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Original Research Article

Misconceptions and Stigma about HIV/AIDS: Perception among Attendees of Rural Tertiary Care Centre of Haryana

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ABSTRACT

Globally an estimated 36.7 million people (0.8%) were living with HIV/AIDS by the end of year 2016 and India account for 2.1 million being third largest HIV epidemic country in the world. The vulnerabilities that drive the epidemic are different in different parts of the country. The NACP-IV had made the elimination of stigma and discrimination which refers to prejudice, negative attitudes and abuse directed at people living with HIV/AIDS a major focus. However, people living with HIV/AIDS in India still continue to experience high levels of discrimination in a variety of settings including households, the community and workplaces hence this study was planned.

Objective: To find out misconception and stigma related to HIV/AIDS among people attending rural tertiary care centre of Haryana

Methodology: This cross-sectional, descriptive study was conducted among persons more than 18 years of age selected through simple random sampling attended rural tertiary care centre during study period from 1st March 2017 to 30th April 2017. Data entry was done in Microsoft excel version 2010. Written informed consent was taken from the participants before conducting the interview. Percentages, proportions were used for statistical analysis.

Observations: All the respondents had heard about HIV/AIDS and 176 (98%) elaborated that it is a fatal disease. 14 (8%) study population perceived transmission of disease by shaking hands, 13 (7%) by mosquito bite and 9 (5%) each by polluted air and water. 13 (7%) study participants said that persons of HIV/AIDS should be outcast from the society and 162 (90%) perceived that equality behavior to be done with persons of HIV/AIDS while 13 (7%) replied that their children should not be allowed to give admission in school.

Conclusion and recommendations: The present study found that the misconceptions and stigma related to HIV/AIDS still persists among the population. Hence the need of hour is to address these issues through effective implementation of key strategies of NACP-IV on priority basis.

Key words: Misconceptions, Stigma, Perception, Rural tertiary care centre

INTRODUCTION

Globally an estimated 36.7 million people were living with HIV/AIDS by the end of year 2016 and 1.0 million people died of HIV-related illnesses worldwide in this year. [1] India has the third largest HIV epidemic in the world and its prevalence in India was estimated to be 0.26% in 2015 which corresponds to 2.1 million people living with HIV and an estimated 68,000 people died from AIDS related illnesses till now. [2,3] The vulnerabilities that drive the epidemic are different in different parts of the country. However, this epidemic is concentrated among key affected populations such as sex workers, men having sex with men, intravenous drug users but it's prevalence among people who inject

drugs was previously stable but has been rising in recent years. [2,4] Transgender people are also emerging as a group at high risk of HIV transmission, despite all four of these groups being prioritized in the Indian National AIDS response since its inception in 1992. [3]

National AIDS Control Organization (NACO) is the body responsible for formulating policy and implementing programmes for the prevention and control of the HIV epidemic in India. The current programme, National AIDS Control Programme Phase - IV (2012-2017), aims to reduce annual new HIV infections by 50% through the provision of comprehensive HIV treatment, education, care and support for the general population and build on targeted interventions for key affected groups and those at high risk of HIV transmission. The NACP-IV has also made the elimination of stigma and discrimination a major focus. [5] HIV-related stigma and discrimination refers to prejudice, negative attitudes and abuse directed at people living with HIV/AIDS. In 35% of countries with available data, over 50% of men and women report having discriminatory attitudes towards people living with HIVAIDS. [6] The consequences of stigma and discrimination are wide-ranging. Some people are shunned by family, peers and the wider community, while others face poor treatment in healthcare and educational settings, erosion of their rights, and psychological damage. The People Living with HIV Stigma Index indicates that roughly one in every eight people living with HIVAIDS is being denied health services because of stigma and discrimination. The WHO also cites fear of stigma and discrimination as the main reason why people are reluctant to get tested, disclose their HIV status and take antiretroviral drugs. [7-11]

The HIV/AIDS Bill was passed by Government of India in 2014 which prohibits discrimination in employment, education, healthcare, travel and insurance. Moreover, it recognizes that a person living with HIV has the right to privacy and confidentiality about their HIV status. [12] However, people living with HIV/AIDS in India still continue to experience high levels of discrimination in a variety of settings including households, the community and workplaces. There are several reasons for the stigma toward HIV/AIDS among the general population; most importantly one of them could be inadequate and inaccurate information about the modes of transmission of HIVAIDS due to cultural or religious beliefs or lack of education. There is an immense need to periodic evaluation of perception of the people related to misconception and stigma about HIVAIDS still existing among the people. Most of the studies done in India had focused on high risk group or some single key population group. [10,13,14] Hence this study was planned to find out misconceptions and stigma related to HIV/AIDS among the people attending rural tertiary care centre of Haryana.

Objective: To find out misconception and stigma related to HIV/AIDS among people attending rural tertiary care centre of Haryana

METHODOLOGY

Study setting: Rural tertiary care centre BPS GMC for Women Khanpur Kalan, Sonipat

Study design: Cross-sectional descriptive

Inclusion criteria:

Study population: People more than 18 years of age attended rural tertiary care centre during study period were selected through simple random sampling by taking prevalence of 50% and allowable error for this study as 15%.

Study duration: from 1st March 2017 to 30th April 2017.

Study variables: Socio-demographic attributes and variables related to perception of study participants about cause, diagnosis, investigations, availability of vaccine, transmission of HIV/AIDS and people suffering from HIV/AIDS should be allowed/not allowed to stay in the vicinity

of area they live, should be kept out from the society, equality behavior to be done or not, admission in school to be given to their children or not.

Exclusion criteria: Participants who had not given their written informed consent.

Data entry was done in Microsoft excel version 2010.

Ethical issue: Written informed consent was taken from the participants before conducting the interview.

Statistical analysis: Percentages, proportions.

OBSERVATIONS

Table-1: Socio-demographic profile of study participants (n=180)

Attribute	N (%)
Sex Male	110 (61)
Female	70 (39)
Locality Rural	128 (71)
Urban	52 (29)
Category Backward class	41 (23)
SC/ST	45 (25)
Others	94 (52)

Figure in parenthesis indicate percentages

Table-2: Awareness and misconception among study participants about HIV/AIDS (n=100)

Elaborate full form of AIDS Yes	11 (6)
No	169 (94)
Disease is fatal Yes	176 (98)
No	4 (2)
Cause of HIV/AIDS Virus infection	92 (51)
Mosquito bite	13 (7)
Past sins	4 (2)
Any other (Don't know)	72 (40)
Diagnostic test for HIV/AIDS Urine	18 (10)
(Multiple responses)* Semen	34 (19)
Blood	130 (72)
Skin scrapings	7 (4)
Sputum test	11 (6)
Any other (Don't know)	32 (18)
Investigation available at Sub-centre	31 (17)
(Multiple responses)* PHCs	52 (29)
CHCs	47 (26)
District Hospitals	113 (63)
Medical College Hospital	99 (55)
Any other (Don't know)	25 (14)
Vaccine available for Yes	50 (28)
prevention of HIV/AIDS No	130 (72)
Transmission of HIV/AIDS Polluted air	9 (5)
Polluted water	9 (5)
Hand shake	14 (8)
Mosquito bite	13 (7)
Unprotected sexual intercourse	166 (92)
Infected blood and blood products	155 (86)
Infected needles	149 (83)
Infected mother to child	142 (79)
Past sins	4 (2)

Figure in parenthesis indicate percentages

Table-3: Stigma regarding HIV/AIDS among study participants (n=100)

Attribute	Study Participants N (%)
Persons of HIV/AIDS should allowed Yes	164 (91)
to stay in the vicinity of family No	16 (9)
Persons of HIV/AIDS should outcast Yes	167 (93)
From the society No	13 (7)
Equality behavior to be done with persons Yes	162 (90)
of HIV/AIDS No	18 (10)
Children of people suffering from HIV/AIDS Yes	167 (93)
should be given admission to school	13 (7)

Figure in parenthesis indicate percentages

DISCUSSION

In the present study, all the respondents had heard about HIV/AIDS but only 11 (6%) of study participants were able to elaborate the full form of AIDS. 176 (98%) of study subjects knew that it is a fatal disease. As far as cause of disease was asked from study participants 92 (51%) of them answered correctly that it is caused by virus. However two fifth of study participants don't know about its cause and 13 (7%) responded that mosquito bite resulted to HIV/AIDS and 4 (2%) study participants said that it might be due to their past sins. 130 (72%) of study participants knew that HIV/AIDS diagnosed by blood testing and 34 (19%) told by semen and 18 (10%) by urine examination. 11 (6%) of study subjects responded that HIV/AIDS was diagnosed by sputum examination and 32 (18%) even don't know about its diagnosis. 50 (28%) study participants responded that vaccine is available for prevention of HIV/AIDS. Misconception related to transmission of disease was still persisting among general population and 14 (8%) study population responded by shaking hands, 13 (7%) by mosquito bite and 9 (5%) each by polluted air and water responsible for the disease transmission. Correct mode of transmission told as unprotected sexual intercourse by 166 (92%) study subjects, infected blood and blood products155 (86%), infected needles

149 (83%) and from infected mother to child by 142 (79%) participants. However 4 (2%) study subjects told mode of transmission as their past sins. The study also revealed perception related to stigma associated with HIV/AIDS among general population that persons of HIV/AIDS should not be allowed to stay in the vicinity of family was responded by 16 (9%) of the study participants. However 13 (7%) of study participants said that persons of HIV/AIDS should be outcast from the society. 162 (90%) of study participants responded that equality behavior to be done with persons of HIV/AIDS and 13 (7%) of study subjects replied that their children should not be allowed to give admission in school. These findings were similar to the findings elaborated in UNAIDS (2015) on the fast track to end AIDS by 2030: Focus on location and population. [6] Also the study conducted by Stangl AL et al (2013) on "A systematic review of intervention to reduce HIV related stigma and discrimination from 2002 to 2013 - How far have we come?" explored the similar observations. [8]

Similar observations were recorded by Katz I.T et al (2013) in their study conducted on "Impact of HIV related stigma on treatment adherence: systemic review and meta-synthesis." [9]

Hence these misconceptions and stigma related to HIVAIDS limit access to HIV testing, treatment and services provided. It leads to the expansion of the global HIV epidemic and a higher number of AIDS-related deaths. An unwillingness to take an HIV test means that more people are diagnosed late, when the virus may have already progressed to AIDS. This makes treatment less effective, increasing the likelihood of transmitting HIV to others, and causing early death.

CONCLUSION AND RECOMMENDATIONS

The present study found that the misconceptions and stigma related to HIV/AIDS still persists among general population. Hence the need of hour is to address these issues through effective implementation of key strategies of NACP-IV on priority basis.

Conflict of interest: nil declared

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