

Impact of patient counselling on awareness of HIV in HIV Patients: To prevent further disease spreading and progression

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Abstract

An observational prospective study done to assess the knowledge and awareness on HIV in rural people. This study aims to find out how far villagers and illiterates are aware of HIV in 104 patients both men women belonging to rural area around suryapet district. Non co-operative are excluded from the study. Data collection was done in the period from December 8th to February 13th. And analysed there education and occupational status and we found very interestingly more than 90% of the patients are not aware of HIV and its consequences and many of them don't know what is HIV and how can it will be prevented, many of the patients are spreading HIV to there spouse without knowing that is sexually transmissible. Few patients don't know that HIV will cause from un disposed needles. Interestingly whoever said they are affected due to un disposed needles are not drug abusers they are effected due to malpractice done by RMPs who are using multiple use of single needle. And very few answered that HIV will transmitted through blood transfusion after they get effected. The people whoever effected mostly belongs to daily wage labour, farmers and truck drivers. So there is need to create awareness in villagers, illiterates and pregnant ladies to prevent further progression of disease and to prevent the transmission of disease to younger generation.

Keywords: HIV, awareness, HIV Patients

Introduction

Acquired immune deficiency syndrome (AIDS) was first recognised in a cohort of young, previously healthy homosexual men with new onset profound immunologic deficits, pneumocystis carinii (now P.jiroveci) pneumonia (PCP), and / or kopsi sarcoma. A retro virus, a human immune deficiency virus type 1 (HIV -1), is the major cause of AIDS. A second retro virus, HIV 2, also is recognised to cause AIDS, although it is less virulent, transmissible, and prevalent than HIV -1. The Acquired Immune Deficiency Syndrome (AIDS) remains most serious of infectious disease challenges to public health ^[1].

Modes of Transmissions

Sexual

The majority of HIV infections are acquired through unprotected sexual relations.

Complacency about HIV plays a key role in HIV risk ^[2]

Sexual transmission can occur

When infected sexual secretions of one partner come into contact with the genital, oral,

Or rectal mucous membranes of another. In high-income countries, the risk of female

To-mate transmission is 0.04% per act and mate-to-female transmission is 0.08% per act.

For various reasons, these rates are 4 to 10 times higher in low-income countries ^[3].

Blood Products

In general if infected blood comes into contact with any open wound. HIV may be transmitted. This transmission route can mostly possible in IV drug abusers, haemophiliacs, and recipients of blood transfusions and blood products ^[4].

It is also of concern for persons receiving medical care in regions where there is prevalent substandard hygiene in the use of injection equipment, such as the reuse of needles. Health care workers such as nurses, laboratory workers, and doctors have also been infected, since transmission of HIV by blood became known medical personnel are required to protect themselves from contact with blood by the use of universal precautions. People giving and receiving tattoos, piercing, and scarification procedures can also be at risk of infection.

HIV has been found at low concentrations in the saliva, tears, and urine of infected individuals, but there are no recorded cases of infection by these secretions and the potential risk of transmission is negligible. It is not possible for mosquitoes to transmit HIV ^[4].

Mother-to-child

The transmission of the HIV virus from mother to child can occur in utero (during pregnancy), intrapartum (at child birth), or via breast feeding. In the absence of treatment, the transmission rate up to birth between the mother and child is around 25%. However, where combination of antiretroviral drug treatment and caesarean section are available, this risk can be reduced to as low as one percent. Postnatal mother to child transmission may be largely prevented by complete avoidance of breast feeding ^[5].

Accidental Exposures

- Condomless sex with someone who has HIV
- A condom that has slipped or burst
- Sharing needles to administer any drugs, including steroids
- Sexual assault

This kind of exposures required Post exposure prophylaxis (PEP) consists of a 28 –day’s course of antiretroviral drugs, which must be taken completely and without interruption.in order to minimize the risk of infection. Many of them are not aware of this PEP. So here the education and awareness programmes play a vital role in saving the lives.

HIV transmission knowledge among HIV positive individuals is necessary to reduce risk of super-infection, as well as to prevent spread of infection. Less data assessing HIV knowledge in HIV infected patients are available. Existing literature demonstrates that some HIV positive patients continue to engage in risky behaviour^[5].

People in urban areas are more aware of HIV modes of transmission and prevention due to high exposure to various kind of medias like T.V, social networking sites etc^[7].

Some misconceptions regarding modes of transmission like social kissing, sharing utensils/personal items, insect bites spread infection. Are due to lack of awareness.

More than 90% of HIV infections in children aged less than 15 years are due to mother to child transmission HIV. In many developed countries, testing, antiretroviral therapy and infant feeding modifications have been effectively used to eliminate mother to child transmission of HIV^[7].

In countries like India, HIV continues to be a problem due to lack of information, testing services and antiretroviral therapy^[7].

The decline in the level of knowledge on HIV prevention methods among women particularly is alarming^[7].

Materials and Methods

Study Site: ART Centre, AREA HOSPITAL, SURYAPET

Study Design: Prospective observational study

Study Period: 65 days

Source of Data:

- Patient case sheets.
- Treatment charts

Methodology

Study method

- The researchers followed the HIV positive patients who are visiting the ART centre, Area hospital, suryapet.
- During the interaction with patients the researchers will ask the patients about where do they live, how do they effected (mode of transmission) and about their educational and place of living through the prepared proforma and questioner (in the regional language Telugu).
- The patients will be counselled by showing the two different pictorial representational charts and patient information leaflet containing do’s and don’ts, food to eat and preventive measures
- The collected data will be analysed, presented using the suitable statistics

Poster used to educate about medication adherence% safety measures in pregnant ladies



Fig 1

Poster used to explain about do's and don'ts to all the patients



Fig 2

Selection and Description of Participants

Study criteria

Inclusion criteria: HIV Positive patients at the Secondary Care ART Centre, suryapet

Exclusion criteria: non-cooperative patients. Non-cooperative patients were excluded due to lack of cooperation from the subjects and study site authorities.

Results & Discussion

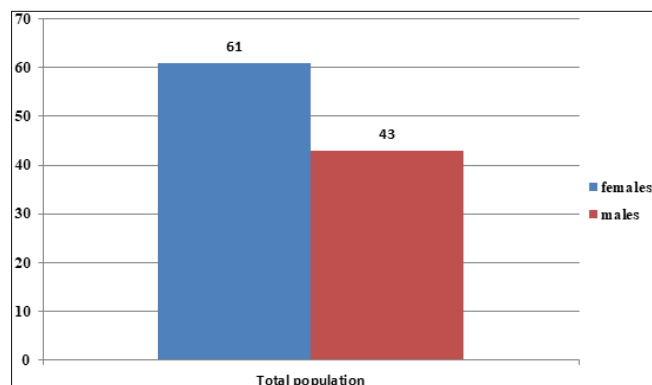


Fig 3

The total population involved in the study are 104 patients

who are living in villages and rural areas. Females (61), males (43). Interestingly females are more than males.

Educational status of total population (in numbers)

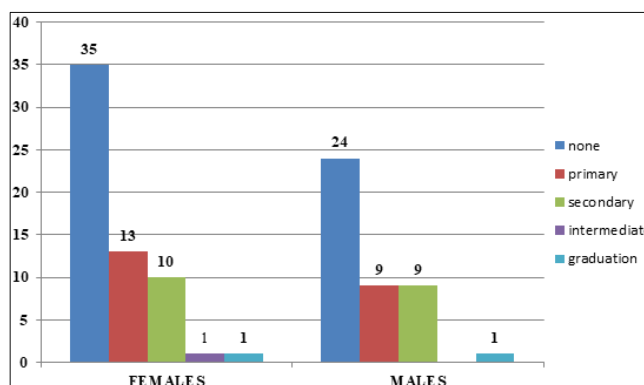


Fig 4

Many of the patients were uneducated both males and females. Very few were primary school dropouts. Few of them were secondary school dropouts. This shows the lack of awareness about HIV and its complications. So there is a need to make awareness programme among uneducated, rural and remote area living people to prevent others who are unaffected. there must be a half yearly awareness programme

in high prevalence area with the health care professionals. and many of them (more than 90%) were don't know the term HIV.

Mode of Transmission in Females (In Numbers)

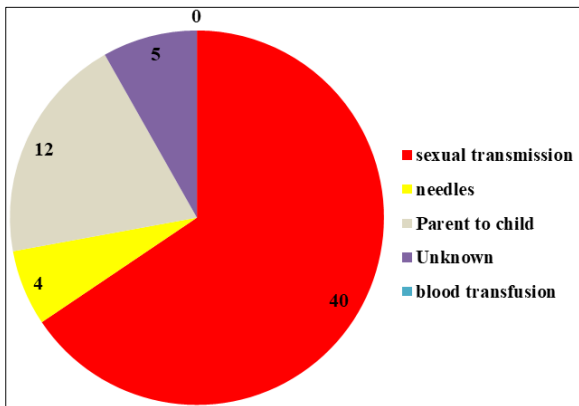


Fig 5

Among sexually effected females said they got effected due to transmission from their husband who are not aware of that HIV is sexually transmitted disease. 12 children were effected from their parents. Those who didn't taken ART at the time of pregnancy because they diagnosed at the time of delivery

Mode of Transmission in Males (in numbers)

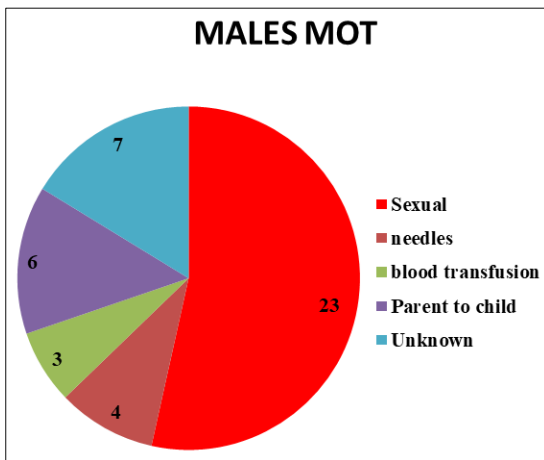


Fig 6

Males who are effected by sexual transmission most of them said that they get effected by their wife. and 7 people said that they don't know till know how they were effected with HIV. and 3 of them said that they effected due to blood transfusion this says that there must be a serious monitoring about blood donation and blood camps to save innocent lives.

Data before counselling: In 104 patients

Table 1

People who are aware of mode of transmission HIV	60 (57%)
People who are aware of medication adherence	47 (45%)
People who knows that HIV doesn't had permanent cure	70 (67%)

This data shows that only 57% of study population are aware of mode of transmission which is alarming. Because due to lack of awareness the patient may spread the disease to the innocent uninfected. Only 45% patients are aware of medication adherence. Due to lack of awareness on medication adherence few patients are discontinuing the ART. 67% patients are aware of HIV doesn't had permanent cure this shows that still there some of them are not aware of treatment and its goal to decrease the viral load.

Data after counselling: In 104 patients

Table 2

People who are aware of mode of transmission HIV	95 (91%)
People who are aware of medication adherence	73 (70%)
People who knows that HIV doesn't had permanent cure	85 (81%)

This post counselling data shows that there is an improvement of percentage in all the three objectives of counselling. So there is a mark able impact of counselling on HIV patients.

The objective of this study was to estimate the level of HIV transmission knowledge among HIV positive patients [6]. Respondents performed well on questions about knowledge of sexual transmission, with the majority knowing about the risk of HIV transmission from sexual contact [6].

Respondents performed worse on questions about knowledge of prevention. Respondents performed moderately on blood transmission, needles. Few of them answered HIV will spread through mosquito bite

The main focus of the prevention have been on using condoms, limiting the number of sexual partners and abstaining from early sex. Advertising through various Medias [7]. Knowledge of preventive measures is not high as compared to the knowledge of sexual transmission.

Secondary school and intermediate graduates are somewhat aware of HIV transmission as of declared by other studies. Whoever answered that they are aware of mode of transmission was mainly through television advertisements

Conclusion

- HIV prevention programmes should focus on three aspects of behaviours delaying sexual debut for young persons(abstinence), limiting the number of sexual partners(be faithful to one partner) and using condoms
- This study results states that a greater lack of knowledge was observed among especially vulnerable individuals affected by combination of lower education and lack of access to care.
- Publicity, awareness programmes, advertisements should mainly focus on villagers, illiterates through popular media.
- The marginal decline in the knowledge of preventive measures suggests a lapse in our education campaigns on HIV/AIDS awareness and prevention.
- We in this study used two posters which are completely in pictorial representation for better understanding to the illiterate patients.

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