

Awareness about HIV/AIDS among health care workers (HCW's) of Assam

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ABSTRACT

No other word engenders as much fear, revulsion, desperate and helplessness as HIV/AIDS. People with HIV in India frequently encounter discrimination while seeking and receiving healthcare services. Assam has shown a quantum jump in the number of HIV/AIDS cases. The knowledge and attitude of HCW's in relation to HIV infection is an important factor influencing the willingness and ability of people with AIDS to access care. These type of study are still scanty in the state. So, the present study has been conducted with an aim to assess HIV-related knowledge, attitude and risk perception among a group of HCW's in Assam. A cross-sectional survey was done on a group of HCW's from five different health care settings of Assam. A pre-refined interview schedule have been developed to gather the informations on demographic profile. An attitude and knowledge scale was developed to record HIV-related knowledge, attitude and perception. The HCW's in this study generally had a positive attitude in caring for people with HIV. However, substantial concerns about providing care and the risk of occupational infection with HIV was perceived by most of the HCW's to be high. Knowledge of HIV transmission and perception of risk was not associated with willingness to provide care. This study investigated HIV-related knowledge, attitudes and risk perceptions among a group of HCW's in Assam, and found a general willingness to provide care for patients with HIV, tempered by self-concerns regarding the provision of such care. These findings highlight a need for programmes that promote the occupational safety for HCW's in Assam and to value the people with HIV in such HIV awareness training of HCW's.

INTRODUCTION

No other word engenders as much fear, revulsion, desperate and helplessness as HIV/AIDS. People with HIV in India frequently encounter discrimination while seeking and receiving healthcare services. Ever since HIV was first identified in India among sex workers in Chennai during 1986 (Simoes *et al.*, 1987). HIV infections have been reported in all states and territories.

Assam has shown a quantum jump in the number of HIV/AIDS cases. As per latest figures released by the Assam State AIDS Control Society, there are 6,121 people living with HIV as per the report, the number of HIV+ persons in Assam in 2011 (till October) was 1,092 while in 2010-1,027 and 2009-1,958. Total number of AIDS cases in Assam (October, 2011) is 1,560, (1,158-males and 402-females) (Sentinel, 2011).

The pattern of HIV epidemic in India varies from state to

state. HIV prevalence is highest in south (Maharashtra, Karnataka, Tamil Nadu and Andhra Pradesh) where sexual transmission is dominant and in the North-East (Manipur, Assam, and Nagaland) where injecting drug use is the most common route of infection. Factors that contribute to the spread of HIV in Assam are internal migration of large groups of men (truck drivers, outside vendors, military etc.), civil instability, drug use, untreated sexually transmitted infections, poor literacy, gender inequality and poverty etc.

In Assam, as in many other states, people with HIV frequently encounter discrimination when seeking and receiving health care services, with serious adverse consequences for their physical and psycho-social well-being (Anonymous, 2001). the knowledge and attitude of HCW's in relation to HIV infection is an important factor influencing the willingness and ability of people with AIDS, to access care,

and the quality of the care they receive. How HCW's perceive their own risks in relation to caring of HIV+ patient potentiality influences their willingness to provide care. Though large number of studies have been conducted on HIV/AIDS, but HIV-related knowledge and attitudes among HCW's in Assam are still scanty. So, the present study was conducted with an aim to assess HIV-related knowledge, attitudes and risk perception among a group of HCW's in Assam.

METHODS

A cross sectional survey of HCW's (n=120) was conducted in five health care settings (Hospitals and Nursing homes) in different districts of Assam during late 2011. All of these health care settings were either governmental or non-governmental. The centres have their own isolated wards for such patients.

A pre-refined interview schedule have been developed in English. Informations were gathered regarding demographic details (age, sex, duration of employment, job category). All HCW's employed at the selected health settings were invited to participate in the survey. The schedules were distributed and collected in unmarked envelopes by the author with the support of staff nurses.

An attitude and knowledge scale have been developed to record HIV-related knowledge, attitude and risk perception. All total 12 statements have been included in both the scales. The participants were asked to indicate whether or not they

agreed with the statements. The "correct" response was scored as one and "incorrect" and "not sure" responses as zero. An overall knowledge score was calculated by summing the scores for each statements, thus the highest possible score was 12 for both the scales. The results have been defined in different tables sequentially.

OBSERVATIONS AND ANALYSIS

The findings of the present study as well as relevant discussion have been summarized under following heads:

Demographic profile :

Of the 150 interview schedules distributed, 120 numbers returned the complete responses (Table 1). The age of respondents was in between 25-50 years and the majority were female. The duration of employment ranged from 1-20 years. The majority of respondents were nurses (28.55%) general nurse, (14.1%) auxiliary nurse and (32.7%) student nurses, 12.5 were doctors, 6.1 laboratory workers, 1.1 per cent dentists and 4.9 per cent others (operating theatre and ophthalmic technicians, dental assistants, multi-purpose workers etc.).

Knowledge of health care workers about HIV/AIDS :

After scoring each statement, results have shown that a substantial proportion of HCW's believed that HIV could be transmitted by contact with saliva, urine, faeces, mosquitoes,

| Sr. No. | District | Name of hospital/ nursing home | No. of questionnaire distributed | No. completed |
|---------|-----------|--|----------------------------------|---------------|
| 1. | Kamrup | Guwahati Medical College | 30 | 25 |
| 2. | Sonitpur | Skylark Nursing Home | 30 | 23 |
| 3. | Sivasagar | Pragati Nursing Home and Research Centre | 30 | 30 |
| 4. | Tinsukia | Tinsukia Civil Hospital | 30 | 20 |
| 5. | Lakhimpur | Somarpith Nursing Home | 30 | 22 |

| Statements | % of correct response |
|--|-----------------------|
| Sexual intercourse can spread HIV/AIDS | 99.6 |
| Sharing plates, cups and spoons can spread HIV/AIDS | 88.4 |
| HIV/AIDS can spread from an infected woman to her child during pregnancy and child birth | 99.2 |
| Contact with urine can spread HIV/AIDS | 61.4 |
| Mosquitoes can spread HIV/AIDS | 70.6 |
| HIV/AIDS can be spread from an infected woman to her child during breastfeeding | 75.1 |
| Coughing and sneezing can spread HIV/AIDS | |
| Contact with faeces can spread HIV/AIDS | 68.9 |
| Blood transfusion can spread HIV/AIDS | 98.4 |
| Shaking hands can spread HIV/AIDS | 73.6 |
| HIV/AIDS can spread through needle stick injury | 95.7 |
| Contact with saliva can spread HIV/AIDS | 37.7 |

coughing and sneezing and also by sharing plates, cups and spoons which indicate that knowledge about HIV transmission was incomplete. It was also of concern that 25 per cent were unaware that HIV could be transmitted through breastfeeding. This indicates that HCW's in Assam require more training regarding the ways by which HIV is and is not transmitted.

Similar study have been done by Aisien and Shobwale (2005) among health care workers of Benin city, Nigeria, which revealed that though many of the HCW's demonstrated good knowledge about HIV transmission, more than 25 per cent of them thought that HIV could be transmitted through saliva, vomit, faeces and urine. Elwalid *et al.* (2008) also revealed that a total of 49 per cent and 86 per cent had correct sum scores with respect to knowledge of transmission through contamination and through shaking hands and eating together, respectively. 95.7 per cent of the respondents believed that HIV/AIDS can be spread by needle stick injury with an HIV contaminated needle. Although, the overall infection after a needle stick injury with a needle containing HIV infected blood is estimated to be 0.3 per cent (Anonymous, 2001). Almost cent per cent were aware that HIV can be spread from an infected women to her child during pregnancy and child birth.

Attitude of health care workers about HIV/AIDS and risk perception:

Almost all participants believed that it was necessary to take extra infection control precautions when caring for patient with HIV among which 78 per cent believed that they should be nursed separately from other patients. These findings highlight a lack of understanding regarding the primary principle underlying standard/ universal precautions *i.e.* the precautions apply universally and not selectively. Standard/ universal precautions is that they protect health care workers and patients against infectins with a range of pathogens. When standard/ universal precautions are applied appropriately, it is

not necessary to isolate HIV positive patients (unless they have tuberculosis or other opportunistic infections that require isolation) and identification of infected patients for the protection of other patients and HCW's is not required.

A high proportion of HCW's (almost 95 %) felt that all surgical and obstetric patients should be routinely tested for HIV infection. These findings were similar to that reported in a study of nursing students in Delhi where up to 85 per cent favoured making HIV testing compulsory for high risk groups, in-patient and health workers (Lal *et al.*, 1998). Moreover, routine HIV testing is more expensive than practising standard/ universal precautions.

A good proportion of group were willing to assist an operation on a patient with HIV/AIDS (71%) and to assist with a HIV/AIDS infected patients delivery (82.6%) only 23 per cent of them preferred not to take care of patients with HIV/AIDS (Table 3). Dutta *et al.* (1997) found that HCW's HIV- related knowledge and attitudes did not predict their willingness to care or practice.

Majority (90.6%) of HCW's believed that that they have a high risk of catching HIV/AIDS while caring for patients. More than a half of the HCW's (58.2%) were worried about catching HIV/AIDS at work (Table 3). Seminars, workshops, should be organised on continuous basis of HCW's on Universal precautions and discrimination reduction. The institutions should also make available materials needed to protect workers against the risk of acquiring pathogenic infections in the course of providing health services to their patients (Aisiem and Shobowale, 2005).

Conclusion:

This study investigated HIV-related knowledge, attitudes and risk perceptions among a group of HCW's in different districts of Assam and found that a general willingness to provide care for patients with HIV, dominated by substantial

| Table 3 : Attitude of health care workers about HIV/AIDS and risk perception | |
|---|-----------------------|
| Statements | % of correct response |
| Attitudes to people with HIV/AIDS | |
| I feel worried about caring of people with HIV/AIDS | 77.9 |
| HCW's should be allowed to refuse to care for patients with HIV/AIDS | 15.2 |
| I am willing to assist with an operation of HIV infected patient | 71.0 |
| I am willing to assist with a delivery of a HIV infected mother | 82.6 |
| I would prefer not to care for a HIV infected patient | 23.0 |
| It is necessary to take extra infection control precautions for patients with HIV/AIDS | 97.2 |
| Patients with HIV need to nurse separately from other patients | 78.1 |
| All surgical patients should be routinely tested for HIV/AIDS on admission to hospital | 93.2 |
| All obstetric patients should be routinely tested for HIV/AIDS on admission to hospital | 94.7 |
| Risk perception | |
| HCW's have high risk of catching infectious diseases while caring for patients | 90.6 |
| I worry about catching HIV/AIDS at work | 58.2 |

concerns regarding the provision of such care. In Assam, the prevalence of HIV infection is growing and HCW's are increasingly involved in a range of HIV prevention activities including the prevention of mother-to-child transmission, prevention of transmission through blood transfusions and unsafe injection practices. In order to minimize the discrimination experienced by people with HIV, it is important that the concerns of HCW's are addressed. These findings highlight a need for programmes and HIV-awareness training that promote the occupational safety of HCW's in Assam and the value of involving people with HIV.

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