present shifting trends of high risk population is conducted.

The analysis of data of this study showed that male contributed to 48.93% of case load and female dominated with 51.07%. Figure for female is higher than the study by Haider et al (44%) [4]. Such a high proportion of infection rate in female is a cause of concern since it will increase mother to child transmission. Male female ratio in our study is 0.95 which is less than the studies by Haider et al [4] and Kiran et al [5].

In the present study, predominant age group was 16-30 years of age which is economically most productive age group. This is similar to a study in Gwalior by Sharma et al [6] where out of 732 patients 549 were in 22-39 years of age. S.Haider also found incidence of HIV highest in 16-45 years of age.

Educational status of most HIV patients were below primary level (36.88%). These findings are similar to study conducted by Jayant D[7] in Maharashtra and Jayaram et al [8] in Karnataka.

Housewife comprises of 36.87% i.e. 52 out of 141 patients. This is almost similar to study by Haider et al (34.4%) [4]. The reason of higher number of attendees being housewife can be gaining infection by unsafe sex from their HIV positive husbands or any other sexual partner.

Regarding the marital status of attendees, 75.18% were married and 23.4% were unmarried as in study of Mishra et al [9] where 79.1% were married.

The majority of patients in present study were Non-tribal which contributed 72.34% of total case load. In the present study, 60.1% of total attendees were urban and 39% were rural which indicates the rise in incidence of HIV in rural population. This result is reverse the study by Mishra et al [9] where rural constituted 53.69% and urban 46.31%.

Majority of patients in this study belonged to lower socio-economic class i.e. Class 5 of revised Prasad's Classification for 2014. It constituted 36.87% of total. This is similar to Jayant et al [7] study. Upper section constituted only 6.38% of total patient in present study.

In this study most common mode of acquiring infection was heterosexual 69.5% similar to study by Jayant et al [7].

When we see the health seeking behaviour we find that the unprotected sex was the major cause of fear of acquiring HIV infection. As the HIV high risk groups are middle age group, this apprehension was shared amongst the friend circle in most of the cases. But for health care advice government institutions like CHC/PHCs and tertiary hospitals were preferred. IN a similar study conducted by Kofi Awusabo- Assare et al in Ghana, we find that 76.3% of patients visited government facility as 70% of in our study. In the same study 15% of the patients preferred private doctors as first visit as compared to 14.8% of ours.[10]. IN another study conducted by Pandey Sanjay et al in Varanasi contrary figures were seen. In it only 4.3% of patients preferred government facility and a magnum 49.3% chose private practitioner as their first contact. [11]

The observation of study also highlights that the large number of attendees are connecting the higher risk group with low risk population.

Best antidote to HIV/AIDS challenge remains increased awareness and adaption of safe behaviour in practice and solution lies in planning and designing the IEC activities keeping in mind the specific situations of the area

## VI. Conclusion

The study was conducted with 141 patients. Predominant age group affected was 16-30 years with greater female preponderance. Most of the cases were Hindus and were mostly belonging to class V of socio-economic status. (Modified B.G.Prasad classification).

Unprotected sex was the major cause of the need of being tested for HIV amongst the clients followed by RTI and prolonged illness. This fear of the clients was maximally shared by them to their friends. Only 10% of them shared the fear of being HIV affected with spouse.

Most of them preferred the government health care institutions for their first visit for the clarification of their apprehensions. Of the total around 35% visited the PHC/CHCS and 36.8% directly visited ICTC, RIMS. At ICTC centre the care provided are optimum and attitude towards the registration at ART centre is satisfactory. Amongst cases of non registration at ART centre, want of being re tested for HIV reactivity after being tested positive and lack of faith in government supplied drugs were the major causes.

**Recommendations:** as HIV transmission is very much preventable. Very easily the risk behaviour can be cut down merely by spreading information about its spread and method to prevent it. Just by bringing the behaviour changes in common and high risk groups the threat of HIV can be lessened. Sex education can be advocated amongst youth. The role ICTC is vital henceforth the ICTC functioning should be strengthened and more staffs should be recruited. Though the registration at ART centre it satisfactory but proper counselling and assurance should be provided to HIV positives to achieve cent percent registration at ART centre.

**Limitations:** the study was conducted in limited time frame and the issues dealt in the study mostly belong to the personal life of the cases, so information may have been concealed. Moreover as most of the events dealt in the study have already occurred in client's life, the recall bias may have occurred.

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