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Willingness of Disclosure of HIV Positive Status among Attendee of Integrated Counseling and Testing Centre, Rims, Ranchi, Jharkhand

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Abstract:
Background: *Counseling, HIV diagnostic testing, promoting behavior changes is done by ICTC to improve survival and quality of life.*
Aims and objective: *1) Socio-demographic profile of attendee of ICTC. 2) Willingness to disclose HIV positive status among attendee of ICTC.*
Material and method: *A cross sectional, institutional based study was conducted at ICTC of Rims, Ranchi, and Jharkhand. Total 116 subjects were included in the study. Pre tested, semi structured questionnaire were used for data collection. Data entry was done in MS excel and analyzed in spss software.*
Results: *Out of 116 attendee majority were male (68.1%), unmarried (56%), Hindu (56.9%), non tribal (65.5%), graduate (40.5%) and belonged to age group of 26-35 years of age (42.2%).*
Conclusion: *Intense IEC activities regarding spread and prevention from HIV/AIDS and behavioral changes is necessary and increasing the availability and number of ICTC services will beneficial for community and individual.*
Keywords: *Behavioral changes, Counseling, HIV, ICTC, Socio-demographic.*

I. Introduction

The Human Immunodeficiency Virus (HIV) targets the immune system and weakens people's defence system against infections and some types of cancer. HIV continue to be a major public health issue having claimed more than 34 million lives so far. In 2014, 1.2 million people died from HIV-related cause globally.[1]India(2.1 million) has the third highest number of estimated people living with HIV in the world after south Africa(6.3 million) and Nigeria(3.2 million).[2] According to the HIV estimation 2012, the estimated number of people living with HIV/AIDS in India was 20.89 lakh, with an estimated adult (15-49 age group) HIV prevalence of 0.27% in 2011.[3] There is no cure for HIV infection so prevention and control of HIV infection depends on the success of strategies implemented to prevent new infection and to treat current infected individually.[4]

Disclosure offers a number of important benefits to the infected person and to the general public. Disclosure of HIV test results may lead to improved access to HIV prevention, treatment, opportunities for risk reduction and planning for the future. The risk of disclosure of HIV positive status lead to loss of social, economic and emotional support, blame, abandonment, discrimation and disruption of family relationship.[4]

According to HIV estimation 2012, the adult HIV prevalence at national level continued its steady decline from the estimated level of 0.41% in 2001 to 0.27% in 2011(0.32% among males and 0.22 in females). There is declining trend seen in some states but also increase in prevalence of the disease in some states of country. Jharkhand is among those states showing increase in prevalence rate being 0.18% (2009), 0.21% (2010) to 0.25% (2011) as per NACO 2012 report.[5]

The reason for increase prevalence is migration of worker to places like Mumbai, Chennai, Chandigarh where they indulge in unsafe sex and get infected there and after returning infect their spouses.[5] Counseling, HIV diagnostic testing promoting behavioral changes, referral for care is done by ICTC to improve the survival and quality of life. HIV/AIDS affects mainly the economically productive age group thus impending the social and economic development of the country. The data from ICTC can guide in identifying various risk group for targeted intervention to reduce HIV transmission in the community. This study was intended to describe the socio-demographic profile and willingness of disclosure of HIV positive status among attendee of ICTC, Rims, Ranchi.

II. Methodology

This study was conducted in Rajendra institute of medical sciences (RIMS), Ranchi between March 2015-May2015. It is tertiary care centre where patients are referred from whole Jharkhand and other department from Rims. This Study was conducted to assess the willingness of disclosure of HIV positivity in attendee. It was an institution based cross sectional descriptive study, conducted in ICTC centre which is attached to microbiology department, where HIV testing and counseling is done. Approximately ten clients per day are undergoing HIV testing in this centre. Study subject who visited ICTC during study period were included in study. A semi structured, pretested Performa was administered to the subject. This instrument also elicits the socio-demographic profile and and willingness of disclosure of HIV positivity in attendee.

During study period 120 attendee were registered. 4 patients were unwilling to participate in the study. Consecutive sampling was done. During the study period, data was collected on three (alternate) days of every week. Days of data collection were varied in consecutive week to reduce the bias for day specific attendance. Every first five patients on that day were interviewed. If patients was not eligible for study next consecutive patients was interviewed. < 16 years of age, non willing, patients who were unable to communicate and seriously ill patients were excluded. A total of 116 patients were interviewed during the period of study after taking their consent. Data entry was done in MS excel and analysis was done by using SPSS software version 20.

III. Results

There were 79 (68.1%) males and 37 (31.9%) female subject in the present study. Of 116 subjects 49 (42.2%) were in the age group of 26-35 years. More than half of study subject belongs to urban (60.3%) locality. About 66 (56.9%) were Hindu and only few were Muslim 10(8.6%).Among all study subject 40 (34.5%) were tribal whereas remaining 76 (65.5%) were non tribal. Majority were unmarried 65 (56.0%). Among 116 subject 13 (11.2%) were illiterate and less than half 47 (40.5%) were educated up to graduation and above. Out of 116 subject 33 (28.5%) were in service, 32 (27.6%) were students, 20 (17.2%) were daily wage earnerer, 16(13.8%) were house wife, 10 (8.6%) were doing business and 5 (4.3%) were farmer. Maximum subjects belonged to class III (28.4%) followed by class II 26 (22.4%), class I 25 (21.6%), class IV 21 (18.1%) and class V 11 (9.5%).

Table 1: Selected socio-demographic profile of respondent (n=116)

Socio-demographic Variable		**Frequency**	**Percentage**
Sex	Male	79	68.1
	Female	37	31.9
Age (in years)	16-25	42	36.2
	26-35	49	42.2
	36-45	17	14.7
	46-55	8	6.9
Locality	Urban	70	60.3
	Rural	46	39.7
Religion	Hindu	66	56.9
	Muslim	10	8.6
	Christian	24	20.7
	Sarna	16	13.8
Ethnicity	Tribal	40	34.5
	Non tribal	76	65.5
Marital status	Married	46	39.7
	Unmarried	65	56.0
	Widow/Widower	5	4.3
Educational status	Illiterate	13	11.2
	Literate but no formal schooling	11	9.5
	Less than 10^{th} std	15	12.9
	10^{th} std or above	30	25.9
	Graduate or above	47	40.5
Occupation	Service	33	28.5
	Business	10	8.6
	Daily wage earner	20	17.2
	House wife	16	13.8
	Student	32	27.6
	Farmer	5	4.3
Socioeconomic status(as per modified Prasad classification)	Class l	25	21.6
	Class ll	26	22.4
	Class lll	33	28.4
	Class lV	21	18.1
	Class V	11	9.5

Out of 116 subjects, majority 78 (67.2%) were willing to disclose their HIV positive status but 38 (32.8%) subject were not. (Table 2).

Table 2: Willing to Disclose HIV positive status (n-116)

Willing to Disclose HIV positive status	**Frequency**	**Percentage**
Yes	78	67.2
No	38	32.8
Total	116	100

In the present study subjects who were willing to disclose their HIV positive status, majority were male 60 (75.95%), age group of 26-35 years 40 (81.63%), of urban locality 53(75.71%), Hindu 46 (69.7%), non tribal 55 (72.37%), unmarried 51 (78.46%), educated graduate and above, student 23 (71.88%) followed by business 7 (70%) and daily wages earner 14 (70%), belong to class I 21 (84%). (Table 3)

Table 3: About willingness of disclosure of HIV positive status

Socio-demographic Variable		**Yes Frequency (%)** N=78	**Frequency (%)** N=38	**Total**
Sex	Male	60 (75.95)	19 (24.05)	79
	Female	18 (48.65)	19 (51.35)	37
Age (in years)	16-25	25 (59.53)	17 (40.47)	42
	26-35	40 (81.63)	9 (18.37)	49
	36-45	8 (47.06)	9 (52.94)	17
	46-55	5 (62.5)	3 (37.5)	8
Locality	Urban	53 (75.71)	17 (24.29)	70
	Rural	25 (54.35)	21 (45.65)	46
Religion	Hindu	46 (69.7)	20 (30.3)	66
	Muslim	6 (60)	4 (40)	10
	Christian	15 (62.5)	9 (37.5)	24
	Sarna	11 (68.75)	5 (31.25)	16
Ethnicity	Tribal	23 (57.5)	17 (42.5)	40
	Non tribal	55 (72.37	21 (27.63)	76
Marital status	Married	25 (54.35)	21 (45.65)	46
	Unmarried	51 (78.46)	14 (21.54)	65
	Widow/Widower	2 (40)	3 (60)	5
Educational status	Illiterate	5 (38.46)	8 (61.55)	13
	Literate but no formal schooling	5 (45.45)	6 (54.55)	11
	Less than 10^{th} std	8 (53.33)	7 (46.67)	15
	10^{th} std or above	21 (70)	9 (30)	30
	Graduate or above	39 (82.98)	8 (17.02)	47
Occupation	Service	22 (66.67)	11 (33.33)	33
	Business	7 (70)	3 (30)	10
	Daily wage earner	14 (70)	6 (30)	20
	House wife	10 (62.5)	6 (37.5)	16
	Student	23 (71.88)	9 (28.12)	32
	Farmer	2 (40)	3 (60)	5
Socio economic status(as per modified Prasad classification)	Class l	21 (84)	4 (16)	25
	Class ll	18 (69.23)	8 (30.77)	26
	Class lll	19 (57.58)	14 (42.42)	33
	Class lV	14 (66.67)	7 (33.33)	21
	Class V	6 (54.55)	5 (45.45)	11

IV. Discussion

The present study revealed that overall outcome of willing to disclose HIV positive status is positive. About one third subject denied disclosing their HIV positivity. Similar finding (28.5%) was found in study conducted by Chauhan T et al at ICTC of tertiary care hospital of Himachal Pradesh.[6] Male were more willing to disclose than female. This is because of male are granted greater acceptance, care and supported by their spouses because of familistic orientation of Indian society.

In present study negative outcome was seen in 24.05% in men and 51.35% in women. Age group 26-35 years showed that they will disclose their HIV positive status because this age group of may be considered as educated population.

In our study we found that more than half 54.35% married population wanted to disclose their HIV positive status. Similar study conducted in other countries also found that married women are more willing to disclose their HIV positive status especially if knowledge of their HIV positive status would assist in preventing HIV transmission to their babies. The locality, religion, ethnicity, occupation and socioeconomic status did not affecting the disclosure of HIV positivity.[7]

V. Conclusion

Since Jharkhand in among high prevalence state of the country. This high prevalence is because of migration of people for better earning. So there is need for intense IEC activities regarding spread and prevention from HIV/AIDS and behavioral changes is necessary and increasing the availability and number of ICTC services will beneficial for community and individual

Limitation:

The present study has several limitations as this study was designed as self administered questionnaire. It is difficult to validate the answer given by respondent. The respondent may over report, socially desirable answer and under report undesirable one.

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